



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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September 29, 2005

OPTICAL BULLETIN

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POLYCARBONATE LENSES

Effective October 1, 2005, procedure code V2784LT (left eye, Polycarbonate lens or equal, any index, per lens) will replace S0580LT (left eye, Polycarbonate Lens) and procedure code V2784RT (right eye, Polycarbonate lens or equal, any index, per lens) will replace S0580RT (right eye, Polycarbonate Lens). A Certificate of Medical Necessity continues to be a requirement.

REFRACTIVE EYE EXAM CLARIFICATION

Effective September 1, 2005 Optical Program benefits changed due to the passage of Senate Bill 539 by the 93rd General Assembly. Eye examinations for refractive error are limited to one exam every two years for adults who are eligible for Medicaid under one of the following categories of assistance: 01, 04, 05, 10, 11, 13, 14, 16, 19, 21, 24, 26, 83, and 84. The two-year determination will be based on the most recent paid eye exam for refractive error in Medicaid's claims history files. Example: if a recipient received an eye exam on July 20, 2005, they would not be eligible for another eye exam until July 20, 2007. Eye exams related to trauma or treatment of a disease/medical condition are covered.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

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