

PROVIDER BULLETIN

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OPTOMETRIST AND OPTICIAN SERVICE BULLETIN

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PRECERTIFICATION FOR OPTICAL SERVICES

Effective June 15, 2009, the MO HealthNet Division (MHD) will require precertification for all optical services provided to MO HealthNet fee-for-service participants. Requests for precertification should be submitted through MHD's web tool – [CyberAccessSM](#). Details on how providers can obtain this tool are outlined later in this bulletin. As part of this change, optical procedure codes 92065 – Orthoptic and/or Pleoptic Training, with continuing Medical Direction and Evaluation (with quantity restrictions, see the [Optical manual](#) for additional information) and 92270 – Electro-oculography, with Interpretation and Report will no longer require prior authorization. The MHD will monitor these codes for appropriate utilization.

OPTICAL PROCEDURE CODES THAT CURRENTLY REQUIRE SUBMISSION OF A CERTIFICATE OF MEDICAL NECESSITY FORM

The Certificate of Medical Necessity form will no longer be required when submitting a claim for optical procedure codes V2199 (not otherwise classified, single vision lens), V2299 (specialty bifocal), V2399 (specialty trifocal), V2599 (contact lens, other type) and V2784

(lens, polycarbonate or equal, any index, per lens) effective June 15, 2009, when these optical procedure codes will move into the precertification process. When precertification is requested through [CyberAccessSM](#), the provider will be prompted to answer certain questions to establish the medical necessity of the item.

In addition, the MHD will no longer require submission of the lens prescription when submitting a claim for payment for dates of service on or after June 15, 2009. However, the optical provider must keep the lens prescription in the participant's medical record.

REQUESTS FOR BROKEN OR LOST FRAMES AND LENSES

Broken or lost frames and/or lenses for MO HealthNet participants 20 years of age and younger whose glasses are necessary for school, will be required to submit a request through [CyberAccessSM](#) using optical procedure code V2020 (frames) and the appropriate optical procedure code for lenses. Optical procedure code V2799 (not otherwise classified, optical EPSDT) will not be accepted when requesting precertification for broken or lost frames and/or lenses for participants 20 years of age and younger.

REQUESTS FOR POLYCARBONATE LENSES

Polycarbonate lenses (V2784) will be covered for MO HealthNet participants 20 years of age and younger when the glasses are required for school performance. Reimbursement for polycarbonate lenses for participants 21 years and older must meet one of the following criteria:

- Protective eyewear for monocular participant; or
- Participant has history of seizures or other medical condition which warrants the need for special lens; or
- Participant has a high prescription at or over + 3.00 or - 4.00 diopters.

OPTICAL PROCEDURE CODES REQUIRING CONSULTANT REVIEW

The optical procedure codes listed below will require review by the MO HealthNet Optical Consultant prior to MO HealthNet approval. Therefore, when requesting these procedures through [CyberAccessSM](#), specific information related to medical necessity and cost of the service must be documented in the comments box through the help ticket.

- V2199-Not otherwise classified, single vision lens
- V2299-Specialty bifocal
- V2399-Specialty trifocal
- V2599-Contact lens, other type
- 95930-Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
- 99070-Supplies and material (except spectacles) provided by the physician over and above those included with the office visit or other services rendered (list drugs, trays, supplies or material provided).

CHANGES TO OPTICAL PROCEDURE CODES FOR EYE EXAMINATIONS, CONTACT LENS EVALUATIONS, AND NON-STANDARD LENSES

Effective June 15, 2009, the MHD will begin using the appropriate ophthalmological professional services codes in place of the current "S" optical procedure codes for routine eye exams. Coverage limitations that currently apply to the "S" optical procedure codes (such as time limits and diagnosis) will remain in effect for the new ophthalmological professional services codes. The MHD will also begin allowing optical procedure code 92015 (determination of refractive state) to be reimbursed with the exam code when the exam includes a refraction.

Current Optical Procedure Code	New Optical Procedure Code	Reimbursement
S0620 (routine ophthalmological exam including refraction; new patient)	92004 (ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits)	\$48.00
S0620 with modifier 22 (routine ophthalmological exam including refraction; limited; new patient)	92002 (ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient)	\$30.00
S0621 (routine ophthalmological exam including refraction; established patient)	92014 (ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits)	\$48.00
S0621 with modifier 22 (routine ophthalmological exam including refraction; limited; established patient)	92012 (ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient)	\$30.00
S0592 (comprehensive contact lens evaluation)	92310 (prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision)	\$20.00
	92015 (determination of refractive state)	\$5.00
S0581 (non-standard lens)	none	no longer reimbursable

For participants receiving a problem-focused medical examination and/or evaluation in the office, the appropriate evaluation and management procedure code for an office visit must be used. Procedure codes 99201, 99202, 99203, 99204 or 99205 must be used for a new patient. Procedure codes 99211, 99212, 99213, 99214 or 99215 must be used for an established patient.

GLAUCOMA SCREENINGS

Reminder: Glaucoma Screenings for High Risk Patients furnished by an Optometrist or Ophthalmologist (G0117) or Glaucoma Screenings for High Risk Patients furnished under the direct supervision of an Optometrist or Ophthalmologist (G0118) can not be billed on the same date of service as an office visit or eye exam.

INITIATING PRECERTIFICATION REQUESTS

All requests for precertification must be initiated by an enrolled MHD optometrist or optician. In order to receive reimbursement, all requested optical procedures/items must meet established criteria and receive approval from the MHD prior to providing the service. Medical criteria is published in [provider bulletins](#) and posted on the [MHD website](#).

Providers are encouraged to sign up for the MHD web tool – [CyberAccessSM](#) - which automates the precertification process. To become a [CyberAccessSM](#) user, contact the ACS Heritage help desk at 1-888-581-9797 or 573-632-9797, or send an e-mail to MoHealthNetCyberAccess@heritage-info.com.

The [CyberAccessSM](#) tool allows each precertification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and CPT procedure codes. Requests for precertification will also be taken by the MHD call center at 1-800-392-8030 option 2. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays. In order to be approved, requests for precertification must meet medical criteria established by the MHD.

PLEASE NOTE: An approved precertification request does not guarantee payment. The provider must verify participant eligibility on the date of service. Some options to verify eligibility are the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging on to the MHD website at www.emomed.com.

Some optical procedures are required to be performed by a Therapeutic Certified Optometrist. An optometrist whose provider master file does not reflect this certification, or providers who are unsure whether their file contains the appropriate specialty, may contact the Provider Enrollment Unit via email at providerenrollment@dss.mo.gov. Updating/adding the specialty on the Emomed website does not update the provider master file. You must contact the Provider Enrollment Unit to have this specialty added to the provider master file.

PRECERTIFICATION TIMEFRAME

Services/procedures that are precertified must be performed within 30 days of the date the precertification was issued. Claims submitted for services requiring precertification outside of the 30 day precertification approval period will be denied payment.

PARTICIPANT APPEAL RIGHTS

When a request for an optical procedure code that requires optical consultant review is denied, the participant will receive a letter which outlines the reason for the denial and the procedure for appeal. A State Fair Hearing may be requested by the participant, in writing, to the MO HealthNet Division, Participant Services Unit, P.O. Box 6500, Jefferson City, MO 65102-3535. The Participant Services Unit (PSU) may be called toll free at 1-800-392-2161 or (573) 751-6527 at the caller's expense. The participant must contact PSU within 90 days of the date of the denial letter if they wish to request a hearing. After 90 days, requests to appeal are denied.

RECORD RETENTION

MO HealthNet providers must retain for five (5) years [seven (7) years for the Nursing Home, CSTAR, and Community Psychiatric Rehabilitation Programs] from the date of service, fiscal and medical records that coincide with and fully document services billed to the MO HealthNet Agency, and must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal, and retain adequate documentation for services billed to MO HealthNet may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in the MO HealthNet Program. This policy continues to apply in the event of the provider's discontinuance as an actively participating MO HealthNet provider through change of ownership or any other circumstance.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Website at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

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

Provider Communications Hotline
573-751-2896