



MISSOURI
DIVISION OF MEDICAL SERVICES

Volume 26 Number 2

http://www.dss.mo.gov/dms

January 20, 2004

OPTICAL BULLETIN

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. http://www.dss.mo.gov/dms/pages/bulletins.htm Please note new website address.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

2004 CPT AND HCPCS UPDATES

February 1, 2004, Missouri Medicaid will begin accepting the 2004 versions of the Current Procedural Terminology (CPT) and the Health Care Procedure Coding System (HCPCS). Providers may begin billing the 2004 CPT or HCPCS codes with appropriate modifier(s) for dates of service February 1, 2004 and after. Claims for dates of service prior to February 1, 2004 must be submitted using the old procedure code(s) and/or appropriate modifier(s). Deleted procedure codes will be closed on February 1, 2004.

**DELETED AND REPLACEMENT PROCEDURE CODES**

Effective for dates of service on or after February 1, 2004, several procedure codes are being deleted and are being replaced by new procedure codes, due to 2004 HCPCS updates. Refer to the table below for the deleted procedure codes and their replacement procedure codes. The replacement procedure codes will be reimbursed at the same rate as the deleted procedure codes.

Deleted Procedure Code	Description	Replacement Procedure Code	Description	Maximum Allowed Amount
V2116 RT V2116 LT	Lenticular lens, nonaspheric, per lens, single vision	V2121 RT V2121 LT	Lenticular lens, per lens, single	\$143.75
V2117 RT V2117 LT	Lenticular, aspheric, per lens, single vision	V2121 RT V2121 LT	Lenticular lens, per lens, single	\$143.75
V2216 RT V2216 LT	Lenticular, nonaspheric, per lens, bifocal	V2221 RT V2221 LT	Lenticular lens, per lens, bifocal	\$143.75
V2217 RT V2217 LT	Lenticular, aspheric lens, bifocal	V2221 RT V2221 LT	Lenticular lens, per lens, bifocal	\$143.75
V2316 RT V2316 LT	Lenticular, nonaspheric, per lens, trifocal	V2321 RT V2321 LT	Lenticular lens, per lens, trifocal	\$143.75
V2317 RT V2317 LT	Lenticular, aspheric lens, trifocal	V2321 RT V2321 LT	Lenticular lens, per lens, trifocal	\$143.75
V2740 RT V2740 LT	Tint, plastic, rose 1 or 2, per lens	V2745 RT V2745 LT	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	\$1.88
V2742 RT V2742 LT	Tint, glass, rose 1 or 2, per lens	V2745 RT V2745 LT	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	\$1.88

**NEW PROCEDURE CODES**

The following procedure codes are effective for dates of service on or after February 1, 2004.

New Procedure Code	Modifier	Maximum Allowable	Restriction	Description
V2761 V2761	RT LT	\$20.00	Only covered for patients with aniridia, albinism or extreme uveitis	Mirror coat
V2782 V2782	RT LT	\$35.00	Covered when the sphere diopter is 4.00 or greater. Limited to patients aged <b>0 to 21 years old</b> .	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783 V2783	RT LT	\$65.00	Covered when the sphere diopter is 4.00 or greater. Limited to patients aged <b>0 to 21 years old</b> .	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
76514		\$ 5.96		Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral

**MIRROR COATING LENSES**

Mirror coating lenses are only covered for the diagnosis of: aniridia (743.45), albinism (270.2) and extreme uveitis (364.24). One of these diagnosis codes must be on all claims for procedure codes V2761 RT and V2761LT.

**PRIOR AUTHORIZATION REQUESTS**

Providers are not to use the Internet to submit a Prior Authorization request. Providers must use a paper Prior Authorization form to request replacement glasses, orthoptic training, and pleoptic training.

**Provider Communications****(800) 392-0938****or****(573) 751-2896****ARCHIVED**