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MO HealthNet PA Criteria

Medical Procedure Class:	OPTICAL
Implementation Date:	June 15, 2009
Updated:	September 12, 2011

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for optical services.
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Optical Services using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	All Optical services and procedures are subject to pre-certification.
Setting & Population:	All MO HealthNet fee-for-service participants

Approval Criteria

Participants must meet the medical category of assistance code (ME) and age requirements for each optical procedure code. Participants must meet policy limitations set as described in the Optical Provider Manual. The Optical Provider Manual can be accessed on the internet at:

<http://manuals.momed.com/manuals/hyperlinkPage.render?idLinkParmName=opt>

LENS CRITERIA

V2750 LT/RT and V2755 LT/RT

- History must be absent of requested procedure code in past 24 months; and
- Requires history of cataract surgery as indicated by the below-listed CPT codes.

Submitted CPT Codes
66984, 66982, 66830, 66820, 66821, 66825, 66840, 66850, 66852, 66920, 66930, 66940, 66983, 66985, 66986

V2781 LT/RT

Progressive lens(es) are covered only when the participant currently has progressive lens(es) and are replacing them.

Participants with history of requested procedure code in past 24 months:

- Must have a diopter change of 0.50 in left eye (to replace left lens); or
- Must have a diopter change of 0.50 in right eye (to replace right lens).

V2100 LT/RT –V2121 LT/RT; V2200 LT/RT - V2221 LT/RT; V2300 LT/RT – V2321 LT/RT; V2410 LT/RT – V2499 LT/RT; V2710 LT/RT - V2745 LT/RT; V2761 LT/RT; V2770 LT/RT and V2780 LT/RT

Initial (no history of procedure)

Participants age 21 and older:

- Must have at least .75 diopter in one or both eyes; or
- Visual acuity must be 20/40 or less without glasses; or
- Participant must have a monocular diagnosis (Appendix C).

Participants age 20 and younger:

- Must have at least .75 diopter in one or both eyes; or
- Eyeglasses must be required for school; or
- Visual acuity must be 20/40 or less without glasses; or
- Participant must have a monocular diagnosis (Appendix C).

History of procedure

Participants with history of requested procedure code in past 24 months:

- Must have a diopter change of 0.50 in left eye (to replace left lens); or
- Must have a diopter change of 0.50 in right eye (to replace right lens).

V2784 LT/RT

Initial (no history of procedure)

Participants age 21 and older:

- Must have diopter of +3.00 or -4.00 or over in one or both eyes; or
- Have a monocular diagnosis (Appendix C); or
- Have a history of seizures in past 24 months (Appendix D).

Participants age 20 years and younger:

- Must have diopter of +3.00 or -4.00 or over in one or both eyes; or
- Have a monocular diagnosis (Appendix C); or
- Have a history of seizures in past 24 months (Appendix D); or
- Polycarbonate lens(es) are needed for school.

History of procedure

Participants with history of requested procedure code in past 24 months:

- Must have a diopter change of 0.50 in left eye (to replace left lens); or
- Must have a diopter change of 0.50 in right eye (to replace right lens).

V2199 LT/RT, V2299 LT/RT, V2399 LT/RT, V2782 LT/RT, V2783 LT/RT

- These services require Optical Consultant review.

FRAMES CRITERIA

V2020

Participants 21 years of age and older:

- Must have 0.75 diopter in one or both eyes; or
- Visual acuity must be 20/40 or less without glasses; or
- Have a monocular diagnosis (Appendix C); and
- Are eligible for replacement once every 24 months.

Participants 20 years of age and younger:

- Must have 0.75 diopter in one or both eyes; or
- Eyeglasses must be required for school; or
- Visual acuity must be 20/40 or less without glasses; or
- Have a monocular diagnosis (Appendix C); and
- Are eligible for replacement once every 24 months unless lost or broken and eyeglasses are required for school.

V2020 22

Participants 21 years of age and older:

- Must have sphere power of plus or minus 4.00 or greater and/or cylinder minus 3.25 or greater and/or an add power of 3.50 or greater; or
- Participant has large face structure or wide set eyes; or
- Participant has a history of nasal or sinus surgery and needs glasses with pads (Appendix B); and
- Are eligible for replacement once every 24 months.

Participants 20 years of age and younger:

- Must have sphere power of plus or minus 4.00 or greater and/or cylinder minus 3.25 or greater and/or an add power of 3.50 or greater; or
- Participant has large face structure or wide set eyes; or
- Participant has a history of nasal or sinus surgery and needs glasses with pads (Appendix B); and
- Are eligible for replacement once every 24 months unless lost or broken and eyeglasses are required for school.

EXAMS AND SCREENINGS CRITERIA

92002, 92004, 92012, 92014, 92015

- Requires submitted diagnosis as listed below:

Submitted ICD-9 Diagnoses
249.xx, 250.xx, 253.5, 271.4, 360.42, 365.xx, 366.16, 366.31, 366.50, 366.51, 366.52, 366.53, 367.0, 367.1, 367.20, 367.21, 367.22, 367.31, 367.32, 367.4, 367.51, 367.52, 367.53, 367.81, 367.89, 367.9, 588.1, 648.00, 743.2x, 767.8, 775.0, 775.1, 790.29, V72.0

CONTACT LENSES CRITERIA

V2500 LT/RT - V2502 LT/RT; V2510 LT/RT – V2512 LT/RT; V2520 LT/RT – V2522 LT/RT; V2530 LT/RT, V2531 LT/RT, and 92310

Contact lens(es) with corrective power for visual improvement are not covered for participants 21 years and older.

Participants 20 years of age and younger:

- Requires submitted diagnosis as listed below:

Submitted ICD-9 Diagnoses
371.60, 371.61, 371.62, 379.31, 743.35, or 743.41

OR

- Must have diopter of 4.00 or greater in one or both eyes; and
- Requires submitted diagnosis as listed below:

Submitted ICD-9 Diagnoses
367.31

92070

Participants 21 years of age and older *and* participants 20 years of age and younger:

- Requires submitted diagnosis as listed below:

Submitted ICD-9 Diagnoses
054.42, 370.00, 370.01, 370.02, 370.03, 370.04, 370.05, 370.06, 370.07, 370.20, 370.21, 370.22, 370.23, 370.24, 370.31, 370.32, 370.33, 370.34, 370.35, 370.40, 370.44, 370.49, 370.50, 370.52, 370.54, 370.55, 370.59, 370.60, 370.61, 370.62, 370.63, 370.64, 370.8, 370.9, 371.00, 371.01, 371.02, 371.03, 371.04, 371.05, 371.10, 371.11, 371.12, 371.13, 371.14, 371.15, 371.16, 371.20, 371.21, 371.22, 371.23, 371.24, 371.30, 371.31, 371.32, 371.33, 371.40, 371.41, 371.42, 371.43, 371.44, 371.45, 371.46, 371.48, 371.49, 371.50, 371.51, 371.52, 371.53, 371.54, 371.55, 371.56, 371.57, 371.58, 371.60, 371.61, 371.62, 371.70, 371.71, 371.72, 371.73, 371.81, 371.82, 371.89, 694.0, 694.1, 694.2, 694.3, 694.4, 694.5, 694.61, 694.8, 694.9

V2599 LT/RT

- This service requires Optical Consultant review.

OTHER:

V2797, 99070, 95930

- These services require Optical Consultant review.

Denial Criteria

Participant does not meet the approval criteria for the requested optical procedure code.

Quantity Limitations

Adults under one of the following categories of assistance : 01, 04, 05, 10, 11, 13, 14, 16, 19, 21, 24, 26, 83, and 84 are eligible for frames, lenses and refractive eye exams every twenty-four (24) months.

Children 20 years of age and under may be eligible to receive refractive eye exams every twelve (12) months.

The number of Orthoptic and/or Pleoptic Training (procedure code 92065) sessions are limited to 1 per day, 2 per week and a maximum of 20 sessions. If the patient shows significant improvement after the initial 20 sessions and the optometrist feels that further progress can be made, an additional 20 training sessions may be performed, not to exceed a total of 40 sessions.

Approval Period

Services/procedures that are pre-certified must be performed within thirty (30) days of the date the pre-certification was issued. Services performed outside of the thirty (30) day timeframe of the pre-certification period will be denied.

Appendix A : Possible Questions

****The following questions may be encountered as part of the approval and denial criteria. Depending upon the patient's history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. Is this for a right (RT) lens?
2. Is this for a left (LT) lens?
3. Is this for both a RT and LT lens?
4. Does the patient have history of cataract surgery?
5. Is this request for special frames?
6. Is patient's prescription at least .75 diopters in one or both eyes?
7. Is the patient less than or equal to 20 years of age and glasses are needed for school?
8. Is this a replacement frame/lens for a patient less than or equal to 20 years of age who has lost or broken their frames/lens?
9. Does patient require special lens(es) of a sphere power of plus or minus 4.00 or greater and/or cylinder minus 3.25 or greater and/or an add power of 3.50 or greater?
10. Does the structure of patients face require special frames? For example: wide set eyes or very large face?
11. Has patient had nose surgery and needs glasses with pads?
12. Does patient currently have progressive lens?
13. Does patient have a prescription change of at least .50 diopters in both eyes?
14. Does patient have a prescription change of at least .50 diopters in the right eye?
15. Does patient have a prescription change of at least .50 diopters in the left eye?
16. Has prosthesis been lost, destroyed, cracked or deteriorated?
17. Does patient have a diagnosis of 249.xx, 250.xx, 253.5, 271.4, 360.42, 365.xx, 366.16, 366.31, 366.50, 366.51, 366.52, 366.53, 367.0, 367.1, 367.20, 367.21, 367.22, 367.31, 367.32, 367.4, 367.51, 367.52, 367.53, 367.81, 367.89, 367.9, 588.1, 648.00, 743.2x, 767.8, 775.0, 775.1, 790.29, or V72.0?
18. Is the visual acuity 20/40 or less without glasses?
19. Is this for protective eyewear for patients with sight in only one eye?
20. Is this for plano lens when there is a refractive error in only one eye?
21. Is this for protective eyewear for monocular patients?
22. Does patient have a prescription of +3.00 or -4.00 or over?
23. Does patient have history of seizures or medical condition warranting need for special lens?

24. Does patient have a diagnosis of aphakia (379.31, 743.35) or keratoconus (371.60, 371.61, 371.62, 743.41,)?
25. Does patient have a diagnosis of anisometropia (367.31)?
26. Is patient's prescription 4.00 diopters in one or both eyes?
27. Does patient have a diagnosis of 054.42, 370.00, 370.01, 370.02, 370.03, 370.04, 370.05, 370.06, 370.07, 370.20, 370.21, 370.22, 370.23, 370.24, 370.31, 370.32, 370.33, 370.34, 370.35, 370.40, 370.44, 370.49, 370.50, 370.52, 370.54, 370.55, 370.59, 370.60, 370.61, 370.62, 370.63, 370.64, 370.8, 370.9, 371.00, 371.01, 371.02, 371.03, 371.04, 371.05, 371.10, 371.11, 371.12, 371.13, 371.14, 371.15, 371.16, 371.20, 371.21, 371.22, 371.23, 371.24, 371.30, 371.31, 371.32, 371.33, 371.40, 371.41, 371.42, 371.43, 371.44, 371.45, 371.46, 371.48, 371.49, 371.50, 371.51, 371.52, 371.53, 371.54, 371.55, 371.56, 371.57, 371.58, 371.70, 371.71, 371.72, 371.73, 371.81, 371.82, 371.89, 694.0, 694.1, 694.2, 694.3, 694.4, 694.5, 694.61, 694.8, 694.9?
28. Is requested optical procedure code for repair and refitting spectacles; except for aphakia with temples?
29. Are you billing the optical procedure code with the modifier 55?
30. Is the performing provider an Optometrist?
31. Is the performing provider an Optometrist or Optician?

Appendix B : Nasal/Sinus Surgery

cpt	procedure
20912	CARTILAGE GRAFT NASAL SEPTUM
2271	CLOSURE OF NASAL SINUS FISTULA
222	INTRANASAL ANTROTOMY
2131	LOCAL EXCISION OR DESTRUCTION INTRANASAL LESION
D5922	NASAL SEPTAL PROSTHESIS
229	OTHER OPERATIONS ON NASAL SINUSES
30120	EXC/SURG PLNING SKN NOSE RHINOPHYMA
30150	RHINECTOMY PRTL
30160	RHINECTOMY TOT
30460	RHINP DFRM W/COLUM LNGTH TIP ONLY
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT
30465	RPR NSL VSTBLR STENOSIS
30520	SEPTOP/SBMCSL RESCJ
30540	RPR CHOANAL ATRESIA INTRANSL
30545	RPR CHOANAL ATRESIA TRANSPALATINE
30560	LSS INTRANSL SYNECHIA
30620	SEPTAL/OTH INTRANSL DERMTP
30630	RPR NSL SEPTAL PRFORATIONS
21210	GRF B1 NSL MAX/MALAR AREAS
21344	OPTX COMP FRNT SINUS FX VIA CORONAL/MLT APPR
21345	CLTX NASOMAX CPLX FX LEFT II TYP W/NTRDNTL FIXJ
21346	OPTX NASOMAX CPLX FX LEFT II TYP W/WIRG&FIXJ
21347	OPTX NASOMAX CPLX FX LEFT II TYP REQ MLT OPN
21348	OPTX NASOMAX CPLX FX LEFT II TYP W/B1 GRFG
214	RESECTION OF NOSE
2188	OTHER SEPTOPLASTY
2189	OTHER REPAIR AND PLASTIC OPERATIONS ON NOSE

31276 NSL/SINUS NDSC W/FRNT SINUS EXPL
 31292 NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN
 31293 NSL/SINUS NDSC MEDIAL ORB&INF ORB WALL DCMPRN
 31294 NSL/SINUS NDSC SURG W/OPTIC NRV DCMPRN
 31000 LVG CANNULJ MAX SINUS
 31020 SINUSOTOMY MAX ANTRT INTRANSL
 31075 SINUSOT FRNT TRANSORB UNI F/MCCL/OSTMA LYNCH TYP
 31080 SINUSOT FRNT OBLIT W/O OSTPL FLAP BROW INC
 31081 SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC
 31084 SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC
 31085 SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC
 31086 SINUSOT FRNT NOBLIT W/OSTPL FLAP BROW INC
 31087 SINUSOT FRNT NOBLIT W/OSTPL FLAP CORONAL INC

Appendix C : Monocular Diagnoses

code	diagnosis
3691	MOD/SEV IMPAIR BETR EYE; PROFND IMPAIR L PROFND MOD/SEVERE VISION IMPAIR NOT
36910	FURT
36911	BETR EYE: SEV IMPAIR; LESR EYE: BLIND NF
36912	BETR EYE: SEV IMPAIR; LESR EYE: TOT IMPA
36913	BETR EYE: SEV IMPAIR; LESR EYE: NEAR-TOT
36914	BETR EYE: SEV IMPAIR; LESR EYE: PROFND I
36915	BETR EYE: MOD IMPAIR; LESR EYE: BLIND NF
36916	BETR EYE: MOD IMPAIR; LESR EYE: TOT IMPA
36917	BETR EYE: MOD IMPAIR; LESR EYE: NEAR-TOT
36918	BETR EYE: MOD IMPAIR; LESR EYE: PROFND I
36921	BETR EYE: SEV IMPAIR; LESR EYE; IMPAIR N
36923	BETR EYE: MOD IMPAIR; LESR EYE: IMPAIR N
3696	PROFOUND VISION IMPAIRMENT, ONE EYE
36960	IMPAIRMENT LEVEL NOT FURTHER SPECIFIED
36961	ONE EYE: TOTAL VISION IMPAIR; OTH EYE: N
36962	ONE EYE: TOT VISN IMPAIR; OTH EYE: NR-NL
36963	ONE EYE: TOTAL VISION IMPAIR; OTH EYE: N
36964	ONE EYE: NEAR-TOT IMPAIR; OTH EYE: NOT S
36965	ONE EYE: NR-TOT VISN IMPAIR; OTH EYE: NR
36966	ONE EYE: NR-TOT VISN IMPAIR; OTH EYE: NL
36967	ONE EYE: PROFND IMPAIR; OTH EYE:NOT SPEC
36968	ONE EYE: PROFND VISN IMPAIR; OTH EYE: NR
36969	ONE EYE: PROFND VISN IMPAIR; OTH EYE: NL MODERATE OR SEVERE VISION IMPAIRMENT
3697	ONE LOW VISION ONE EYE NOT OTHERWISE
36970	SPECIFI
36971	ONE EYE: SEV VISN IMPAIR; OTH EYE: VISN
36972	ONE EYE: SEV VISN IMPAIR; OTH EYE: NR-NL
36973	ONE EYE: SEV VISION IMPAIR; OTH EYE: NL
36974	ONE EYE: MOD VISN IMPAIR; OTH EYE: VISN
36975	ONE EYE: MOD VISN IMPAIR; OTH EYE: NR-NL
36976	ONE EYE: MOD VISION IMPAIR; OTH EYE: NL
3698	UNQUALIFIED VISUAL LOSS, ONE EYE

Appendix D : Seizure Diagnoses

icd9	diagnosis
345	EPILEPSY AND RECURRENT SEIZURES
34580	OTH FORM EPILEPSY & RECUR SEIZUR NO INTR
34581	OTH FORM EPILEPSY & RECUR SEIZUR W/INTRA
3457	EPILEPSIA PARTIALIS CONTINUA
34571	EPILEPSIA PARTIALIS CONTINUA W/INTRACT E
34570	EPILEPSIA PARTIS CONTINUA W/O INTRACT EP
3453	EPILEPTIC GRAND MAL STATUS
3452	EPILEPTIC PETIT MAL STATUS
34511	GEN CONVUL EPILEPSY W/INTRACTABLE EPILEP
34510	GEN CONVUL EPILEPSY W/O MENTION INTRACT
34501	GEN NONCONVUL EPILEPSY W/INTRACTABLE EPI
34500	GEN NONCONVUL EPILEPSY W/O INTRACT EPILE
3451	GENERALIZED CONVULSIVE EPILEPSY
3450	GENERALIZED NONCONVULSIVE EPILEPSY
34541	LOC-REL EPILEPSY & ES W/CPS W/INTRACTABL
34540	LOC-REL EPILEPSY & ES W/CPS W/O INTRACTA
34551	LOC-REL EPILEPSY & ES W/SPS W/INTRACTABL
34550	LOC-REL EPILEPSY & ES W/SPS W/O INTRACTA
3454	LOCALIZATION-REL EPILEPSY & EPILEPTIC SY
3455	LOCALIZATION-REL EPILEPSY & EPILEPTIC SY
3458	OTHER FORMS OF EPILEPSY AND RECURRENT SE
34590	UNSPEC EPILEPSY WITHOUT MENTION INTRACT
3459	UNSPECIFIED EPILEPSY
34591	UNSPECIFIED EPILEPSY WITH INTRACTABLE EP
7803	CONVULSIONS
78039	OTHER CONVULSIONS
436	ACUTE BUT ILL-DEFINED CEREBROVASCULAR DI
3001	DISSOCIATIVE CONVERSION AND FACTITIOUS D