



MO HealthNet PA Criteria

Medical Procedure Class:	OPTICAL
Implementation Date:	June 15, 2009
Updated:	January 5, 2022

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/collections/collection_opt/print.pdf

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 in Appendix E.

For participants 21 years of age and older not in a nursing home, blind or pregnant to receive an exam or screening more than once every 24 months:

- Requires submitted diagnosis as listed in Appendix G.

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 of Aphakia (Appendix J) or Keratoconus (Appendix H): or
- Must have diopter of 4.00 or greater in one or both eyes; and
- Requires submitted diagnosis of Anisometropia (Appendix I).

92071 and 92072

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

- Requires submitted diagnosis in Appendix F.

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 example broken, lost, etc.?
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. Is the visual acuity 20/40 or less without glasses?
18. Is this for protective eyewear for patients with sight in only one eye?
19. Is this for plano lens when there is a refractive error in only one eye?
20. Is this for protective eyewear for monocular patients?
21. Does patient have a prescription of +3.00 or -4.00 or over?
22. Does patient have history of seizures or medical condition warranting need for special lens?
23. Does patient have a diagnosis of aphakia or keratoconus?
24. Does patient have a diagnosis of anisometropia?
25. Is patient's prescription 4.00 diopters in one or both eyes?
26. Is requested optical procedure code for repair and refitting spectacles; except for aphakia with temples?
27. Are you billing the optical procedure code with the modifier 55?
28. Is the performing provider an Optometrist?
29. Is the performing provider an Optometrist or Optician?

Appendix B: Nasal/Sinus Surgery

Codes use to identify nasal/sinus surgery.

<u>CODES</u>	<u>PROCEDURE</u>
D5922	NASAL SEPTAL PROSTHESIS
214	RESECTION OF NOSE
222	INTRANASAL ANTROTOMY
229	OTHER OPERATIONS ON NASAL SINUSES
2131	LOCAL EXCISION OR DESTRUCTION INTRANASAL LESION
2188	OTHER SEPTOPLASTY
2189	OTHER REPAIR AND PLASTIC OPERATIONS ON NOSE
2271	CLOSURE OF NASAL SINUS FISTULA
20912	CARTILAGE GRAFT NASAL SEPTUM
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
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 DERMTTP
30630	RPR NSL SEPTAL PRFORATIONS
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 NONOBLIT W/OSTPL FLAP BROW INC
31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC
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

Appendix C: Monocular Diagnoses

Diagnosis Codes used to identify positive history of monocular disease in past 3 years.



Optical Monocular
Diagnoses 9.19.17.xl

Appendix D: Seizure Diagnoses

Diagnosis Codes used to identify positive history of seizures in the past 3 years.



Seizure Appendix
11.15.18.xlsx

Appendix E: Exams and Screening

Diagnosis codes used to identify positive history of diagnosis eligible for exams and screening.



Exams and
Screenings_9.19.17.)

Appendix F: Criteria for 92071 and 92072

Diagnosis codes used for approval of codes 92071 and 92072.



Optical 92071 and
92072 Diagnosis Code

Appendix G: Exams and Screening > 20 years old

Diagnosis codes used to identify positive history of diagnosis eligible for exams or screening more than once every 24 months for patients over age 20.



Exams and
Screenings over 20_9

Appendix H: Keratoconus

Diagnosis codes used to identify positive history of Keratoconus.



Optical
Keratoconus.xlsx

Appendix I: Anisometropia

Diagnosis codes used to identify positive history of Anisometropia.



Optical
Anisometropia.xlsx

Appendix J: Aphakia

Diagnosis codes used to identify positive history of Aphakia.



Optical Aphakia.xlsx