

# Chapter 25

## Optical Services

**NOTE:** Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#).

**Billing Information** – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

Vision Care providers that are enrolled with South Country Health Alliance (South Country) should work with a contracted South Country optical laboratory. Eye Kraft Optical is a preferred optical laboratory with South Country. If you would like to verify a contracted optical laboratory with South County, please call the Provider Contact Center at 1-888-633-4055. Vision care providers must bill South Country using standard billing procedures and CPT and HCPCS procedure codes.

### Definitions

**Comprehensive Vision Examination:** A complete evaluation of the visual system. The services include patient history, general medical observation, external and ophthalmoscopic examination, gross visual fields, basic sensorimotor examination, biomicroscopy, examination with cycloplegia or mydriasis, and tonometry.

**Contract Vendor:** The South County enrolled optical lab that supplies and assembles eyeglasses for South County members.

**Date of Service:** The actual date the service is performed or the supplies are dispensed. The date of service for frames and lenses is the date the eyeglasses were ordered. The date of service for the dispensing fee is the date the eyeglasses are delivered to the member.

**Deluxe Eyeglass Frame:** An eyeglass frame with features that make it more durable than a standard frame, such as spring hinges or memory metal construction.

**Dispensing Provider:** The South County enrolled provider who orders eyeglasses and provides dispensing services to South County members.

**Dispensing Services:** The technical services (fitting of spectacles) necessary for the design, fitting, and maintenance of glasses (frames and/or lenses) as prescribed by an optometrist or ophthalmologist.

**Eyeglass/Vision Service:** A comprehensive or intermediate vision exam provided by an optometrist or ophthalmologist and/or eyeglasses dispensed by an optician, optometrist or ophthalmologist

**Eyeglasses/Spectacles:** A pair of lenses mounted in a frame to aid vision, as prescribed by an optometrist or ophthalmologist.

**Intermediate Vision Examination:** An evaluation of a new or existing specific visual problem complicated with a new diagnosis or management problem not necessarily relating to the primary diagnosis.

**Ophthalmologist:** A physician who has academic training in ophthalmology beyond the state requirements for licensure and experience in the treatment and diagnosis of the diseases of the eye.

**Optician:** A supplier of eyeglasses to a patient as prescribed by the patient's optometrist or ophthalmologist.

**Optometrist:** A person licensed as an optometrist under Minnesota law.

### **Eligible Providers**

The following enrolled providers may dispense eyeglass and perform vision services with their scope of practice:

- Ophthalmologists;
- Optometrists; and
- Opticians .

### **Covered Services**

Documentation of medical necessity must be kept in the member's medical record. The following services are covered services when medically necessary and coverage criteria are met:

- Comprehensive vision examinations (no annual limit on examinations);
- Intermediate vision examinations (no annual limit on examinations);
- One dispensing fee within a thirty (30) day period;
- Eyeglass frames;
- Deluxe eyeglass frames for adults with cognitive disabilities, seizure conditions or for children (a specific diagnosis is required for deluxe frames for members aged 21 or older);
- Glass, plastic or polycarbonate lenses for children or adults;
- Tinted, UV, polarized or photochromatic lenses for certain childhood, visual, or seizure conditions when standard lenses may pose a risk (a specific diagnosis is required);
- High index lenses when the correction in either eye is plus or minus 6.00 diopters or greater;
- Aspherical hand-held magnifiers (3.7 X 11.0 diopter);
- Double segments (FT25, FT28), plastic or glass;
- Fresnel prism, Slab off prism;
- Repairs to frames and lenses purchased through South County; and
- Contact lenses.
- Ocular photodynamic therapy (CPT code 67221) is covered only for a valid diagnosis. No separate payment for the intravenous infusion service is allowed. Payment for the infusion is packaged into CPT code 67221.
- Iris prosthesis (CPT code 66683) for members with a medical diagnosis aniridia. Refer to the Orthotics and Prosthetics section of the MHCP Provider Manual for more information.

### **Non-covered Services**

- Replacement of lenses or frames to change the style or color;

- Cosmetic services: (i.e. contact lenses prescribed for reasons other than aphakia, keratoconus, aniseikonia, marked acuity improvement over correction with eyeglasses, or therapeutic application; or replacement of lenses or frames due to member's personal preference for a change of style or color);
- Tints or polarized lenses for fashion purposes;
- Protective coating for plastic lenses;
- Edge and anti-reflective coating of lenses;
- Industrial, sport eyeglasses or glasses for computer screen usage, unless they are the member's only pair and are necessary for vision correction;
- Invisible bifocals or progressive bifocals;
- Contact lenses which required authorization which was not obtained;
- Replacement of lenses or frames due to provider error in prescribing, frame selection, or measurement. The provider making the error is responsible for bearing the cost of correcting the error;
- Eyeglasses or lenses for occupational or educational needs, unless it is the member's only pair and it is necessary for vision correction;
- Services or materials that are considered experimental or not clinically proven by prevailing community standards or customary practice;
- Repair of eyeglasses during the warranty period if the repair is covered by warranty;
- Backup eyeglasses or split prescription into two pairs of eyeglasses;
- Reading glasses without a prescription;
- Saline or other solutions for the care of contact lenses; and
- Vision therapy for learning disabilities, including dyslexia.

## **Eyeglasses**

### **Eyeglasses and related supplies must meet the following requirements:**

- For initial eyeglasses to be medically necessary, there must be a correction of .50 diopters or greater in either sphere or cylinder power in either eye. Diopter is the unit of refracting power of the lens;
- Lenses covered by South County must be first-quality impact resistant glass, plastic or polycarbonate single vision, bifocal or trifocal lenses;
- Lenses must conform to the American National Standards Institute (ANSI) Recommendation for Prescription Ophthalmic Lenses, ANSI's most current standards, and the FDA requirements for impact resistance;
- All lenses must be finished (hardened and edged) and assembled in the frame;
- A new eyeglass case must be included with each pair of eyeglasses;
- Eyeglasses found by the member to be unsatisfactory due to defective workmanship and/or materials must be replaced or repaired by the provider without cost to the member or South County; and
- Errors made in prescribing or dispensing are the responsibility of the prescribing and/or dispensing provider and are not to be billed to South County or the member.

Documentation of medical necessity must be kept in the member's medical record. The reason for the replacement must be included on the order when new eyeglasses are ordered from the contract vendor.

## Repairs/Replacement

When billing repairs to eyeglasses, use 92370 or 92371. The dispensing provider should document how the eyeglasses were broken, what repairs were needed, and the estimated cost of the repair.

If the estimated cost of the repair will exceed the allowable cost of new frames and lenses through South Country, the provider/optical laboratory may bill replacement frames or lenses using the appropriate frame or lens code with modifier RA.

## Dispensing Fee

The dispensing provider may bill a dispensing fee when frames and/or lenses from the contract provider are dispensed. Bill using 92340-92354 as appropriate.

## Contact Lenses

Contact lenses are covered without authorization if prescribed for aphakia, keratoconus, or aniseikonia and for bandage lenses. All other diagnoses/conditions require authorization for contact lens services and supplies.

Bandage/Therapeutic Lenses (92071 and 92072): Bill two units on one line with modifier 50. Claims must include an appropriate diagnosis.

Bilateral prescribing / fitting of contact lenses except for aphakia codes (92310 and 92314): Use modifier 52 when prescribing and fitting one eye.

Contact lenses (S0500, V2500-V2599): One unit = one contact lens. Planned replacement contact lenses may be dispensed as multi-packs. The following dispensing limits apply:

| Type of Contact Lens                              | HCPCS code               | Limit                                               |
|---------------------------------------------------|--------------------------|-----------------------------------------------------|
| Disposable contact lens                           | S0500                    | 1 month supply, up to 30 per eye per dispensing     |
| PMMA, gas permeable, gas impermeable contact lens | V2500-V2513, V2530-V2599 | 2 units (1 per eye) per dispensing                  |
| Hydrophilic contact lens                          | V2520-V2523              | 1 multi-pack per eye, up to 12 units per dispensing |

## Billing the Member for Add-ons and Upgrades

Member may purchase non-covered add-ons and non-covered items.

- **Add-ons** are lens treatments that can be added to a pair of covered lenses and frames. Examples are lens coating, special edge treatments, scratch resistant coating, anti-reflective lens coating. South County will pay for the covered frame and/or lenses and members may pay for the cost of the add-on products. The provider must inform the member before providing the add-on that it is not covered by South County and that the member is responsible for the payment of the add-on item.
- **Non-covered items** If a member chooses to purchase upgraded lenses that are not medically necessary (such as non-covered high-index or photochromatic lenses, no-line bifocals) or a non-contract frame, the member is responsible for payment of the entire cost of the lenses or frame. The provider must inform the member before providing the

non-covered item that it is not covered by South County and that the member is responsible for the payment as well as completing the appropriate [Advance Recipient Notice of Non-covered Service/Item \(DHS-3640\)](#) form. The provider cannot bill the member for the difference between covered lenses and/or frame and the upgraded lenses and/or frame. South County will not pay for the dispensing fee, repairs or adjustments made to upgraded products or non-covered items.

## **Members with Other Primary Health Insurance Coverage**

Members with vision and eyeglass coverage from Medicare or private insurance coverage that have an eyeglass and/or examination benefit must obtain their eyeglasses, eye examination, and vision services through their primary insurance. Members whose private insurance plan does not cover eyeglasses as a benefit must receive eyeglasses from a contracted South County optical provider.

Please note the following for Medicare:

- Medicare does not cover eyeglasses except for aphakia or following cataract surgery;
- Always verify service **or** program coverage with Medicare before submitting a claim; and
- Providers must submit the claims to Medicare for Medicare-covered services.

## **Vision Therapy/Orthoptics and Pleoptics**

Coverage Criteria:

- Diagnosis and treatment of amblyopia, sensory or motor strabismus, and accommodative disorders causing subjective visual complaints which are not relieved by wearing prescription eyewear;
- Home visual therapy is to be used, including home treatment with patching, lens fogging, red/green/Polaroid filters, and other lenses/devices; and
- Visual therapy for amblyopia is limited to children under age 10. If improvement is not noted after four sessions, the member must be referred to an appropriate professional (e.g., neurologist or ophthalmologist) for further evaluation.

The physician monitoring progress may bill for a limited examination in addition to the orthoptic/pleoptic training. Document in the medical records the physician saw the member and performed the necessary procedures for a limited examination. Examinations to evaluate visual therapy are limited to one per week.

Billing for Ocular Photodynamic Therapy (CPT code 67221) is covered only for a valid diagnosis. No separate payment for the intravenous infusion services is allowed. Payment for the infusion is packaged into CPT code 67221.

## **Authorization Requests**

Providers can submit prior authorization and/or notification via the South County provider portal.

To fax authorizations, the Service Authorization form is located on the [South County provider portal](#) or on [South County's website](#). Fax authorization requests directly to South County Utilization Management at 1-888-633-4052.

## **Medicare Supplemental Benefit - Eyewear Lens Upgrades**

Effective 1/1/2024, South County eligible members may receive any combination of the following eyewear lens upgrades as a Medicare Supplemental benefit. (No authorization required). The annual maximum combined benefit of lens upgrades is \$148.80.

**Eligible Members**

- AbilityCare (HMO D-SNP).
- SeniorCare Complete (HMO D-SNP).

**Covered Services**

- Anti-glare lens coating (up to 2 lenses);
- Photochromatic lens tinting (transition lenses) (up to 2 lenses); and
- Progressive (no line) lenses (up to 2 lenses).