

OPTOMETRIC AND EYEGLOSS SERVICES

2021

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- Optometric Service Providers include:
 - Optometrists
 - Opticians
 - Ophthalmologists
 - Classic Optical (State contracted eyeglass provider)

TODAY'S TOPICS

- Checking Eligibility
- QMB and SLMB
- General Covered Services
- Coverage of Specific Services & Materials
- Prior Authorization Requests
- Eyeglass Ordering Procedures
- Administrative Rules and Fee Schedules
- Common Billing Errors
- Contact Information





CHECKING ELIGIBILITY FOR MEDICAID

- Use Faxback (800) 714-0075
- Montana Access to Health web portal

<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>

- Interactive Voice Response (800) 362-8312
- Provider Relations (800) 624-3958 option 7
- Classic Optical (to check last order of glasses)
- Program Officer (406) 444-4066



CHECKING ELIGIBILITY FOR HMK/CHIP

- Contact BCBS to check eligibility and last date of service for eye exam. (855)258-3489
- Contact Medicaid Provider Relations to check for last pair of eyeglasses. (800) 624-3958 option 7

CHECKING ELIGIBILITY FOR QMB & SLMB

QMB (Qualified Medicare Beneficiary)

- Medicaid pays the Medicare premium and some or all of the Medicare coinsurance and deductibles.
- For dual coverage of * QMB/Medicaid Full* benefits then the member needs to choose Medicaid benefit for glasses.
- If the member has QMB only, then the claim needs to be billed to Medicare.

SLMB (Specified Low-Income Medicare Beneficiary)

- Medicaid pays the Medicare premium only. They are not eligible for other Medicaid benefits and must pay their own Medicare coinsurance and deductible.
- For SLMB coverage, there is usually no Medicaid eligibility. The claim will need to be sent to Medicare.

CHECKING ELIGIBILITY FOR DOC

Department of Corrections



- Eligibility will show as “inactive”.
- The DOC member may have access to Full Medicaid benefits.
- The DOC staff will present the member for an appointment with a form stating eligibility.
- Classic Optical has a specific online order form to use for DOC members .
- Classic Optical will bill Medicaid for glasses.

CHECKING ELIGIBILITY FOR PRTF MEMBER

Psychiatric Residential Treatment Facility

No prior authorization for eligibility or services is necessary and the PRTF does not pay for the service.

Bill Medicaid as any other Medicaid member and send orders to Classic Optical as usual.

Classic Optical will bill Medicaid.

GENERAL COVERED SERVICES



Adults (21 years of age or older)

- ❖ Are eligible for 1 exam and pair of glasses every 730 days + 1 day.
- ❖ If there is a change in acuity of the prescription, then 1 exam and lenses every 365 days.
- ❖ One exam per year if:
following cataract surgery, diabetic patient, or loss of 1 line of acuity with present glasses.

Children (20 years of age or younger)

- ❖ Children fall under EPSDT allowing them to receive medically necessary services which include eye exams and eyeglasses.
- ❖ Exams, lenses and/or frame may be replaced as needed for vision change once a year or more if medically necessary.

SPECIFIC SERVICES: EYE EXAMS



Verify Eligibility before providing exams.

1. Adults: 1 every 2 years

Exceptions: Adult Diabetic, Cataract Surgery, Loss of 1 line of acuity.

2. Children: To determine refractive state-once every year.

SPECIFIC SERVICES: EYEGLASSES



State contracted supplier (Classic Optical) provides the list and selection of frames approved by Medicaid.

Members can use their own existing frames but will need to be examined by the contractor before putting in new lenses.

The member may purchase a retail frame out of pocket and use their Medicaid benefits for the lenses or purchase lenses out of pocket and use Medicaid benefits for the frame if eligible.

If the frame breaks shortly after dispensing/fitting, then Medicaid will pay for the replacement of the contracted frame only.

The Optometric Manual explains how the lenses or frame can be replaced.

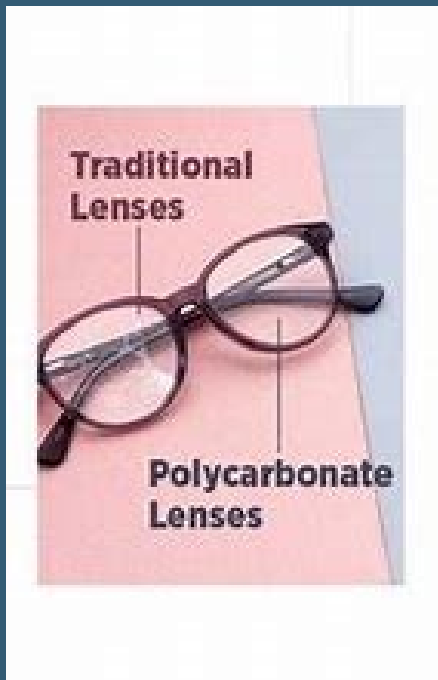
All frames carry one year warranty on fronts and temples.

Medicaid will not replace lost eyeglasses for Adults.

Medicaid will replace broken or unusable lenses for adults within the last 365 days from the existing eyeglasses were dispensed.

Adults can have 2 pairs of glasses in lieu of bifocals if medically necessary.

SPECIFIC SERVICES: EYEGLASSES ADD-ONS



Lens add-ons for adult members are not covered by Medicaid except Polycarbonate lenses due to monocular vision.

These add-ons require a prior authorization request form:

Polycarbonate lenses

Photochromatic (transition)

Tints other than Rose 1 or 2

Ultraviolet coating

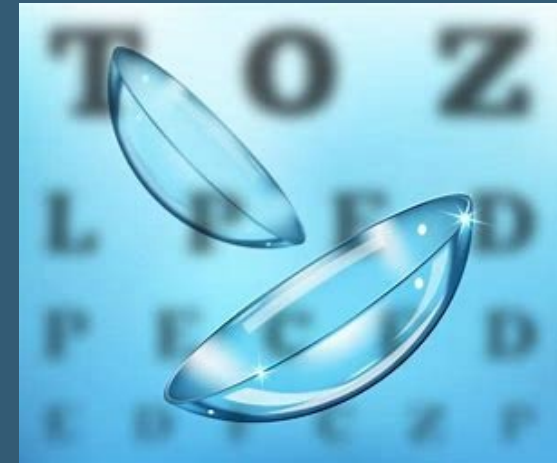
Scratch resistant coating

Deluxe frame

Medicaid does not cover Progressive lenses.

SPECIFIC SERVICES: CONTACT LENSES

- Medicaid will only pay for medically necessary contact lenses.
- Examples: Keratoconus, Aphakia, Anisometropia of 2 diopters or more, and if vision cannot be corrected to 20/40 with eyeglasses.
- Contact lens/fitting require a prior authorization. Use the same forms and process as needed for eyeglasses.
- Contact lenses are not provided by Classic Optical



PRIOR AUTHORIZATION REQUESTS

- For adult members, fill out the prior authorization form found here:

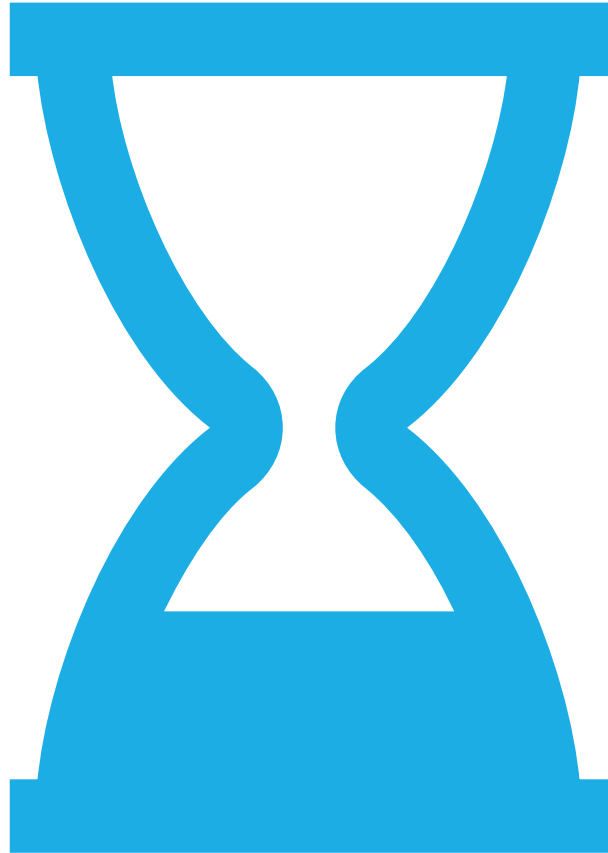
<https://medicaidprovider.mt.gov/docs/forms/priorauththeyeglassfeaturecontactso42017.pdf>

- Prior Authorization requests for children require the Prior Auth request form and the EPSDT form to be filled out and faxed in. The links to the forms are below.

[Prior Authorization Request - Contact Lens and Additional Features \(mt.gov\)](#)

[EPSDT PA Form \(mt.gov\)](#)

- Fax requests to the Program Officer: (406)444-1861
- The department will review and if approved, will issue a PA number. The PA number needs to be on your claim for payment.
- The department will send the provider and Classic Optical a copy of the approved Prior Authorization.



EYE GLASS ORDERING PROCEDURES

- The date of the Eyeglass Fitting is the actual date the service was performed.
- The date of service for the eyeglass order is the date the order is received by the contractor not the date it was sent.
- Orders received by the contractor after business hours will be billed on the next business day as the date of service.
- If the date of service is near the end of the month, please fax orders to the contractor on the date of performing the exam. Member eligibility is based on month to month.
- Orders can be placed online with Classic Optical website or by faxing paper form.
- Prior Auth orders can not be placed online, must be faxed in.

COMMON BILLING ERRORS



- Billing claim to Medicaid when the member has HMK/CHIP. Should be billed to BCBS.
- Claims for children missing the EPSDT indicator. Put a "1" in box 24H of the 1500 claim form.
- Billing when the member has QMB or SLMB only.
- Billing retail frames to Medicaid.
- Member is not eligible or has no coverage.
- Billing Medicare as primary for a Medicaid frame or billing Medicaid as secondary for retail frame.

BILLING HINTS



- Paper claims: Make sure rendering and billing NPI numbers, Prior Auth numbers, and taxonomy numbers are attached.
- Check for eligibility and frequency of services.
- Contact lenses: send in claim with the invoice for the lenses.
- Always check the fee schedule for services that are reimbursable.
- Add-ons: If not covered by Medicaid, then the contractor will send you the fee as "Member pays". Medicaid asks that you charge the member the contracted price.
- A provider may not bill a member after Medicaid has denied payment for covered services because the services are not medically necessary for the member. ARM 37.85.406 (11)(b)

ADMINISTRATIVE RULES OF MONTANA (ARM) AND FEE SCHEDULES

- Optometric Rules:

[37.86.2001 : OPTOMETRIC SERVICES, DEFINITIONS - Administrative Rules of the State of Montana \(mt.gov\)](#)

[37.86.2002 : OPTOMETRIC SERVICES, REQUIREMENTS - Administrative Rules of the State of Montana \(mt.gov\)](#)

[37.86.2005 : OPTOMETRIC SERVICES, REIMBURSEMENT - Administrative Rules of the State of Montana \(mt.gov\)](#)

- Eyeglass Rules:

[37.86.2101 : EYEGLASSES, DEFINITIONS - Administrative Rules of the State of Montana \(mt.gov\)](#)

[37.86.2102 : EYEGLASSES, SERVICES, REQUIREMENTS AND RESTRICTIONS - Administrative Rules of the State of Montana](#)

[\(mt.gov\) 37.86.2105 : EYEGLASSES, REIMBURSEMENT - Administrative Rules of the State of Montana \(mt.gov\)](#)

- Fee Schedules:

[Optometric FS January 2021 \(mt.gov\)](#)

[Eyeglasses FS December 1, 2016 \(mt.gov\)](#)

[July 2021 Physician Fee Schedule \(mt.gov\)](#)

- Billing, Reimbursement, Claims Processing, and Payment: How to bill members

[37.85.406 : BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT - Administrative Rules of the State of Montana \(mt.gov\)](#)



CONTACT INFORMATION

- Provider Relations: (800) 624-3958
For member eligibility, frequency of services, claim status and provider enrollment.
- Classic Optical: (888) 522-2020 ext. 1308
For eyeglass and prescription information
- Optometric Provider Manual:
[optometricandeyeglassservicesmanual \(mt.gov\)](http://optometricandeyeglassservicesmanual.mt.gov)
- DPHHS: (406) 444-4066 Fax: (406) 444-1861
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