

Optometry Services

Jan 21, 2025



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Allowable Providers

- Montana Medicaid does currently cover services provided by optometrists, opticians, and ophthalmologists.
- Services are covered when they are within the scope of the provider's practice.
- Dispensing services may be provided by ophthalmologists, optometrists, and opticians. Employees may also dispense if the provider is complying with supervision requirements and assists or aides.



Billable services for Medicaid

- 519 Optical Exam
- 509 All Inclusive Fitting fee (frames, lenses, fitting and dispensing).
- Medicaid members 21 and over are limited to one eye examination for determining refractive state every 730 days (2 years).
- Medicaid members 20 and under are limited to one eye examination for determining refractive state every 365 days.
- Exceptions to this are:
 - Following cataract surgery, when more than one exam is necessary.
 - A screening shows a loss of one line acuity with present eyeglasses.
 - Adult diabetic members may have exams every 365 days.



Member Information

- The same limits apply to eyeglass frames as the exam limits.
 - Lenses can be replaced in the following circumstances:
 - 50 diopter change in correction in sphere
 - .75 diopter change in cylinder
 - .5 prism diopter change in vertical prism
 - .50 diopter change in the near reading power
 - A minimum of a 5-degree change in axis of any cylinder less than or equal to 3.00 diopters
 - A minimum of a 3-degree change in axis of any cylinder greater than 3.00 diopters
 - Any 1 prism diopter or more change in lateral prism
- Medicaid members cannot be billed for frames.
- For IHS and Tribes, members do not have to choose a Medicaid specific frame.
- Members can only be billed for extras that are not medically necessary e.g. scratch coating, anti-reflective.



Contact Lenses

- Contact lenses are covered only when medically necessary and not for cosmetic reasons.
- Contacts are covered when the Medicaid member has one of the following conditions:
 - Keratoconus
 - Sight that cannot be corrected to 20/40 with eyeglasses
 - Aphakia
 - Anisometropia of 2 diopters or more



Healthy Montana Kids

- Eye exams and the fee to fit a child's eyeglasses are covered through the HMK benefit.
- HMK pays for one pair of glasses every 365 days.
 - If the child has a medical condition that requires more frequent prescriptions, new lenses (but not new frames) may be covered.
- Providers of eye exams enroll as a provider through Blue Cross Blue Shield.



Eyeglasses

- Eyeglasses are an HMK benefit that is provided through a contract with Classic Optical as the Department's eyeglass supplier.
- When ordering eyeglasses from an eyeglass provider, make sure the provider carries eyeglass covered under the Classic Optical contract.
- If non-classic frames or lenses are chosen, the member is responsible for the amount due.



Eyeglasses Cont.

- An IHS or Tribal clinic may also set up an account directly with Classic Optical to submit orders.
- Classic Optical offers an online ordering system to order eyeglasses for HMK members.
 - Call Classic at 888-522-2020 for a login and password.
- Classic does offer a 12-month manufacturer warranty on replacement fronts and temples. HMK will not pay for eyeglasses that are lost or damaged.



Contacts

BCBSMT

Provider Customer Service

1-855-258-3489

Prior Authorization

1-855-699-9907

<https://www.availity.com/>

Conduent

Provider Relations

1-800-624-3958 or

1-406-442-1837

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DPHHS

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Questions

