



Optometric and Eyeglass Services 2022

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Optometric Service Providers include:

- Optometrists
- Opticians
- Ophthalmologists
- Classic Optical
(State contracted eyeglass provider)

Today's Topics

- Checking Eligibility for:
 - Medicaid
 - HMK/CHIP
 - QMB & SLMB
 - DOC
- General Covered Services
- Coverage of Specific Services and Materials
- Prior Authorization Requests
- Eyeglass Ordering Procedures
- Common Billing Errors
- Billing Hints
- Administrative Rules and Fee Schedules
- Resources

Checking Eligibility for Medicaid

- Use Faxback: (800) 714-0075
- [Montana Access to Health web portal](#)
- Interactive Voice Response (IVR): (800) 362-8312
- Provider Relations: (800) 624-3958 option 7
- Classic Optical (to check last order of eyeglasses): (888) 522-2020 ext. 1308
- Program officer: (406) 444-4066

Checking Eligibility for HMK/CHIP

- Contact Blue Cross Blue Shield to check eligibility and last date of service for eye exam.
(855) 258-3498
- Contact Medicaid Provider Relations to check for the last pair of eyeglasses
(800) 624-3958 option 7

Checking Eligibility:

QMB

(Qualified Medicare Beneficiary)

SLMB

(Specified Low-Income Medicare Beneficiary)

QMB

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

SLMB

- Medicaid pays the Medicare premium only.
- Member is 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 eyeglasses.

General Covered Services

Adults

(21 years of age or older)

- Are eligible for 1 exam and pair of eyeglasses every 730 days + 1 day from last date of service.
- 1 exam allowed per year, exceptions:
 - Following cataract surgery.
 - Diabetic patient.
 - 1 line of acuity loss from recent prescription.

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 Coverage: Eyeglasses

- State contracted supplier (Classic Optical) provides the list and selection of frames approved by Medicaid.
- Members can use their own existing frame, but the frame will need to be examined by the contractor before putting in new lenses.
- Members may purchase a retail frame and use their Medicaid benefits for the lenses or purchase lenses out of pocket and use their Medicaid benefits for the frame (Classic Optical selection) if eligible.
- If the contracted frame breaks shortly after dispensing/fitting, then Medicaid will cover the replacement of exact same style.
- All frames carry one year warranty of 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 when the existing eyeglasses were dispensed.
- Adults can have 2 pairs of glasses in lieu of bifocals if medically necessary.



Specific Coverage:

Lens Add-Ons

- Lens add-ons for Adult members are not covered by Medicaid except for Polycarbonate lenses due to monocular vision.
- Lens add-ons that require a prior authorization request form:
 - Polycarbonate
 - Photochromatic (transition)
 - Tints other than Rose 1 or Rose 2
 - Ultraviolet coating
 - Scratch resistant coating
 - Deluxe frame
- Medicaid does not cover Progressive lenses. No exceptions.

Specific Coverage: Contact Lenses

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- Medicaid will only pay for medically necessary contact lenses.
 - Examples:
 - Keratoconus
 - Aphakia
 - Anisometropia of 2 diopters or more
 - Vision that cannot be corrected to 20/40 with prescription eyeglasses
 - Contact lens/fitting require a prior authorization **except** for Bandage Contact lens
(use the same prior auth form and process as needed for eyeglasses)
 - Contact lenses are not supplied by Classic Optical

Prior Authorization Requests

- For Adults and children, fill out the prior authorization form found here:
<https://medicaidprovider.mt.gov/docs/forms/priorauththeyeglassfeaturecontacts042017.pdf>
- The EPSDT form needs to be filled out along with the prior auth form for children **IF** the material requested is beyond the limits allowed.
<https://medicaidprovider.mt.gov/docs/forms/EPSDTCoversheetandForm12032020.pdf>
- Fax requests to the Program Officer: (406) 444-1861
- The department will review and if approved, will issue a prior auth number. The prior auth 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.

Eyeglass 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 the performed exam. Member eligibility is based on a month to month.
- Orders can be placed online with Classic Optical website or by faxing paper form.
- Prior Authorization orders cannot be placed online. They must be faxed in to Classic Optical on paper form.

Common Billing Errors

- Billing claim to Medicaid when the member has HMK/CHIP. Claim should be billed to Blue Cross Blue Shield.
- 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.
- Common mistakes for post cataract surgery:

Billing Medicare as primary for a Medicaid frame and/or lenses.

Billing Medicaid as secondary for a retail frame and/or lenses.

Billing Hints

- Paper claims: Make sure rendering & billing NPI numbers, Prior Auth numbers, and taxonomy numbers are on the claim.
- Medicaid taxonomy number must have ZZ in front of number. (ZZ1231231234)
- Check for member eligibility and frequency of services.
- Contact lenses: include the invoice for the lenses with the claim.
- Always check the fee schedule for services that are reimbursable. If the procedure code is not on our fee schedule, then we cannot pay for the service.
- Lens 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)
- A provider cannot balance bill the member after Medicaid pays.

Administrative Rules of Montanan (ARM)

and

Fee Schedules

Optometric Rules:

<https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E2001>

<https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E2002>

<https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E2005>

Eyeglass Rules:

<https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E2101>

<https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E2102>

<https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E2102>

Fee Schedules:

<https://medicaidprovider.mt.gov>

Resources by Provider Type:

-Eyeglasses

-Optician

-Optometric

-Physician (Ophthalmologist)

Billing, Reimbursement, Claims Processing, and Payment

<https://rules.mt.gov/gateway/ruleno.asp?RN=37%2E85%2E406>

Resources: 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 eyeglasses and prescription information
- **Optometric Provider Manual:**
<https://medicaidprovider.mt.gov/manuals/optometricandeyeglassservicesmanual>
- **DPHHS: (406) 444-4066 Fax: (406) 444-1861**
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