

## VISION/EYE SERVICES

### POLICY METADATA

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| 1. Policy Type – Medical                                     | 5. Last revised Date – January 19, 2018 |
| 2. Policy Status – Approved                                  | 6. Revision Approval Date -NA           |
| 3. Policy Author – William Deseron                           | 7. Next Review Date – May 31, 2018      |
| 4. Initial Claim Date of Service Effective<br>– July 1, 2011 |   |

### BACKGROUND

The Department will pay for vision services and supplies in accordance with the guidelines and limitations listed in the rules IDAPA 16.03.09.781 - 785 and IDAPA 16.03.09.882.06- EPSDT.

Children under the age of twenty-one (21) are eligible for all services listed in Department rules. Adults, age twenty-one (21) and over, are eligible for services necessary to treat or monitor a chronic condition, such as diabetes, that may damage the eye and acute conditions that if left untreated may cause permanent or chronic damage to the eye.

Idaho Medicaid has elected to cover both children and adults for eye exams and eyewear. Effective for date of service on or after July 1, 2011, the Legislature directed Medicaid to reduce benefits for adults to cover only medically necessary eye exams and eyewear to treat a chronic condition that impacts overall health or that progressively degrades vision.

### POLICY

- Children are eligible for all services listed in Section 782 and Eyeglasses under EPSDT, Section 883, of the IDAPA rules, which includes:
  - ✓ Eye examinations are allowed once during any twelve month period to determine the need for glasses to correct a refractive error. Exams more frequently than every 12 months may be prior authorized.
  - ✓ Eyeglasses following a diagnosis of visual defects and a recommendation that eyeglasses are needed for correction of a refractive error. The Department may pay for replacement of lost, broken, outgrown frames and lenses when the reason is indicated on the order.
  - ✓ Contact lenses with a correction of + or – 10 diopters, cataract surgery, keratoconus, anisometropia or other extreme medical conditions precluding the use of eyeglasses. A therapeutic contact lens bandage is covered when needed immediately following eye injury or surgery. All contact lenses require a prior authorization.
  - ✓ All vision products must be ordered from the Department’s vision product contractor.

- Adults (age twenty one and over) are eligible for services as listed in Section 782 of the IDAPA rules, which includes:
  - ✓ Eye examinations and vision products are allowed when necessary to treat or monitor a chronic condition, such as diabetes, that may damage the eye, and acute conditions that if left untreated may cause permanent or chronic damage to the eye. See the list of diagnoses attached which would allow claims to be processed without a prior authorization. If the physician believes there is a condition, not listed below, which needs to be checked or monitored, he can use the KX modifier on the claim and attach medical documentation for justification.
  - ✓ Eyeglasses and contact lenses must be prior authorized. Medicaid follows Medicare's LCD (L33793) for determining coverage. Glasses and contacts must be ordered from the vision supply contractor using the prior authorization number.
  - ✓ *Eyeglasses are covered when necessary to prevent permanent damage to the eye.* Effective 7/1/2011, one pair of eyeglasses is covered following cataract surgery. Diagnoses normally received on prior authorization requests are 379.31 or H27.01-.03 for Aphakia, 743.35 or Q12.3 for Congenital aphakia, and V58.72 surgery aftercare.
  - ✓ Contact lenses are covered to treat Keratoconus or when necessary to prevent further degradation of vision.
  - ✓ If Medicare is primary, and the service is covered, no authorization is needed. The provider may supply the glasses/lenses from any lab they choose and bill Medicare. Medicare claims will cross over to Medicaid, which will pay the co-insurance/deductible. Normally Medicare allows more than Medicaid due to contract prices, so no additional payment is made.

## INVESTIGATIONAL AND NOT MEDICALLY NECESSARY

N/A

## GLOSSARY

**EPSDT:** Early & Periodic Screening, Diagnosis & Treatment. A program where children, who are from birth through the month of their 21<sup>st</sup> birthday, are specifically to receive wellness exams and services for vision, dental and hearing.

**Adult:** A person who is past the month of their 21<sup>st</sup> birthday and older.

**Medically Necessary:** A service which is reasonably calculated to prevent, diagnose, or treat conditions that endanger life, cause pain, or cause functionally significant deformity or malfunction and there is no other equally effective course of treatment available or suitable which is more conservative or substantially less costly.

**Anisometropia:** Refractive power in the two eyes differ.

**Keratoconus:** Conical protrusion of the center of the cornea without inflammation. Contact lenses made to patient's specific measurements are used for treatment.

**Diopiter:** The unit of measurement of the refractive power of a lens.

**Cataract:** A loss of transparency of all or part of the crystalline lens.

**Dispensing:** The selection, fitting and adjusting of ophthalmic frames, mountings and lenses, normally performed by an optician.

**Vision Product Contractor:** Classic Optical Laboratories, Inc., Youngstown, Ohio holds the Medicaid contract as the supplier through 03/18/2018.

## REFERENCES- SEE ATTACHMENTS

Code of Federal Regulations: 42 CFR, Parts 400- 500, subchapter C, Medical Assistance Program, Parts 430 – 456.

440 Subpart A-Definitions 440.120 (d) "Eyeglasses means lenses, including frames, and other aids to vision prescribed by a physician skilled in diseases of the eye or an optometrist."

440.225 Optional Services. "Any services defined in Subpart A that are not required under 440.20 & 440.220 may be furnished under the State Plan at the State's option."

441.30 Optometric services. "The plan must provide for payment of optometric services as physician services, whether furnished by an optometrist or a physician, if (a) the plan does not provide for payment for services provided by an optometrist, except for eligibility determinations under SS 435.531 and 436a.531 of this subchapter, but did provide for those services at an earlier period; and (b) the plan specifically provides that physicians' services include services an optometrist is legally authorized to perform."

State Plan Amendment – latest version (effective 1-1-2014) including the reason for changes in the SPA. Noted in Basic Plan, attachment 3.1-C –See attachment.

IDAPA 16.03.09.781 .01 -.02 Vision Services,

IDAPA 16.03.09.882.06 Eyeglasses Under EPSDT (additional benefits for children 0-21 years of age)

Information Release: MA11-11 Published 5/24/2011, effective 7/1/2011

Information Release: MA10-21 Published 12/1/2010, effective 1/1/2011

MedicAide articles: June 2011 (copy of MA11-11)

Provider Handbook – Eye and Vision Section

Molina's Desk Level Procedures (DLP) Manual—see Edit 224 "Benefit requires manual review—vision"

## **POLICY INTENT/RATIONALE**

Eyeglasses are an optional service per federal code, but optometric services (eye exams) must be provided. As a cost savings measure effective July 2011, the Idaho Legislature limited coverage for adults to chronic care. Children have full vision benefits, including glasses or contact lenses when criteria is met.

## **APPLICABLE SERVICES**

Office Visit by Optometrist and/or Ophthalmologist

Outpatient hospital

## **CONDITIONS – ALLOW AUTOMATIC PAYMENT, PEND, OR DENY CLAIMS**

Conditions that would automatically **pay** eye exams for adults age 21 and older.

Participants with conditions on the attached list would pay.

Conditions that would be **pending** for manual review by a Department RN:

If there are additional diagnoses not on the attached list that make it necessary for a vision exam, providers may bill using a KX modifier and attach supporting documentation to the claim. The claim will pend for manual review.

Conditions that would be automatically **denied** or denied after review by a Department RN:

Diagnosis is not one on attached list and KX modifier is not on claim. Claims with KX modifier without documentation that justifies medical necessity. See list, Chronic Conditions for Adult Eye Exams, for list of diagnosis codes.

Procedures that should be automatically denied: 92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.

## CONDITIONS THAT ALLOW AUTOMATIC PAYMENT OF CLAIMS

### Chronic/Acute Conditions by ICD-10 diagnosis code Indicating a chronic condition requiring periodic vision exams or an acute condition that may damage the eye

A18.51 – A18.59	Tuberculous of eye
B00.50 – B00.59	Herpesviral ocular disease
B02.30 – B02.39	Zoster ocular disease
B60.12	Conjunctivitis due to Acanthamoeba
B60.13	Keratoconjunctivitis due to Acanthamoeba
C71.0 – C71.9	Malignant neoplasm of brain
D31.0 – D31.92	Benign neoplasm of eye and adnexa
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D86.0 – D86.9	Sarcoidosis
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E08.00 – E08.9	Diabetes mellitus due to underlying condition
E09.00 – E09.9	Drug or chemical induced diabetes mellitus
E10.10 – E10.9	Type 1 diabetes mellitus
E11.00 – E11.9	Type 2 diabetes mellitus
E13.00 – E13.9	Other specified diabetes mellitus
E78.00 – E78.01	Pure hypercholesterolemia
G24.5	Blepharospasm
G30.0 – G30.9	Alzheimer's disease
G31.01 – G31.1	Frontotemporal dementia
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.609	Persistent migraine aura with cerebral infarction, not intractable, without status migrainosus
G45.3	Amaurosis fugax
G91.0 – G91.3	Hydrocephalus
G91.8	Other hydrocephalus
G91.9	Hydrocephalus, unspecified
G93.2	Benign intracranial hypertension
G93.7	Reye's syndrome
H00.011 – H00.19	Hordeolum (externum) (internum) of eyelid
H01.001 – H01.9	Blepharitis
H02.001 – H02.9	Other disorders of eyelid
H04.001 – H04.9	Disorders of lacrimal system
H05.00 – H05.9	Disorders of orbit
H10.011 – H10.9	Conjunctivitis
H11.001 – H11.9	Other disorders of conjunctiva
H15.001 – H15.9	Scleritis

H16.001 – H16.9	Keratitis
H17.00 – H17.9	Corneal scars and opacities
H18.001 – H18.9	Other disorders of cornea
H20.00 – H20.9	Iridocyclitis
H21.00 – H21.9	Other disorders of iris and ciliary body
H22	Disorders of iris and ciliary body in diseases classified elsewhere
H25.011 – H25.9	Age-related cataract
H26.001 – H26.9	Other cataract
H27.00 – H27.9	Other disorders of lens
H28	Cataract in diseases classified elsewhere
H30.001 – H30.93	Chorioretinal inflammation
H31.001 – H31.9	Other disorders of choroid
H32	Chorioretinal disorders in diseases classified elsewhere
H33.001 – H33.8	Retinal detachments and breaks
H34.00 – H34.9	Retinal vascular occlusions
H35.00 – H35.9	Other retinal disorders
H36	Retinal disorders in diseases classified elsewhere
H40.001 – H40.9	Glaucoma
H42	Glaucoma in diseases classified elsewhere
H43.00 – H43.9	Disorders of vitreous body
H44.001 – H44.9	Disorders of globe
H46.00 – H46.9	Optic neuritis
H47.011 – H47.9	Other disorders of optic [2nd] nerve and visual pathways
H49.00 – H49.43	Paralytic strabismus
H49.881 – H49.9	Other paralytic strabismus
H50.00 – H50.9	Other strabismus
H51.0 – H51.9	Other disorders of binocular movement
H53.10 – H53.139	Subjective visual disturbances, transient or sudden visual loss
H53.15 – H53.489	Visual disturbances
H53.60 – H53.9	Night blindness, vision sensitivity deficiencies, other or unspecified visual disturbances
H54.0 – H54.2X22	Blindness and low vision
H54.40 – H54.52A2	Blindness and low vision, one eye
H55.00 – H55.89	Nystagmus and other irregular eye movements
H57.00 – H57.9	Other disorders of eye and adnexa
H59.331 – H59.43	Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified
I69.998	Other sequelae following unspecified cerebrovascular disease
K26.0	Acute duodenal ulcer with hemorrhage
K50.90 – K50.919	Crohn's disease, unspecified
K51.00 – K51.919	Ulcerative colitis
L40.50 – L40.59	Arthropathic psoriasis
M02.30 – M02.39	Reiter's disease
M05.00 – M05.9	Rheumatoid arthritis with rheumatoid factor
M06.00 – M06.9	Other rheumatoid arthritis
M08.00 – M08.09	Unspecified juvenile rheumatoid arthritis

M08.20 – M08.99	Juvenile arthritis
M12.00 – M12.09	Chronic postrheumatic arthropathy [Jaccoud]
M32.0 – M32.9	Systemic lupus erythematosus (SLE)
M34.0 – M34.9	Systemic sclerosis [scleroderma]
M35.00 – M35.09	Sicca syndrome [Sjogren]
M35.2	Behcet's disease
N18.1 – N18.9	Chronic kidney disease
Q01.0 – Q01.9	Encephalocele
Q02	Microcephaly
Q03.0 – Q03.9	Congenital hydrocephalus
Q04.0 – Q04.6	Other congenital malformations of brain
Q05.0 – Q05.9	Spina bifida
Q07.00 – Q07.03	Arnold-Chiari syndrome
Q10.0 – Q10.7	Congenital malformations of eyelid, lacrimal apparatus and orbit
Q11.0 – Q11.3	Anophthalmos, microphthalmos and macropthalmos
Q12.0 – Q12.9	Congenital lens malformations
Q13.0 – Q13.9	Congenital malformations of anterior segment of eye
Q14.0 – Q14.9	Congenital malformations of posterior segment of eye
Q15.0 – Q15.9	Other congenital malformations of eye
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
R44.1	Visual hallucinations
R48.3	Visual agnosia
R73.03	Prediabetes
S00.201A – S00.279S	Other and unspecified superficial injuries of eyelid and periocular area
S02.101A – S02.109S	Unspecified fracture of base of skull
S02.11AA – S02.11HS	Fracture of occiput
S02.30XA – S02.32XS	Fracture of orbital floor
S02.40AA – S02.40FS	Malar fracture and Zygomatic fracture
S02.601A – S02.602S	Fracture of unspecified part of body of mandible
S02.610A – S02.652S	Fracture of condylar process, subcondylar process, coronoid process, angle, or ramus of mandible
S02.670A – S02.672S	Fracture of alveolus of mandible
S02.80XA – S02.82XS	Fracture of other specified skull and facial bones
S03.00XA – S03.03XS	Dislocation of jaw
S05.00XA – S05.02XS	Injury of conjunctiva and corneal abrasion without foreign body
S05.90XA – S05.90XS	Unspecified injury of unspecified eye and orbit
T85.21XA – T85.398S	Mechanical complication of intraocular lens or other ocular prosthetic device
Z79.3	Long term use of hormonal contraceptives
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z96.1	Presence of intraocular lens