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Employees' Manual, Title 8
Medicaid Appendix

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OPTOMETRIST AND OPTICIAN SERVICES MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **OPTOMETRIST AND OPTICIAN SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 1), revised; and pages 4, 5, 6, and 15, revised.

Summary

OPTOMETRIST AND OPTICIAN SERVICES MANUAL is revised to:

- ◆ Align with current ICD-10 policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

Effective Date

October 1, 2015

Material Superseded

This material replaces the following pages from the **OPTOMETRIST AND OPTICIAN SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III	
Contents (page 1)	April 1, 2014
4-6, 15	April 1, 2014

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/Optomt.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



TABLE OF CONTENTS

Page

CHAPTER III. PROVIDER-SPECIFIC POLICIES.....	1
A. PROVIDERS ELIGIBLE TO PARTICIPATE.....	1
B. COVERAGE OF SERVICES.....	1
1. Interpreter Services.....	1
a. Documentation of the Service.....	2
b. Qualifications.....	2
2. Materials.....	3
3. Optometrist Services Covered.....	3
a. Auxiliary Procedures.....	3
b. Eye Examinations.....	4
c. Medical Services.....	4
4. Optometrist and Optician Services.....	4
a. Contact Lenses.....	5
b. Fitting and Dispensing Fee.....	5
c. Frame Services.....	5
d. Prosthetic Eye.....	6
e. Repairs and Replacement of Frames, Lenses, or Components.....	6
f. Replacement of Glasses.....	7
g. Single Vision and Multifocal Lens Service.....	8
5. Place of Service.....	8
a. Mileage.....	9
b. Nursing Home Visits.....	9
6. Prior Authorization.....	10
7. Exclusions on Coverage.....	11
C. BASIS OF PAYMENT FOR SERVICES.....	11
1. Materials.....	11
2. Professional Services.....	12
D. PROCEDURE CODES AND NOMENCLATURE.....	12
E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS.....	15



b. Eye Examinations

The coverage of eye examinations depends on the purpose of the examination. Routine eye examinations are covered once in a 12-month period. Use the diagnosis code Z0100, Encounter for the examination of eyes and vision without abnormal findings, or Z0101, Encounter for the examination of eyes and vision with abnormal findings, and the applicable CPT procedure code when billing a routine eye examination.

Nonroutine eye exams are covered when the examination is the result of a complaint or symptom of an eye disease or injury. Use the applicable diagnosis code when billing nonroutine eye examinations.

The following levels of service are recognized for optometric examinations:

- ◆ Intermediate examination: A level of optometric or ophthalmological service pertaining to medical examination and evaluation with initiation or continuation of a diagnostic and treatment program.
- ◆ Comprehensive examination: A level of optometric or ophthalmological service pertaining to medical examination and evaluation with initiation or continuation of a diagnostic and treatment program and a general evaluation of the complete visual system.

c. Medical Services

Payment will be approved for medically necessary services and supplies within the scope of practice of an optometrist. Payment for mileage shall be subject to the same approval and payment criteria as those in effect for Medicare Part B.

4. Optometrist and Optician Services

The following services are covered when provided by either an optometrist or an optician.



a. Contact Lenses

Preparation and fitting of contact lenses are covered when:

- ◆ Required following cataract surgery, for documented keratoconus, documented aphakia, high myopia, anisometropia, trauma, severe ocular disease, irregular astigmatism, or for treatment of acute or chronic eye disease, or
- ◆ Vision cannot be corrected with glasses.

Prior authorization is not required in these situations. Procedure codes 92310 – 92317 are not payable to optician providers. Soft contact lenses and replacements are allowed when medically necessary.

Gas permeable contact lenses are limited as follows:

- ◆ Up to 16 lenses for children up to 1 year of age.
- ◆ Up to 8 lenses every 12 months for children 1 through 3 years of age.
- ◆ Up to 6 lenses every 12 months for children 4 through 7 years of age.
- ◆ Two lenses every 24 months for members 8 years of age and over.

b. Fitting and Dispensing Fee

Reimbursement for fitting and dispensing of eyeglass lenses and frames is included in the fee for the lenses and frames.

c. Frame Services

Frame services are payable only when lenses are provided. See [Prior Authorization](#).

- ◆ Selection and styling
- ◆ Sizing and measurements
- ◆ Fitting and adjustment
- ◆ Readjustment and servicing



New frames are limited as follows:

- ◆ Up to 3 times for children up to 1 year of age
- ◆ Up to 4 times per year for children 1 through 3 years of age
- ◆ One frame every 12 months for children 4 through 7 years of age
- ◆ Once every 24 months after 8 years of age
- ◆ When there is a covered lens change and the new lenses cannot be accommodated in the current frame

Safety frames are allowed for:

- ◆ Children through 7 years of age
- ◆ Members with a diagnosis related disability or illness where regular frames would pose a safety risk

Deluxe (wrap-around) frames are covered for children up to two years of age.

d. Prosthetic Eye

Payment will be made for preparation and fitting of a prosthetic eye when provided by an optometrist or optician.

e. Repairs and Replacement of Frames, Lenses, or Components

Repairs and replacement of frames, lenses, or component parts are covered. Frame front, temples, pads, top of rim, soldering, etc. are covered. **EXCEPTION:** When parts or repairs provided as a courtesy to other customers are provided to Medicaid members, charges cannot be billed to Medicaid.

Consider the repair of existing frames before dispensing new frames when:

- ◆ It is evident that the repair of existing frames is less costly than providing a new frame, and
- ◆ Such repairs would again provide a serviceable frame for the use of the member.

A service charge for installing the frame front, temples, pads, top of rim, soldering, etc., may be approved in addition to the materials, providing no other professional service charge or dispensing fee is made. The service fee shall not exceed the dispensing fee for a replacement frame.



E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for optometrist and optician providers are billed on federal form CMS-1500, *Health Insurance Claim Form*.

To view a sample of the CMS-1500, click [here](#).

To view billing instructions for the CMS-1500, click [here](#).

For electronic media claim (EMC) submitters, refer also to your EMC specifications for claim completion instructions.

Refer to [Chapter IV. Billing Iowa Medicaid](#) for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:
<https://dhs.iowa.gov/sites/default/files/All-IV.pdf>