CHAPTER 525 VISION SERVICES

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BACKGROUND

West Virginia Medicaid recognizes enrolled ophthalmologists, optometrists, ocularists, opticians, and vision centers as vision service providers in accordance with their license and scope of practice.

POLICY

525.1 COVERED SERVICES

Covered vision services are available to enrolled children up to 21 years of age, and limited vision services are available to enrolled adults 21 years of age and greater. Prior authorization is required, when indicated, for specific services. Request for prior authorization does not guarantee approval or payment.

Corrective vision services require a written order from an enrolled ophthalmologist or optometrist. Documentation and a written order justifying the medical need for vision services must be maintained in the individual's clinical record for a minimum of five years and available to BMS or their designee upon request. Service limits and prior authorization may apply.

525.1.1 Eye Examinations

Children up to 21 Years of Age
Eye examination(s) are based upon Early Periodic Screening, Diagnosis and Treatment (EPSDT) referral(s), American Academy of Pediatrics (AAP) and Bright Futures requirements.

Adults 21 Years of Age or Greater
Eye examinations are limited to one comprehensive exam/evaluation per calendar year. Additionally, diagnostic evaluations and examinations may be reimbursed when documentation in the medical record justifies the medical need for more frequent exams.

525.1.2 Glasses and Frames

Children up to 21 Years of Age
Vision services for the purpose of prescribing glasses/contact lenses, fitting, adjusting and replacing glasses/contact lenses are covered.

Eyeglass frames are covered. Replacement of frames is covered when the frames can no longer be used (e.g., broken) and repair costs exceed replacement costs. Frames must have a limited warranty. A limited warranty must be utilized for frame replacement/repair when the warranty is applicable and cost effective. Medicaid will not reimburse for both contact lenses and eyeglasses when eyeglasses can be worn.

Adults 21 Years of Age or Greater
One pair of eyeglass/frames is covered for members who had documented cataract extraction within the past 60 days. Frames must have a limited warranty.

525.1.3 Replacement Lenses

Single, Bifocal, Trifocal Glass or Plastic Lens Lenses and Variable Asphericity Glass or Plastic Lens are covered. Replacement of lens is based on the following criteria:

- Vertical prism change of 1 prism diopter or greater;
- Horizontal prism change of 3 prism diopter or greater;
- A change of .50 in the spherical equivalent of the member's prescription;
- A change of the cylinder axis of at least: 10 degrees for under 1.00D cylinder, 5 degrees for 1.00D to 2.00D cylinder or 2 l/2 degrees for 2.25D cylinder or greater;
- Any change which gives at least 1 line improvement on the standard vision acuity chart;
- Breakage or loss of lens; or
- Change in specific eye conditions.

525.1.4 Photochromatic Lenses

Children up to 21 Years of Age
Photochromatic Lenses are limited to diagnoses of albinism and pupillary defects.

525.1.5 Contact Lenses

The fitting, adjusting, and dispensing of contact lenses are included in the payment of the lenses.

Replacement of contact lenses is covered when the lenses can no longer be used. Contact lenses must have a limited warranty. A limited warranty must be utilized for replacement of contact lenses when the warranty is applicable and cost effective.

Children up to 21 Years of Age
Vision services for the purpose of prescribing glasses/contact lenses, fitting, adjusting and replacing glasses/contact lenses are covered.

Medicaid will not reimburse for both contact lenses and eyeglasses when eyeglasses can be worn.

Contact lenses (hard, soft and gas-permeable) for children are limited to the following:

- Refractive error which is 9 diopters or greater in any meridian;
- Keratoconus;
- Anisometropia when the difference in power between 2 eyes is 3 diopters or greater;
- Aniseikonia
- Aphakia

Adults 21 Years of Age or Greater
Contact lenses for adults are covered only when 1 of the following conditions exists:

1. Keratoconus
2. Aphakia

525.1.6 Orthoptics/Pleoptic Training

Children Up to 10 Years of Age Only

Orthoptics and/or Pleoptic Training – Vision therapy is only covered for children under age 10 years for treatment of strabismus and other disorders of binocular eye movements. Therapy is limited to a total of 6 sessions per calendar year. Prior authorization is required when service limits are exceeded. If improvement is not noted after 4 sessions, the member must be referred to an appropriate professional (e.g., neurologist or ophthalmologist) for further evaluation. A treatment plan is required. The therapy treatment plan and regimen, such as patching, lens fogging, red/green/Polaroid filters, other lens devices, is to be taught to the client, family, foster parents and/or caregiver during the therapy treatments. Training is considered complete when 1 of the following goals is attained:

1. Subsequent services would be for maintenance of a functional ability; or
2. When the member has demonstrated no progress at 2 consecutive visits.

525.1.7 Prosthetic Eye and Cataract Surgery

An artificial eye prosthesis is covered with a prescription that identifies the type of artificial eye required and summarizes the member's need for such an eye. The member's medical record must contain written documentation of the provider's evaluation leading to a recommendation for an artificial eye.

Providers must submit directly to the Medicare carrier on the appropriate claim form all charges for artificial eyes or eyeglasses following cataract surgery which have been furnished to members with both Medicare and Medicaid coverage.

525.2 PROVIDER PARTICIPATION AND ENROLLMENT REQUIREMENTS

West Virginia Medicaid recognizes enrolled ophthalmologists, optometrists, opticians, ocularists, and vision service centers as eligible providers for covered vision services to enrolled Medicaid members. To be eligible for participation and reimbursement of covered vision services, all providers must:

- Meet all applicable licensing, accreditation and certification requirements.
- Have a valid signed provider enrollment application/agreement on file;
- Meet and maintain all Bureau for Medical Services' provider enrollment requirements; and
- Independent vision centers must also meet State and Local business rules and regulations.

Refer to *Chapter 300, Provider Participation Requirements* for additional information.

525.3 NURSING FACILITIES

Vision services are not eligible for reimbursement as a direct billing to Medicaid if the Medicaid member is a resident of the nursing facility at the time the vision service is provided. Refer to *Chapter 514, Nursing Facility Services* for additional information.

525.4 PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)

Upon admission to a PRTF, the WV Medicaid member will receive a medical and a nursing assessment which must be documented within 24 hours of admission. If during either of these assessments a more detailed vision assessment is indicated or if there is evidence of vision impairment, (i.e., member wears glasses) a more detailed vision examination must be scheduled. PRTF facilities must provide physical health services (including vision services) as part of their treatment of WV Medicaid members and, as such, are not separately reimbursed. Physical health services may be provided directly by the facility or may be provided by a vendor outside the facility. Physical health services must be addressed on the member's treatment plan. Refer to *Chapter 531, Psychiatric Residential Treatment Facility Services* for additional information.

525.5 PRIOR AUTHORIZATION

All requests for covered services requiring prior authorization must be submitted to the Utilization Management Contractor (UMC) for medical necessity determination. Nationally accredited, evidence-based, medically appropriate criteria, such as InterQual, or other medical appropriateness criteria approved by BMS, is utilized for reviewing medical necessity of services requested.

Retrospective authorization is available by the UMC in the following circumstances:

- A procedure/service denied by the member's primary payer, providing all requirements for the primary payer have been followed, including appeal processes; or
- Retroactive West Virginia Medicaid eligibility.

Refer to *Chapter 100, General Adminstration and Information* for additional information.

525.6 NON-COVERED SERVICES

West Virginia Medicaid does not cover or separately reimburse the following vision services.

- Glasses with a prescription that is equal to or less than +/-0.25 diopters in both eyes
- Contact lenses when eyeglasses can be worn.
- Refraction
- Sunglasses of any kind
- Anti-reflective lenses
- Repair/replacement of frames/lenses for adult members 21 years of age and older
- Designer frames
- Other optional/deluxe features
- Fitting of spectacle mounted low vision aids, single element systems, telescopic or other compound lens
- Cleaning supplies, cases, or miscellaneous items for glasses or contact lenses
- Simple, one-step adjustments or realignment of the frame or temples
- Fitting, adjustment, dispensing of eyeglasses and contact lenses, measurement of the member's anatomical facial characteristics, preparation of the prescription form, writing of laboratory specifications, ordering the prescription, adjusting the visual axes and anatomical topography, and other materials that make up the eyeglasses or contact lenses

- An evaluation and management and comprehensive or intermediate eye exams on the same day for the same member by the same provider.
- Determination of the refractive state as it is included in an ophthalmological examination and may not be billed as a separate service.
- Two pair of glasses in lieu of bifocals or trifocals in a single frame
- Extra or spare pairs of glasses or contacts
- Bifocals and trifocals segments over 28 mm including executive
- Nonprescription glasses

Non-covered services are not eligible for a DHHR fair hearing or desk/document review.

GLOSSARY

Definitions in *Chapter 200, Definitions & Acronyms* apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Albinism: A congenital disorder characterized by the complete or partial absence of pigment in the skin, hair, and eyes due to absence or defect of an enzyme involved in the production of melanin.

Aniseikonia: A condition in which the shape and size of the ocular image differ in each eye

Anisometropia: The difference in refractive power of the two eyes in which the variance is at least 1 diopter

Aphakia: The absence of the lens of the eye, due to surgical removal, a perforating wound or ulcer, or congenital anomaly

Cataract: Clouding of the lens of the eye which impedes the passage of light

Diopter: A measurement of refractive errors

Gonioscopy: A procedure using an ophthalmoscope to examine the angle of the anterior chamber of the eye and for demonstrating ocular motility and rotation

Hydrophilic Contact Lens: Corrective lenses that are under the prosthetic device benefit for aphakia

Hydrophilic Contact Lens for Corneal Bandaging: The use of a hydrophilic contact lens to relieve pain, promote healing, mechanical protection, maintain ocular surface hydration, treatment of keratoconus and/or delivery of topical ocular medicine on the cornea. The lens is not paid separately.

Intraocular Lens: An artificial lens which may be implanted to replace the natural lens after cataract surgery

Keratoconus: A rare inherited condition of the cornea in which the cornea is steepened to the point of being cone shaped

Lenticular Lens: A lens that is also known as myodisc, sometimes termed a minus **lenticular** lens and utilized for very high negative corrections

Macular Degeneration: A chronic condition that causes central vision loss

Mydriasis: A condition characterized by the prolonged and abnormal dilation of the pupil

Ocularist: An enrolled professional who performs the fitting and fabrication of ophthalmic prosthetics

Ophthalmodynamometry: The measuring of pressure on the sclera while the fundus is studied with an ophthalmoscope

Ophthalmologist: An enrolled physician who specializes in the medical and surgical care of the eyes and vision system and in the prevention of eye disease and injury and meets the qualifications set forth by the West Virginia State Code or the State in which they practice and has a current valid license to practice

Ophthalmologist (Dispensing): An enrolled physician with an ophthalmology specialty that provides frames, lens, and contacts in addition to ophthalmological covered medical and surgical services and meets the qualifications set forth by the West Virginia State Code or the State in which they practice and has a current valid license to practice. This physician requires 2 Medicaid provider numbers: 1 for medical and surgical services and 1 for frames, lenses, and contacts.

Optometrist: An enrolled licensed professional that is trained to provide ocular evaluations and examinations, prescribe corrective contact lenses and glasses, and diagnose and treat eye disease, prescribe specific laboratory tests and ultrasound, and meets the qualifications set forth by the West Virginia State Code or the State in which he/she practices and has a current valid license to practice.

Optician: A licensed health care practitioner who designs, fits and dispenses lenses and appliances for the correction of a member's vision

Prosthesis: An artificial substitute for a missing body part, such as an eye, areas of the face, or ear; used for functional and cosmetic reasons

Pseudophakia: A condition in which the eye has been fitted with an intraocular lens to replace the crystalline lens, usually due to cataract surgery

Tonometry: The measuring of intraocular pressure

Vision Center: An eye care center that offers various services that may include examinations, fabrication, fitting and dispensing of vision appliances

REFERENCES

West Virginia State Plan references vision services at sections 3.1-A(6)(b), 3.1-B(6)(b), supplement 2 to attachments 3.1-A and 3.1-B(6)(b).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Vision Services		October 1, 2015