

To:  
Opticians  
Optometrists  
Physician Clinics  
Physicians  
HMOs and Other  
Managed Care  
Programs

## New Medicaid State Purchase Eyeglass Contract awarded

SKO Optical Manufacturing, Inc., d/b/a Shopko Optical Manufacturing, Inc., has been awarded the Medicaid State Purchase Eyeglass Contract (SPEC) beginning April 1, 2004. Shopko Optical Manufacturing, Inc. has been contracted to provide most Medicaid-covered lenses, frames, and eyeglass component parts.

Additionally, effective for dates of service (DOS) on and after April 1, 2004, several Healthcare Common Procedure Coding System (HCPCS) procedure codes and modifiers have been changed.

### **Shopko Optical Manufacturing, Inc. is new Medicaid State Purchase Eyeglass Contract provider**

SKO Optical Manufacturing, Inc., d/b/a Shopko Optical Manufacturing, Inc., has been awarded the Medicaid State Purchase Eyeglass Contract (SPEC) beginning April 1, 2004. Under the SPEC, Medicaid vision care providers are required to order most Medicaid-covered lenses, frames, and eyeglass component parts directly from the Medicaid SPEC provider. Refer to Attachment 1 of this *Wisconsin Medicaid and Badgercare Update* for a list of frames available under the SPEC. Refer to Attachment 3 for a list of lenses available under the SPEC.

*Note:* The current SPEC provider, Schmidt Laboratories, will continue to fill orders received prior to April 1, 2004.

As with previous contracts, Medicaid vision providers should purchase a sample kit of frames from the new contractor. Medicaid vision providers will not be reimbursed by Wisconsin Medicaid for the sample kit. To obtain a sample kit, Medicaid vision providers may either telephone or write to Shopko Optical Manufacturing, Inc.

The new SPEC provider's address, telephone number, and fax number are as follows:

Shopko Optical Manufacturing, Inc.  
1450 W Main Ave  
De Pere WI 54115  
Customer Service Telephone:  
(800) 879-6456  
Fax Service Line: (866) 251-1710

### **Procedure code and modifier changes**

Effective for dates of service on and after April 1, 2004, several Healthcare Common Procedure Coding System (HCPCS) procedure codes and modifiers used by Medicaid vision providers on prior authorization requests have been replaced by other HCPCS procedure codes. Refer to Attachment 2 for a list of these procedure codes.

## Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT 1

## Frames available under the Wisconsin Medicaid State Purchase Eyeglass Contract

The following tables list the types of frames Medicaid vision providers may order from the Wisconsin Medicaid State Purchase Eyeglass Contract provider beginning on April 1, 2004.

<b>Women's frames</b>
Fregossi 318 (COI)
Suburban 12 (Spring) (COI)
Bella Flex 1 (Spring) (CSC)*
Echo (Eye-Q)
Jackie (Eye-Q)
Karen (Eye-Q)
Libby (Eye-Q)
Sarah (Eye-Q)
Boulevard 4162 (Hart)
Mainstreet 220 (Hart)
Lady Bronzini 9 (Spring) (Universal)
Lady Bronzini 10 (Spring) (Universal)

<b>Men's frames</b>
Panda 8 (Spring) (CSC)*
Hunter (Limited Editions)
Gus (Spring) (Eye-Q)
Legend (Spring) (Eye-Q)
Boulevard 1003 (Hart)
Boulevard 4535 (Spring) (Hart)
Mainstreet 106 (Hart)
Mainstreet 302 (Hart)
Gentry 65 (Spring) (Universal)

<b>Girls' frames</b>
Laurel (Eye-Q)
Panda 2 (Spring) (CSC)*
Exclusive 90 (Spring) (COI)*
Suburban 18 (Spring) (COI)*
SW 319 (Eye-Q)*
Bronzini 30 (Universal)
Bella Flex 2 (Spring) (CSC)*

<b>Boys' frames</b>
Morgan (Eye-Q)
SW-201 (Spring) (Eye-Q)
York (Eye-Q)
Boulevard 4099 (Hart)
Baby (Hart)
Skateboarder 27 (Spring) (Universal)
Panda 9 (Spring) (CSC)*
Panda 12 (Spring) (CSC)*

<b>Infants' frames</b>
Pony (Spring) (Eye-Q)*

<b>Occupational frames</b>
SP 83 (Titmus)

<b>Unisex half-eye frames</b>
Phoenix (Eye-Q)

\* Indicates new frame.

## ATTACHMENT 2

# Procedure code and modifier changes for prior authorization requests submitted to Wisconsin Medicaid

The following tables list the Healthcare Common Procedure Coding System procedure code and modifier changes for Medicaid vision providers, effective for dates of service (DOS) on and after April 1, 2004. Medicaid vision providers *are required to obtain prior authorization* from Wisconsin Medicaid before placing an order for any of these lens types with the Wisconsin Medicaid State Purchase Eyeglass Contract provider. These procedure codes and modifiers are not used by Medicaid vision providers to submit claims to Wisconsin Medicaid.

For DOS before April 1, 2004		For DOS on and after April 1, 2004	
Procedure code	Procedure code description	Replaced by procedure code	Procedure code description
V2740	Tint, plastic, rose 1 or 2 per lens	V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2742	Tint, glass rose 1 or 2, per lens		
S0580	Polycarbonate lens	V2784	Lens, polycarbonate or equal, any index, per lens

For DOS before April 1, 2004		For DOS on and after April 1, 2004	
Modifier	Modifier description	Replaced by procedure code	Procedure code description
U3	High index, single vision	V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
U4	High index, multifocal		
U3	High index, single vision	V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
U4	High index, multifocal		

**Note:** Modifiers U3 and U4 are replaced by either procedure code V2782 or V2783 as appropriate. Therefore, vision providers will indicate the procedure code formerly used with U3 or U4 and either V2782 or V2783.

# ATTACHMENT 3

## Lenses available under the Wisconsin Medicaid State Purchase Eyeglass Contract

The following tables list the types of lenses Medicaid vision providers may order from the Wisconsin Medicaid State Purchase Eyeglass Contract (SPEC) provider beginning on April 1, 2004. Medicaid vision providers should refer to the Healthcare Common Procedure Coding System (HCPCS) Level II national code book for any necessary procedure codes.

<b>Single vision lenses available under the SPEC</b>
Sphere, single vision, plano to plus or minus 4.00, per lens
Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens
Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens
Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens
Lenticular (myodisc), per lens, single vision
Lenticular lens, per lens, single

<b>Multifocal lenses available under the SPEC</b>
Sphere, bifocal, plano to plus or minus 4.00d per lens
Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
Lenticular (myodisc), per lens, bifocal
Bifocal seg width over 28mm
Lenticular lens, per lens, bifocal
Sphere, trifocal, plano to plus or minus 4.00d, per lens
Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens
Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens
Lenticular (myodisc), per lens, trifocal
Trifocal seg width over 28mm

<b>Miscellaneous lenses available under the SPEC</b>
Variable asphericity lens, single vision, full field, glass or plastic, per lens
Variable asphericity lens, bifocal, full field, glass or plastic, per lens
Balance lens, per lens
Slab off prism, glass or plastic, per lens
Prism, per lens
Special base curve, glass or plastic, per lens

Medicaid vision providers *are required to obtain prior authorization (PA)* from Wisconsin Medicaid before placing an order with the SPEC for any of the lenses in the following table.

<b>Lenses and services available only with PA from Wisconsin Medicaid</b>		
<b>Procedure code</b>	<b>Modifier</b>	<b>Description</b>
V2744	SC <sup>1</sup>	Tint, photochromatic, per lens
V2745	SC	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2755	SC	U-V lens, per lens
V2780	SC	Oversize lens, per lens
V2782	SC	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783	SC	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2784 <sup>2</sup>	SC	Lens, polycarbonate or equal, any index, per lens
HCPCS procedure code for listed single vision lens	U1	Transitions lens, single vision
HCPCS procedure code for listed multifocal lens	U2	Transitions lens, multifocal

<sup>1</sup> SC = Medically necessary service or supply.

<sup>2</sup> Requires PA for recipients ages 21 and over.