

To:
Federally Qualified
Health Centers
Opticians
Optometrists
HMOs and Other
Managed Care
Programs

Coverage Changes and Copayment Reminders for Vision Providers

This *Wisconsin Medicaid and BadgerCare Update* announces the following:

- *Current Procedural Terminology* and Healthcare Common Procedure Coding System procedure code changes, effective for dates of service on and after January 1, 2006.
- Frame coverage changes, effective immediately.
- Copayment reminders.
- Progressive lens prior authorization requirements.

Procedure Code Changes

Effective for dates of service on and after January 1, 2006, Wisconsin Medicaid will adopt 2006 *Current Procedural Terminology* and Healthcare Common Procedure Coding System (HCPCS) procedure code changes. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for the changes.

The revised Vision Maximum Allowable Fee Schedule will be published in early 2006. Fee schedules are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Frame Coverage Changes

Vision providers should refer to Attachment 2 for the types of frames Medicaid vision providers may order from the Wisconsin Medicaid State Purchase Eyeglass Contract (SPEC) provider. Coverage of these frames is effective immediately. As a reminder, prior authorization (PA) is required for frames that are *not* covered by the Medicaid SPEC contract.

Copayment

Wisconsin Medicaid inadvertently did not deduct copayment amounts from payments for certain services when the billing provider was an optician. Providers do not need to submit adjustments for these claims and Wisconsin Medicaid will *not* adjust these claims to deduct copayment. Wisconsin Medicaid began deducting copayment for these services on claims submitted on and after December 12, 2005, and providers should begin to collect copayment from recipients immediately for applicable services.

Providers are prohibited from collecting copayment for most of the procedures listed in Attachment 1 because these services are provided to nursing home recipients who are

exempt from copayment. However, copayment applies to other vision procedures. As a reminder, the following copayment amounts apply to noncontracted frames:

- New \$3.00/pair
- Frame, lens, or temple replacement \$2.00/each
- Repair \$0.50/each

Copayment is *not* required for contracted frames ordered from the Medicaid SPEC provider. Refer to the Recipient Eligibility section of the All-Provider Handbook for more information about copayment.

Prior Authorization for Progressive Addition Lenses

Medicaid vision providers are required to obtain PA from Wisconsin Medicaid before placing an order with the Medicaid SPEC provider for a progressive addition lens (PAL). Submit PA requests with the following information:

- HCPCS procedure code V2781 (Progressive lens, per lens) and modifier “SC” (Medically necessary service or supply).
- The type of PAL.
- The cost of the PAL.
- Medical documentation supporting the need for the PAL.

For More Information

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

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/.

PHC 1250

ATTACHMENT 1

Vision Procedure Code Changes

Effective for Dates of Service on and After January 1, 2006

The following table lists changes to vision procedure codes effective for dates of service on and after January 1, 2006. Refer to the 2006 *Current Procedural Terminology* and Healthcare Common Procedure Coding System (HCPCS) books for complete descriptions. The procedures listed in this attachment do not require prior authorization. Providers are prohibited from collecting copayment for most of the procedures listed in this attachment, except for HCPCS code V2788, because these services are provided to nursing home recipients who are exempt from copayment.

Provider Types	
Code	Description
24	Federally Qualified Health Centers
28	Optometrists
29	Opticians

Place of Service Codes			
Code	Description	Code	Description
05	Indian Health Service Free-Standing Facility	32	Nursing Facility
06	Indian Health Service Provider-Based Facility	33	Custodial Care Facility
07	Tribal 638 Free-Standing Facility	49	Independent Clinic
08	Tribal 638 Provider-Based Facility	50	Federally Qualified Health Center
11	Office	54	Intermediate Care Facility/ Mentally Retarded
20	Urgent Care Facility	71	State or Local Public Health Clinic
26	Military Treatment Facility	72	Rural Health Clinic
31	Skilled Nursing Facility		

Status	Procedure Code	Description	Allowable Provider Types	Place of Service	Max Fee	Notes
Added	V2788	Presbyopia correcting function of intraocular lens	28, 29	05, 06, 07, 08, 11, 20, 26, 49, 50, 71, 72	Manual pricing	
Added	99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: <ul style="list-style-type: none"> a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. 	24, 28	31, 32, 33, 54	\$21.57	Replaces 99303
Added	99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: <ul style="list-style-type: none"> a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. 	24, 28	31, 32, 33, 54	\$31.61	Replaces 99303

Status	Procedure Code	Description	Allowable Provider Types	Place of Service	Max Fee	Notes
Added	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; • and medical decision making of high complexity. 	24, 28	31, 32, 33, 54	\$35.63	Replaces 99303
Added	99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a problem focused interval history; • a problem focused examination; • straightforward medical decision making. 	24, 28	31, 32, 33, 54	\$17.78	Replaces 99311
Added	99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • an expanded problem focused interval history; • an expanded problem focused examination; • medical decision making of low complexity. 	24, 28	31, 32, 33, 54	\$18.83	Replaces 99312
Added	99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a detailed examination; • medical decision making of moderate complexity. 	24, 28	31, 32, 33, 54	\$23.43	Replaces 99313
Added	99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a comprehensive interval history; • a comprehensive examination; • medical decision making of high complexity. 	24, 28	31, 32, 33, 54	\$32.23	Replaces 99313
Added	99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a comprehensive examination; • and medical decision making that is of low to moderate complexity. 	24, 28	31, 32, 33, 54	\$21.57	Replaces 99301
Added	99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • straightforward medical decision making. 	24, 28	31, 32, 33, 54	\$17.60	Replaces 99321
Added	99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; and • medical decision making of low complexity. 	24, 28	31, 32, 33, 54	\$24.10	Replaces 99322

Status	Procedure Code	Description	Allowable Provider Types	Place of Service	Max Fee	Notes
Added	99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a detailed history; • a detailed examination; and • medical decision making of moderate complexity. 	24, 28	31, 32, 33, 54	\$43.82	Replaces 99323
Added	99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate complexity. 	24, 28	31, 32, 33, 54	\$58.28	Replaces 99323
Added	99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of high complexity. 	24, 28	31, 32, 33, 54	\$74.60	Replaces 99323
Added	99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a problem focused interval history; • a problem focused examination; • straightforward medical decision making. 	24, 28	31, 32, 33, 54	\$15.25	Replaces 99331
Added	99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • an expanded problem focused interval history; • an expanded problem focused examination; • medical decision making of low complexity. 	24, 28	31, 32, 33, 54	\$18.45	Replaces 99332
Added	99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a detailed examination; • medical decision making of moderate complexity. 	24, 28	31, 32, 33, 54	\$32.23	Replaces 99333
Added	99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a comprehensive interval history; • a comprehensive examination; • and medical decision making of moderate to high complexity. 	24, 28	31, 32, 33, 54	\$47.38	Replaces 99333
Enddated	92330	Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation				
Enddated	92335	Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation				

Status	Procedure Code	Description	Allowable Provider Types	Place of Service	Max Fee	Notes
Enddated	92390	Supply of spectacles, except prosthesis for aphakia and low vision aids				
Enddated	92391	Supply of contact lenses, except prosthesis for aphakia				
Enddated	92392	Supply of low vision aids (A low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Includes reading additions up to 4D.)				
Enddated	92393	Supply of ocular prosthesis (artificial eye)				
Enddated	92395	Supply of permanent prosthesis for aphakia; spectacles				
Enddated	92396	contact lenses				
Enddated	99263	Follow-up inpatient consultation for an established patient which requires at least two of these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a detailed examination; • medical decision making of high complexity. 				
Enddated	99275	Confirmatory consultation for a new or established patient, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of high complexity. 				
Enddated	99301	Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a comprehensive examination; and • medical decision making that is straightforward or of low complexity. 				
Enddated	99302	Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a comprehensive examination; and • medical decision making of moderate to high complexity. 				
Enddated	99303	Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate to high complexity. 				
Enddated	99311	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a problem focused interval history; • a problem focused examination; • medical decision making that is straightforward or of low complexity. 				

Status	Procedure Code	Description	Allowable Provider Types	Place of Service	Max Fee	Notes
Enddated	99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • an expanded problem focused interval history; • an expanded problem focused examination; • medical decision making of moderate complexity. 				
Enddated	99313	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a detailed examination; • medical decision making of moderate to high complexity. 				
Enddated	99321	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: <ul style="list-style-type: none"> • a problem focused history; • a problem focused examination; and • medical decision making that is straightforward or of low complexity. 				
Enddated	99322	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; and • medical decision making of moderate complexity. 				
Enddated	99323	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a detailed history; • a detailed examination; and • medical decision making of high complexity. 				
Enddated	99331	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a problem focused interval history; • a problem focused examination; • medical decision making that is straightforward or of low complexity. 				
Enddated	99332	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • an expanded problem focused interval history; • an expanded problem focused examination; • medical decision making of moderate complexity. 				

Status	Procedure Code	Description	Allowable Provider Types	Place of Service	Max Fee	Notes
Enddated	99333	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a detailed interval history; • a detailed examination; • medical decision making of high complexity. 				

ATTACHMENT 2

Frames Available Under the State Purchase Eyeglass Contract

The following table lists the types of frames Medicaid vision providers may order from the Wisconsin Medicaid State Purchase Eyeglass Contract provider. Coverage of these frames is effective immediately.

Women's Frames
Fregossi 318 (COI)
Suburban 12, Spring (COI)
Bella Flex 1, Spring (CSC)
Echo (Eye-Q)
Jackie (Eye-Q)
First Lady 101, Spring (CSC)*
Libby (Eye-Q)
Sarah (Eye-Q)
Exclusive 134, Spring (COI)*
Mainstreet 220 (Hart)
Lady Bronzini 9, Spring (Universal)
Lady Bronzini 10, Spring (Universal)

Men's Frames
Panda 8, Spring (CSC)
Hunter (Limited Editions)
Gus, Spring (Eye-Q)
Legend, Spring (Eye-Q)
Boulevard 1003 (Hart)
Exclusive 135, Spring (COI)*
Mainstreet 106 (Hart)
SW 212, Spring (Eye-Q)*
Gentry 65, Spring (Universal)

Girls' Frames
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)

* Indicates new frame.

Boys' Frames
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)

Infants' Frames
Pony, Spring (Eye-Q)

Occupational Frames
SP 83 (Titmus)

Unisex Half-Eye Frames
Phoenix (Eye-Q)