

To:  
SPEC Provider  
HMOs and Other  
Managed Care  
Programs

## Claim Submission Instructions for the State Purchase Eyeglass Contract Provider

This *Wisconsin Medicaid and BadgerCare Update* provides additional instructions to the State Purchase Eyeglass Contract provider for submitting claims for contracted materials.

### Claim Submission Instructions

The State Purchase Eyeglass Contract (SPEC) provider is required to submit claims using any of the following:

- CMS 1500 claim form (Rev. 12/90).
- 1500 Health Insurance Claim Form (dated 08/05).
- 837 Health Care Claim: Professional.

When submitting claims for contracted materials, the SPEC provider is required to indicate the following in the appropriate element or field of the claim:

- Modifier “U3” (SPEC provider) on the detail for each Healthcare Common Procedure Coding System procedure code submitted on the claim form.
- Referring provider (clinic or individual provider) ordering the materials.

### Prior Authorization

An ordering provider is required to obtain prior authorization (PA) under the following circumstances:

- For lenses and lens components listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update*.
- Before a recipient receives frames and lenses in excess of the original and one unchanged prescription from the same provider within a twelve-month period.
- For contracted occupational safety frames and lenses.

Before filling the order, the SPEC provider must validate that the ordering provider has received an approved PA.

### 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/).

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# ATTACHMENT

## Procedure Codes for Lenses and Lens Components Available Only with Prior Authorization

The following table lists the Healthcare Common Procedure Coding System procedure codes for lenses and lens components available only with prior authorization (PA).

Procedure Code	Description
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2755	U-V lens, per lens
V2780	Oversize lens, per lens
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excluding polycarbonate, per lens
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2784*	Lens, polycarbonate or equal, any index, per lens

\*Only requires PA if the recipient is age 21 and older.