

Affected Programs: BadgerCare Plus, Medicaid
To: Optometrists, HMOs and Managed Care Programs

Changes to Coverage of Services Provided by Optometrists Under the BadgerCare Plus Benchmark Plan

Coverage of vision-related services under the BadgerCare Plus Benchmark Plan will be expanded for optometrists with the implementation of ForwardHealth interChange.

The Benchmark Plan does not cover services provided by opticians and vision materials.

Covered Services and Coverage Limitations

The BadgerCare Plus Benchmark Plan will expand coverage of services provided by optometrists, effective in October 2008 when the ForwardHealth interChange system is implemented. Expansion of services for optometrists was not possible until the implementation of ForwardHealth interChange's more flexible claims processing system. The Attachment of this *ForwardHealth Update* lists all services that will be covered under the Benchmark Plan for optometrists.

For those vision-related services covered under the Benchmark Plan, policies and procedures are the same as they are under the BadgerCare Plus Standard Plan. Refer to the appropriate publications for more information on covered services and coverage limitations, policies including prior authorization (PA) and reimbursement, and procedures.

The Benchmark Plan will continue to cover routine eye exams (*Current Procedural Terminology* [CPT] codes 92002-92014). The Benchmark Plan will cover one routine eye exam per member per enrollment year for dates of service (DOS) on and after the October 2008 implementation of ForwardHealth. Previously, a routine eye exam was covered once every two years.

Noncovered Services and Materials

Providers are reminded that vision materials, such as glasses, contact lenses, and ocular prosthetics, are not covered under the Benchmark Plan. Repairs to vision materials and services related to the fitting of contact lenses and spectacles are not covered under the Benchmark Plan.

Providers are reminded that services provided by opticians are not covered under the Benchmark Plan.

Prior Authorization for Services Covered Under the Benchmark Plan

For those services that are covered under the Benchmark Plan, PA policies and procedures are the same as they are under the Standard Plan.

Copayments for Services Covered Under the Benchmark Plan

The copayment amount for vision services under the Benchmark Plan is \$15.00 per visit. A visit is defined as all services provided on the same DOS by the same rendering provider. A single \$15.00 copayment applies regardless of the number or type of procedures administered during the visit.

Certain members may be exempt from copayment requirements under the Benchmark Plan. Providers should always contact WiCall (also known as the Automated Voice Response system) at (800) 947-3544 to verify member enrollment and to check if the member is subject to a copayment.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis. For managed care policy, contact the appropriate managed care organizations. HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhs.wisconsin.gov/forwardhealth/.

P-1250

ATTACHMENT

Services Covered Under the BadgerCare Plus Benchmark Plan for Optometrists

The following table lists Healthcare Common Procedure Coding System (HCPCS) and *Current Procedural Terminology* (CPT) procedure codes for vision-related services covered under the BadgerCare Plus Benchmark Plan for optometrists for dates of service on and after the October 2008 implementation of ForwardHealth interChange.

Vision Services Covered Under the BadgerCare Plus Benchmark Plan	
Procedure Code	Description
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist
65205	Removal of foreign body, external eye; conjunctival superficial
65210	conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	corneal, without slit lamp
65222	corneal, with slit lamp
65430	Scraping of cornea, diagnostic, for smear and/or culture
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	with application of chelating agent (eg EDTA)
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	laser surgery (eg, YAG laser) (one or more stages)
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material; aspiration technique, one or more stages
66850	phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	pars plana approach, with or without vitrectomy
66920	intracapsular
66930	intracapsular, for dislocated lens
66940	extracapsular (other than 66840, 66850, 66852)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure) manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedures)

Vision Services Covered Under the BadgerCare Plus Benchmark Plan, Cont.

Procedure Code	Description
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67820	Correction of trichiasis; epilation, by forceps only
67825	epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67938	Removal of embedded foreign body, eyelid
68761	Closure of the lacrimal punctum; by plug, each
68840	Probing or lacrimal canaliculi, with or without irrigation
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	quantitative A-scan only
76512	B-scan (with or without superimposed non-quantitative A-scan)
76514	corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	Ophthalmic biometry by ultrasound echography, A-scan;
76519	with intraocular lens power calculation
76529	Ophthalmic ultrasonic foreign body localization
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	comprehensive, new patient, one or more visits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	comprehensive, established patient, one or more visits
92015	Determination of refractive state
92020	Gonioscopy (separate procedure)
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or peretic muscle with diplopia) with interpretation and report (separate procedures)
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus automated test, such as Octopus 3 or 7 equivalent)
92082	intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083	extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

Vision Services Covered Under the BadgerCare Plus Benchmark Plan, Cont.

Procedure Code	Description
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92120	Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
92130	Tonography with water provocation
92135	Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report, unilateral
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140	Provocative tests for glaucoma, with interpretation and report, without tonography
92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226	subsequent
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250	Fundus photography with interpretation and report
92260	Ophthalmodynamometry
92265	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report
92270	Electro-oculography with interpretation and report
92283	Color vision examination, extended, eg, anomaloscope or equivalent
92284	Dark adaptation examination with interpretation and report
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92499	Unlisted ophthalmological service or procedure
92531	Spontaneous nystagmus, including gaze
92532	Positional nystagmus test
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534	Optokinetic nystagmus test
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99201	Office or other outpatient visit for the evaluation and management of a new patient: Problem focused history/examination and straightforward medical decision making (10 min)
99202	Office or other outpatient visit for the evaluation and management of a new patient: Expanded problem focused history/examination and straightforward medical decision making (20 min)
99203	Office or other outpatient visit for the evaluation and management of a new patient: Detailed history/examination and medical decision making of low complexity (30 min)
99204	Office or other outpatient visit for the evaluation and management of a new patient: Comprehensive history/examination and medical decision making of moderate complexity (45 min)

Vision Services Covered Under the BadgerCare Plus Benchmark Plan, Cont.

Procedure Code	Description
99205	Office or other outpatient visit for the evaluation and management of a new patient: Comprehensive history/examination and medical decision making of high complexity (60 min)
99211	Office or other outpatient visit for the evaluation and management of an established patient: Minimal presenting problems (5 min)
99212	Office or other outpatient visit for the evaluation and management of an established patient: Problem focused history/examination and straightforward medical decision making (10 min)
99213	Office or other outpatient visit for the evaluation and management of an established patient: Expanded problem focused history/examination and medical decision making of low complexity (15 min)
99214	Office or other outpatient visit for the evaluation and management of an established patient: Detailed history/examination and medical decision making of moderate complexity (25 min)
99215	Office or other outpatient visit for the evaluation and management of an established patient: Comprehensive history/examination and medical decision making of high complexity (40 min)
99221	Initial hospital care, per day, for the evaluation and management of a patient: Detailed or comprehensive history/examination and medical decision making that is straightforward or of low complexity (30 min)
99222	Initial hospital care, per day, for the evaluation and management of a patient: Comprehensive history/examination and medical decision making of moderate complexity (50 min)
99223	Initial hospital care, per day, for the evaluation and management of a patient: Comprehensive history/examination and medical decision making of high complexity (70 min)
99231	Subsequent hospital care, per day, for the evaluation and management of a patient: Problem focused interval history/examination, medical decision making that is straightforward or of low complexity (15 min)
99232	Subsequent hospital care, per day, for the evaluation and management of a patient: Expanded problem focused interval history/examination, medical decision making of moderate complexity (25 min)
99233	Subsequent hospital care, per day, for the evaluation and management of a patient: Detailed interval history/examination, medical decision making of high complexity (35 min)
99241	Office consultation for a new or established patient: Problem focused history/examination, straightforward medical decision making (15 min)
99242	Office consultation for a new or established patient: Expanded problem focused history/examination, straightforward medical decision making (30 min)
99243	Office consultation for a new or established patient: Detailed history/examination, medical decision making of low complexity (40 min)
99244	Office consultation for a new or established patient: Comprehensive history/examination, medical decision making of moderate complexity (60 min)
99245	Office consultation for a new or established patient: Comprehensive history/examination, medical decision making of high complexity (80 min)
99251	Inpatient consultation for a new or established patient: Problem focused history/examination, straightforward medical decision making (20 min)

Vision Services Covered Under the BadgerCare Plus Benchmark Plan, Cont.

Procedure Code	Description
99252	Inpatient consultation for a new or established patient: Expanded problem focused history/examination, straightforward medical decision making (40 min)
99253	Inpatient consultation for a new or established patient: Detailed history/examination, medical decision making of low complexity (55 min)
99254	Inpatient consultation for a new or established patient: Comprehensive history/examination, medical decision making of moderate complexity (80 min)
99255	Inpatient consultation for a new or established patient: Comprehensive history/examination, medical decision making of high complexity (110 min)
99281	Emergency department visit for the evaluation and management of a patient: Problem focused history/examination, straightforward medical decision making
99282	Emergency department visit for the evaluation and management of a patient: Expanded problem focused history/examination, medical decision making of low complexity
99283	Emergency department visit for the evaluation and management of a patient: Expanded problem focused history/examination, medical decision making of moderate complexity
99284	Emergency department visit for the evaluation and management of a patient: Detailed history/examination, medical decision making of moderate complexity
99285	Emergency department visit for the evaluation and management of a patient: Comprehensive history/examination, medical decision making of high complexity
99304	Initial nursing facility care, per day, for the evaluation and management of a patient: Detailed or comprehensive history/examination, medical decision making that is straightforward or of low complexity (25 min)
99305	Initial nursing facility care, per day, for the evaluation and management of a patient: Comprehensive history/examination, medical decision making of moderate complexity (35 min)
99306	Initial nursing facility care, per day, for the evaluation and management of a patient: Comprehensive history/examination, medical decision making of high complexity (45 min)
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient: Problem focused interval history/examination, straightforward medical decision making (10 min)
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient: Expanded problem focused interval history/examination, medical decision making of low complexity (15 min)
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient: Detailed interval history/examination, medical decision making of moderate complexity (35 min)
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient: Comprehensive interval history/examination, medical decision making of high complexity (35 min)
99318	Evaluation and management of a patient involving an annual nursing facility assessment: Detailed interval history, comprehensive examination, and medical decision making that is of low to moderate complexity (30 min)
99324	Domiciliary or rest home visit for the evaluation and management of a new patient: Problem focused history/examination, straightforward medical decision making (20 min)

Vision Services Covered Under the BadgerCare Plus Benchmark Plan, Cont.

Procedure Code	Description
99325	Domiciliary or rest home visit for the evaluation and management of a new patient: Expanded problem focused history/examination, medical decision making of low complexity (30 min)
99326	Domiciliary or rest home visit for the evaluation and management of a new patient: Detailed history/examination, medical decision making of moderate complexity (45 min)
99327	Domiciliary or rest home visit for the evaluation and management of a new patient: Comprehensive history/examination, medical decision making of moderate complexity (60 min)
99328	Domiciliary or rest home visit for the evaluation and management of a new patient: Comprehensive history/examination, medical decision making of high complexity (75 min)
99334	Domiciliary or rest home visit for the evaluation and management of an established patient: Problem focused interval history/examination, straightforward medical decision making (15 min)
99335	Domiciliary or rest home visit for the evaluation and management of an established patient: Expanded problem focused interval history/examination, medical decision making of low complexity (25 min)
99336	Domiciliary or rest home visit for the evaluation and management of an established patient: Detailed interval history/examination, medical decision making of moderate complexity (40 min)
99337	Domiciliary or rest home visit for the evaluation and management of an established patient: Comprehensive interval history/examination, medical decision making of moderate to high complexity (60 min)
99341	Home visit for the evaluation and management of a new patient: Problem focused history/examination, straightforward medical decision making (20 min)
99342	Home visit for the evaluation and management of a new patient: Expanded problem focused history/examination, medical decision making of low complexity (30 min)
99343	Home visit for the evaluation and management of a new patient: Detailed history/examination, medical decision making of moderate complexity (45 min)