

Affected Programs: BadgerCare Plus, Medicaid

To: Ophthalmologists, Optometrists, Opticians, HMOs and Other Managed Care Programs

ForwardHealth Clarifies Contract and Noncontract Eyeglass Policy and Ends a Prior Authorization Requirement for Certain Contract Lenses

This *ForwardHealth Update* clarifies policy originally published in the December 2010 *Update* (2010-98), titled, "Changes to the Medicaid State Purchase Eyeglass Contract and Clarification of Coverage Requirements for Contract and Non-contract Materials." Also, effective July 1, 2011, ForwardHealth is ending a prior authorization requirement on certain contract lens orders placed with the State Purchase Eyeglass Contract provider.

This *ForwardHealth Update* includes clarification to vision services policy originally published in the December 2010 *Update* (2010-98), "Changes to the Medicaid State Purchase Eyeglass Contract and Clarification of Coverage Requirements for Contract and Non-contract Materials."

This *Update* includes clarification on the following topics:

- Limitations for contract eyeglasses, eyeglass replacements, and components.
- Eyeglasses and components not available through the Medicaid State Purchase Eyeglass Contract (SPEC).
- Prior authorization (PA) policy for frames and lenses.

In addition, this *Update* announces that, effective July 1, 2011, ForwardHealth is ending a PA requirement on certain contract lens orders placed with the SPEC provider.

Limitations for Eyeglasses, Eyeglass Replacements, and Components

Contract Eyeglasses and Replacements

For contract lens replacements, one replacement may be ordered per member per 12-month period without PA. When ordering replacement contract lens(es) without PA, the lens(es) must be of the same lens type and prescription as the contract lens(es) being replaced. When ordering a contract frame replacement, the frame must be of the same name, color, and size as the contract frame it is replacing. Prior authorization is required for any replacement component beyond one replacement per member, per 12-month period. In other words, although contract components (lenses and frame) for eyeglasses might be replaced at different times within the 12-month period, each component is allowed to be replaced only once without PA.

Classic Optical Laboratories, Inc., the SPEC provider, tracks the 12-month period beginning with the first date of service for eyeglasses after July 1, 2010. Subsequent 12-month periods begin on the anniversary date of the first date of service for eyeglasses after July 1, 2010. For example, if the first date of service for eyeglasses is October 15, 2010, the subsequent 12-month period will begin on October 15, 2011.

The SPEC provider will decline orders submitted without PA for members who have exceeded the replacement limitation for eyeglasses (i.e., one replacement per member per 12-month period). Providers may check with the SPEC provider using the SPEC provider's communication system prior to submitting the order to determine if the member has reached his or her replacement limitation. ForwardHealth covers replacement of frames, lenses, or both as a result of loss or damage. Replacements provided under either of these circumstances will count toward the member's 12-month replacement limitation.

Effective July 1, 2010, ForwardHealth will require PA with orders for eyeglasses beyond the first pair (either a complete appliance or lens replacement) per member per 12-month period if the member's prescription changes. Prior authorization is required for coverage of any replacement with a change in the prescription.

Eyeglasses and Components Not Available Through the Medicaid State Purchase Eyeglass Contract

Contract eyeglasses meet the needs of most members who need eyeglasses. Prior authorization is required for coverage of non-contract eyeglasses and eyeglass components. If contract eyeglasses and components meet the member's medical needs, PA for non-contract materials cannot be granted. Additionally, PA cannot be granted for services and materials expressly stated as not covered.

Prior Authorization for Contract Frame and Lens Replacements

With some exceptions, ForwardHealth does not require PA for one contract pair of eyeglasses and one contract replacement per member per 12-month period. Prior authorization of the contract replacement is required for replacements in the following circumstances:

- The material being replaced was prior authorized.
- The prescription changes.
- The frame name, color, or size changes.
- The material was replaced within the 12-month period.

Prior Authorization for Non-contract Frame and Lens Replacements

Prior authorization is required for coverage of non-contract frames and/or lens replacements. If contract eyeglasses and components meet the member's medical needs, PA for non-contract materials cannot be granted. Additionally, PA cannot be granted for services and materials expressly stated as not covered.

Requesting Prior Authorization for Frames and Lenses

ForwardHealth requires Medicaid-certified vision providers to obtain PA for certain frames, lenses, and lens add-ons before ordering them from the SPEC provider. All medically necessary *non-contract* eyeglass and eyeglass components require PA for coverage by ForwardHealth.

When requesting PA for lenses and frames, providers are required to indicate in Element 18 of the Prior Authorization Request Form (PA/RF), F-11018 (10/08), the most appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code (e.g., S0516 or V2784). In Element 7 of the Prior Authorization/Vision Services Attachment (PA/VA), F-11051 (10/08), providers are required to include the prescription information from the Medicaid-certified optometrist or ophthalmologist. Lens prescription should be written in minus cylinder form.

Additional Requirements for Replacements

When requesting PA for any replacement, the provider is required to briefly explain in Element 10 of the PA/VA what happened to the eyeglasses lens(es) and/or frame to be replaced and the reason the replacement is needed.

If the replacement is due to a change in prescription, the following information also must be included in Element 10 of the PA/VA:

- Date(s) of the other lens prescription(s) within the 12-month period for replacements.
- Prescription(s) for the other lens(es) within the 12-month period and written in minus cylinder form.

Prior Authorization Changes for Certain Contract Lenses

For orders placed with the SPEC provider on and after July 1, 2011, ForwardHealth will not require PA for the following lenses:

- V2410 (Variable asphericity lens, single vision, full field, glass or plastic, per lens.)
- V2430 (Variable asphericity lens, bifocal, full field, glass or plastic, per lens.)
- V2718 (Press-on lens, Fresnel prism, per lens.)
- V2730 (Special base curve, glass or plastic per lens.)
- V2700 (Balance lens, per lens.)
- V2710 (Slab off prism, glass or plastic, per lens.)
- V2770 (Occluder lens, per lens.)

For a list of SPEC contract frames, lenses, and materials that continue to require PA after July 1, 2011, refer to Attachment 1 of this *Update*.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations 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 www.forwardhealth.wi.gov/.

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ATTACHMENT

Frames and Lenses Requiring Prior Authorization Under the Medicaid State Purchase Eyeglass Contract

The following table lists contract frames, lenses, and materials that require prior authorization under the Medicaid State Purchase Eyeglass Contract.

Procedure Code	Description	Allowable Modifiers
S0516	Safety eyeglass frames	SC
V2118	Aniseikonic lens, single vision	SC, U1
V2218	Aniseikonic lens, per lens, bifocal	SC, U2
V2318	Aniseikonic lens, trifocal	SC, U2
V2744*	Tint, photochromatic, per lens	SC
V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	SC
V2755	U-V lens, per lens	SC
V2762	Polarization, any lens material, per lens	SC
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	SC
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	SC
V2784**	Lens, polycarbonate or equal, any index, per lens	SC

* Use this code for prior authorization requests for photochromatic lenses.

** Prior authorization required for members ages 21 and over.