

Affected Programs: BadgerCare Plus, Medicaid

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

New State Purchase Eyeglass Contract Awarded

ForwardHealth has awarded Korrekt Optical the State Purchase Eyeglass Contract (SPEC) beginning December 1, 2013. Korrekt Optical will replace the current SPEC provider, Classic Optical Laboratories, Inc. Under the SPEC, Medicaid-enrolled vision providers are required to order most covered lenses, frames, and eyeglass component parts that members receive on a fee-for-service basis directly from the SPEC provider.

Korrekt Optical Is the New State Purchase Eyeglass Contract Provider

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Korrekt Optical will replace the current SPEC provider, Classic Optical Laboratories, Inc. Providers should continue to submit orders for eyeglass materials to Classic Optical Laboratories, Inc. with an order date prior to December 1, 2013.

Additional Information from Korrekt Optical

In the coming weeks, Korrekt Optical will send Medicaid-enrolled vision providers the following additional information about the SPEC transition:

- During the week of November 4, 2013, Korrekt Optical will send Medicaid-enrolled vision providers a welcome packet that includes detailed information about

submitting orders for eyeglass materials, a sample fax order form, and information about Korrekt Optical's Web site.

- During the week of November 11, 2013, Korrekt Optical will send Medicaid-enrolled vision providers a free sample frame kit that includes a color brochure of the entire frame collection available through the SPEC.

Medicaid-enrolled vision providers will automatically receive this additional information and do not need to contact Korrekt Optical or ForwardHealth. If providers do *not* wish to receive the sample frame kit, they should contact Korrekt Optical using the contact information below.

Note: If a Medicaid-enrolled eyeglass dispensing provider has not received a welcome packet by November 18, 2013, they should contact Korrekt Optical using the contact information below.

Eyeglass Materials Available Through the State Purchase Eyeglass Contract

Medicaid-enrolled vision providers are required to order most covered lenses, frames, and eyeglass component parts that members receive on a fee-for-service basis directly from the SPEC provider.

Refer to Attachment 1 of this *ForwardHealth Update* for a list of frames available from Korrekt Optical under the SPEC. Providers should review Attachment 1 carefully as many frames available from Korrekt Optical under the SPEC are different from frames currently available from Classic

Optical Laboratories, Inc. Refer to Attachment 2 for a list of lenses available from Korrekt Optical under the SPEC.

ForwardHealth requires Medicaid-enrolled vision providers to obtain prior authorization (PA) for certain eyeglass materials available from Korrekt Optical under the SPEC before ordering them. Refer to Attachment 3 for a list of eyeglass materials that require PA.

All frames and lenses not available from Korrekt Optical under the SPEC must be prior authorized. If approved, the frames or lenses may be ordered from the laboratory of the ordering provider's choice. The provider will be billed by the laboratory and may then submit a claim to ForwardHealth for the frames or lens. Reimbursement from ForwardHealth will be the amount established on the approved PA.

Ordering Eyeglass Materials from Korrekt Optical

Providers may use one of the following methods to order eyeglass materials available from Korrekt Optical under the SPEC:

- Online at korrektdirect.com/W2395 to place and track orders.
- By fax. Providers are required to complete Korrekt Optical's fax order form and submit it to one of the following numbers:
 - ✓ (888) 902-0108 (toll-free).
 - ✓ (502) 657-4988.

The welcome packet from Korrekt Optical will include comprehensive information about how to submit orders for eyeglass materials.

Contact Information for Korrekt Optical

Korrekt Optical's contact information is as follows:

Korrekt Optical
3801 Bishop Ln
Louisville KY 40218

Telephone: (502) 897-1656/(800) 624-4225

Fax: (502) 657-4988/(888) 902-0108

Business Hours: Monday through Friday, 6:30 a.m.-
12:00 a.m. Central Standard Time

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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/.

P-1250

This Update was issued on 10/31/13 and information contained in this Update was incorporated into the Online Handbook on 11/29/13.

ATTACHMENT 1

Frames Available Under the State Purchase Eyeglass Contract

The following tables list the frames that Medicaid-enrolled vision providers may order from Korrekt Optical under the State Purchase Eyeglass Contract beginning December 1, 2013.

Women's Frames		
7710	Fraser	U 35
Alma	G500	U 37
Beth	Iris	UL 90
Blanche	Lilac	UL 91
Camille	Norma	US 53
Dazzle	S310	Lisa
Erin	Sonia	US 54
F002	U 33	

Men's Frames		
1109	G507	Swift
7719	Keith	Todd
Chad	S 311	UM 73
Doug	S 324	VS 502
Doug	Smith	Wayne
Loner	PT 59	James

Unisex Frames		
Adventure	Capricorn	Jazz
Agree	Clout	
Aries	Finale	

Girl's Frames		
7714	Neon	U 14
7716	PT 62	U 17
7725	PT 67	U 31
Kiwi	PT 70	U 57

Boy's Frames		
7726	Kensington	Storm
7731	Keynote	U 21
Banzai	Matrix	U 23
Cyclone	Midnight	U 39
Forbidden	Shock	

Infant/Toddler Frames		
Cutie	Newbaby 2	Sneakers
Junior	Cheerful	Treat
Lollipop	Dawn	US 55
Pumpkin	Dynamite	Windy
Baby Zero	Hide & Seek	Yoni
Baby Zero 2	Ninja	
Newbaby 1	Shortstop	

Other Styles		
SP83	Halfcourt	

ATTACHMENT 2

Lenses Available Under the State Purchase Eyeglass Contract

The following tables list the types of lenses Medicaid-enrolled vision providers may order from Korrekt Optical under the State Purchase Eyeglass Contract beginning on December 1, 2013. Some lenses may require prior authorization.

Description	Procedure Code
Single Vision Lenses	
Sphere, single vision, plano to plus or minus 4.00, per lens	V2100
Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	V2101
Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	V2102
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	V2103
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	V2104
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	V2105
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	V2106
Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens	V2107
Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	V2108
Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	V2109
Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	V2110
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	V2111
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	V2112
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	V2113
Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	V2114
Lenticular (myodisc), per lens, single vision	V2115
Aniseikonic lens, single vision	V2118
Lenticular lens, per lens, single	V2121

Description	Procedure Code
Bifocal Lenses	
Sphere, bifocal, plano to plus or minus 4.00d per lens	V2200
Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	V2201
Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	V2202
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	V2203
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	V2204
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	V2205
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	V2206
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	V2207
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	V2208
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	V2209
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	V2210
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	V2211
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	V2212
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	V2213
Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	V2214
Lenticular (myodisc), per lens, bifocal	V2215
Aniseikonic lens, bifocal	V2218
Bifocal seg width over 28mm	V2219
Bifocal add over 3.25d	V2220
Lenticular lens, per lens, bifocal	V2221

Description	Procedure Code
Trifocal Lenses	
Sphere, trifocal, plano to plus or minus 4.00d, per lens	V2300
Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	V2301
Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	V2302
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	V2303
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	V2304
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	V2305
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	V2306
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	V2307
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	V2308
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	V2309
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	V2310
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	V2311
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	V2312
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	V2313
Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	V2314
Lenticular (myodisc), per lens, trifocal	V2315
Aniseikonic lens, trifocal	V2318
Trifocal seg width over 28mm	V2319
Trifocal add over 3.25d	V2320
Lenticular lens, per lens, trifocal	V2321
Variable Asphericity Lenses	
Variable asphericity lens, single vision, full field, glass or plastic, per lens	V2410
Variable asphericity lens, bifocal, full field, glass or plastic, per lens	V2430

Description	Procedure Code
Miscellaneous Lenses	
Balance lens, per lens	V2700
Slab off prism, glass or plastic, per lens	V2710
Prism, per lens	V2715
Press-on lens, Fresnel prism, per lens	V2718
Special base curve, glass or plastic, per lens	V2730
Tint, photochromatic, per lens	V2744
Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	V2745
U-V lens, per lens	V2755
Polarization, any lens material, per lens	V2762
Occluder lens, per lens	V2770
Oversize lens, per lens	V2780
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excluding polycarbonate, per lens	V2782
Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	V2783
Lens, polycarbonate or equal, any index, per lens	V2784

ATTACHMENT 3

Eyeglass Materials That Require Prior Authorization Under the State Purchase Eyeglass Contract

The following table lists eyeglass materials that require prior authorization under the State Purchase Eyeglass Contract provider.

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

* Medically necessary service or supply.

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