

**NEW YORK STATE
MEDICAID PROGRAM**

VISION CARE MANUAL

POLICY GUIDELINES

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Section I - Requirements for Participation in Medicaid

This section outlines the requirements for participation in the New York State Medicaid Program.

Who May Provide Care

Only licensed professionals may provide care. License requirements are established by the New York State Department of Education (NYSED), and can be found at <http://www.op.nysed.gov/proflist.htm>.

Professionals are required to follow regulations found at <http://www.health.state.ny.us/nysdoh/phforum/nycrr18.htm>, and by conducting a search for "505.6".

An **optometrist** who is licensed and currently registered by the NYSED or, if in practice in another state, the optometrist is licensed and registered by the appropriate agency of that state.

An **ophthalmic dispenser (optician)** who is licensed and currently registered by the NYSED. If in practice in another state, the ophthalmic dispenser is licensed and registered by the appropriate agency of that state.

An **Eye Prosthesis Fitter (Ocularist)** who is certified as an Ocularist to make and fit artificial eyes.

For **Diagnostic Pharmaceutical Agents** an optometrist must be certified by the New York State Education Department pursuant to Section 7101 of State Education Law to use diagnostic pharmaceutical agents. See Section 7101-a. of State Education Law for the complete list of diagnostic pharmaceutical agents (<http://www.op.nysed.gov/title8.htm>).

For **Therapeutic Pharmaceutical Agent** an optometrist must be certified by the NYS Education Department pursuant to Section 7101 of State Education Law to use Phase One or Phase Two Therapeutic Pharmaceutical Agents. See Section 7101-a. of State Education Law for the complete list of Phase One and Phase Two Therapeutic Pharmaceutical Agents (<http://www.op.nysed.gov/title8.htm>).

Optometrists certified by the NYSED to write prescriptions for only **Phase One** therapeutic pharmaceutical agents will have a "special privilege code" (U) preceding their six-digit license number (i.e., U123456).

Optometrists certified by the NYSED to write prescriptions for both **Phase One and Phase Two** therapeutic pharmaceutical agents will have a "special privilege code" (V) preceding their six-digit license number (i.e., V123456).

Record Keeping Requirements

Record-keeping requirements are consistent with those found in **Information for All Providers, General Policy**.

All prescriptions for eyeglasses, contact lenses, low vision aids, and artificial eyes must be kept for a minimum of six years by both the practitioner performing the eye exam and the ophthalmic dispenser. A non-dispensing ophthalmologist or optometrist must write a prescription in duplicate, so one copy can be kept by the non-dispensing optometrist or ophthalmologist and the other copy can be kept by the dispensing optometrist or ophthalmic dispenser.

A recipient's record must be kept for six years and should include at a minimum, the following:

- Examination findings;
- Visual field charts;
- Orthoptic and/or pleoptic training records;
- Tonograms;
- Contact lens records;
- Fitting measurements; and
- Identifying lens and frame specifications, e.g. model or style name, manufacturer and/or catalogue number.

Application of Free Choice

Guidelines relating to free choice are included in **Information for All Providers, General Policy**. Recipients have the freedom to choose either a single provider or a combination of providers to obtain examining and dispensing services. To assure that recipients are aware and able to make this choice, written prescriptions must be supplied to recipients, whenever eyeglasses or other vision aids are required, immediately following the eye examination. The Federal Trade Commission Regulation 456.2: (<http://www.ftc.gov/bcp/rulemaking/rvalue/16cfr460.pdf>) currently requires that a recipient be given a prescription immediately upon completion of an eye examination even when he/she does not require new eyeglasses. Whenever recipients do not require new eyeglasses, the prescription received immediately following the eye examination must specify, "FOR REFERENCE ONLY".

Section II - Vision Care Services

An optometrist may diagnose and treat optical deficiencies, visual and muscular anomalies, or diseases of the human eye and adjacent tissue by prescribing, providing, adapting or fitting lenses or by prescribing or providing orthoptics or vision training, or by prescribing or using drugs. The practice of optometry shall not include any injection or invasive modality.

A low vision examination may be performed by an optometrist who holds a special certificate. Low vision aids and visual rehabilitation may be supplied for a recipient as necessary following the examination.

Eyeglasses may be supplied to recipients following an eye examination by and upon the prescription of an ophthalmologist or optometrist. Except in unusual circumstances, eyeglasses will not be prescribed or provided for a person unless the initial correction or change in correction is at least .50 diopter. Any exception to this standard must be clearly documented by the examining practitioner.

Two pairs of eyeglasses rather than bifocals are not available solely for reasons of recipient personal preference. Written documentation must be submitted with claims for two pairs of eyeglasses dispensed to meet distance and near vision needs. Such documentation should clearly demonstrate that the recipient manifests:

1. A proven inability to tolerate bifocals,
2. An unusual optical correction, or
3. A physical ailment or condition which specifically impedes the use of bifocals.

Justification based upon systemic recipient ailments must relate those conditions to the individual's inability to wear bifocals. Similarly, a proven inability to tolerate bifocals must address the individual's previous attempts to wear bifocals. Optical corrections of an unusual nature must be documented with information from the prescribing ophthalmologist or optometrist concerning the corrections required for each pair of eyeglasses.

Contact lenses, which may be supplied to a recipient only for ocular pathology, require the recommendation of an ophthalmologist or optometrist. Prior approval is required for the provision of all contact lens services. Artificial eyes require the recommendation of an ophthalmologist.

Orthoptic training may be conducted by an optometrist after receiving prior approval for a treatment plan.

Services That Require Special Certification

Low Vision Examination

An optometrist must be certified by the New York State Optometric Association to perform low vision examinations. Certification is obtained by passing a qualifying examination that is administered by the New York State Optometric Association.

Contact Lenses Fitting

Contact lenses may be supplied for the treatment of ocular pathology. A written recommendation or prescription by an ophthalmologist or optometrist is always required for contact lenses.

Ophthalmic dispensers must be certified by the NYSED to fit contact lenses. Ophthalmic dispensers certified to fit contact lenses may perform this service only under the personal supervision of a licensed ophthalmologist or optometrist. Personal supervision of a licensed ophthalmologist or optometrist means either that the prescribing ophthalmologist or optometrist is personally present during the fitting of the contact lenses or, if not personally present, the following conditions are met:

1. The ophthalmic dispenser fills the written prescription in which the refractive error of the eye at a vertex distance is indicated, and which does not require the making of a molded impression of the eye in connection with the fitting of contact lenses. Such a prescription may not be modified without confirmation in writing by the prescriber. If such approval is given orally, confirmation in writing shall be given by the prescriber and filled by the ophthalmic dispenser with the original prescription.
2. The ophthalmic dispenser must direct the recipient to return to the prescriber who shall check the fit and accuracy of the lenses prior to discharge by the ophthalmologist or optometrist.

Eye Examinations for Visual Acuity, Consultations, and Evaluation and Management of Medical Conditions

For the prescription of eyeglasses for a specific recipient, the usual frequency for complete optometric eye examinations is one examination every two years. A recipient's medical or visual condition (e.g., diabetes or glaucoma) may necessitate a complete optometric eye examination more frequently than every two years. An explanation of the particular condition must be submitted with the paper claim form.

Eyeglass Dispensing

Eyeglasses may be dispensed to a recipient only after a complete eye examination by and upon the written prescription of an ophthalmologist or optometrist. Eyeglasses may be prescribed when the initial correction or change in correction is at least .50 diopter.

Any exception to this standard must be clearly documented by the examining practitioner.

Eyeglass lenses may be changed more frequently than every two years in cases such as a rapidly changing cataract condition or a young person's progressive myopia. Whenever a recipient requires a change in eyeglass lenses more frequently than once every two years, an explanation of the condition that necessitates the change must accompany the paper claim form.

Impact resistant lenses must be supplied unless otherwise specified in the eyeglass prescription.

A recipient must be allowed to try on and choose from a selection of Medicaid reimbursable frame styles. However, a recipient may choose to use his/her own frame instead of selecting a Medicaid frame. In such cases, no Medicaid payment will be made for the frame.

When dispensing eyeglasses, the optometrist or ophthalmic dispenser is expected to complete the following tasks:

- Measure the interpupillary distance;
- Determine the proper bridge, eye and temple size;
- Determine the multi-focal position;
- Assist the recipient in frame selection; and
- Supply the recipient with a pair of eyeglasses which are fully assembled and completed.

Commercial (Non-Medicaid) Managed Care

The Ophthalmic Benefit in Managed Care Programs (MCP) will vary depending on the Managed Care Plan in which the recipient is enrolled. To avoid payment problems, providers should always check the Medicaid Eligibility Verification System (MEVS) to determine if a recipient is enrolled in a MCP and what services are covered by the MCP. See **Information for All Providers, Third Party Information** for Insurance Codes and Coverage Codes.

The MCP can be identified through the Recipient Other Insurance Code in the MEVS message. The MEVS Coverage Codes are general services categories and do not mean that a MCP covers all services within the general category. Therefore, providers should contact the MCP before providing services whenever possible. If you require assistance, contact the MEVS Helpline at 1-800-343-9000.

Please see the **Payment in Full** subsection in Section III for Medicaid's policy on recipients who are also enrolled in a private or commercial Managed Care Plan.

Medicaid Managed Care

Many Medicaid eligible recipients are given the opportunity to enroll in a Medicaid Prepaid Capitation Plan (PCP). The full range of Medicaid services are available to PCP enrollees either through the PCP or covered fee-for-service by the Medicaid Program. In a managed care plan, each recipient is linked to a primary care provider and is required to access most health care services through his/her PCP. You are able to identify individuals enrolled in a PCP and the services covered by the PCP through MEVS. If you are uncertain about what is covered by the PCP, providers should contact the PCP provider directly before providing services whenever possible. Additional information about PCPs (managed care), Insurance Codes and Coverage Codes is available in the **General Policy** and **Third Party Information** sections under **Information for All Providers**.

Repair and Replacement

Repair/Replacement of Parts

Eyeglasses must be repaired without additional reimbursement when the repair or replacement of eyeglass parts is required due to defects in quality of materials or workmanship. Reimbursement is available for repair or replacement of eyeglass parts in situations where the damage is the result of causes other than defective materials or workmanship. Replacement parts should duplicate the original prescription and frame style. Repairs to frames may be rendered as necessary.

Providers should use the appropriate procedure code for the repair (i.e., insert a screw, add a new nose pad) or replacement of component parts of eyeglasses (i.e., replace a lens and/or a frame). When a component part of a pair of eyeglasses is replaced, the MMIS modifier "-RP" should be affixed to the procedure code(s) for the component part that is being replaced. The reason for the repair or replacement of parts must be documented in the recipient's records. For those optical providers using the Wallkill Optical Laboratory, the reason for the order for replacement components of eyeglasses must be notated on the prescription order form.

Replacement of a Complete Pair of Eyeglasses

Reimbursement is available for replacement of lost or destroyed eyeglasses. The replacement for a complete pair of eyeglasses should duplicate the original prescription and frames. The MMIS modifier '-RP' is affixed to those procedure codes identifying fitting of eyeglasses and materials when claiming replacement of a complete pair of eyeglasses that has been lost or destroyed. An explanation of the circumstances surrounding replacement of the complete pair of eyeglasses must be maintained in the recipient's record.

Lenses and Frames

Fabrication of eyeglasses shall conform to the current American National Standards Institute (ANSI) prescription requirements.

All lenses, frames and frame parts must be guaranteed against defects in manufacture and assembly. The provider who receives reimbursement for dispensing the eyeglasses has the final responsibility for this guarantee.

When adjustments to eyeglasses are required, the adjustment must be made without additional reimbursement whenever the recipient returns to the original dispenser.

If the recipient selects frames, lenses and/or special eyeglass features which are not Medicaid reimbursable, the recipient must be informed prior to the fabrication of the eyeglasses that he/she will be financially responsible. In such cases, Medicaid may not be billed for all or part of the cost of said frames, lenses and/or special eyeglass features. For more information, also see the Payment in Full subsection in Section III.

Lenses

Eyeglass lenses, whether single vision, bifocal or tri-focal, must be first quality lenses. Stock lenses should be used whenever available. Surfaced lenses should only be used when the required lens power is not in the stock range. All lenses are to be first quality plastic or glass meeting F.D.A. regulations, free of surface imperfections such as pits, scratches or grayness. The lenses should not contain bubbles, striae, or other surface aberrations.

Special Types of Lenses:

- **Polycarbonate Lenses:** Prior approval is required for the dispensing of polycarbonate lenses. Written documentation must be submitted with the Prior Approval Request form that provides medical justification which is based on the recipient's systemic ailments and relates those conditions to that individual's need for one or more polycarbonate lenses. The Prior Approval Request form must also include the appropriate lens codes for the prescription, i.e., V2103, V2203. **An additional \$10.00 is to be added to the maximum fee that is listed in the MMIS Provider Manual for each lens code.**

In addition, if polycarbonate lenses need to be replaced because the original lenses are lost, stolen or broken beyond repair, a new Prior Approval Request form is required. The '-RP' modifier must be used with the appropriate lens codes being replaced on both the prior approval form and the claim form. Written documentation is also required when a plastic or glass lens(es) is being changed to a polycarbonate lens(es).

Providers who order eyeglasses from the Walkill Optical Laboratory should call the laboratory before filling out the Prior Approval Request form to obtain the appropriate lens code for the polycarbonate lens(es) being ordered.

- **High Index Lenses:** A 10 diopters (10DS) or greater lens is reimbursable at acquisition cost that is documented by an itemized invoice when such cost is greater than the fee listed for the lens code in the Procedure Code and Fee Schedule section of this Manual.
- **Bifocals:** When eyeglasses are required to correct nearsighted and farsighted vision, bifocals should be prescribed. A recipient may not be supplied with two pairs of eyeglasses rather than bifocals for reasons based on personal preference. Two pairs of eyeglasses may be prescribed if it can be substantiated that the recipient has one of the following conditions:
 - ▶ A proven inability to tolerate bifocals;
 - ▶ An unusual correction; or
 - ▶ A physical ailment or other condition which makes bifocals inadvisable.

Written documentation must be submitted with the paper claim form for two pairs of eyeglasses dispensed to correct nearsighted and farsighted vision. Medical justification based on the recipient's systemic ailments must relate those conditions to that individual's inability to use bifocals. A proven inability to tolerate bifocals must address the recipient's previous attempts to use bifocal lenses. Optical corrections of an unusual nature must be documented with information from the prescribing ophthalmologist or optometrist concerning the corrections required for each pair of eyeglasses.

- **Contact Lenses:** Contact lenses may be supplied to a recipient only for ocular pathology upon the recommendation or prescription of an ophthalmologist or optometrist. The ophthalmologist or optometrist may also fit and dispense contact lenses. Prior approval is required for all contact lens services.

The prescription or recommendation for contact lenses must be in the form of a signed, written order. The written order must accompany the Prior Approval Request form submitted by the dispensing provider.

Contact lenses may be replaced when lost or damaged. Prior approval must be obtained for such a replacement. Prior approval for contact lenses must include the following information:

- ▶ A description of the ocular pathology or medical necessity which provides justification for the recipient's need for contact lenses;
- ▶ The best corrected vision both with and without eyeglasses;
- ▶ The best corrected vision both with and without contact lenses;
- ▶ The refractive error; and
- ▶ The date of the last complete eye exam.

For information regarding the fitting of contact lenses by ophthalmic dispensers, refer to **Services That Require Special Certification**, Contact Lens Fitting.

Frames

Frames supplied are to be first quality frames. All frames must have eye size, bridge size, temple length and manufacturer's name or trademark imprinted on them.

If the recipient returns to the original dispenser to obtain the service, future fittings must be made by that dispenser without additional reimbursement.

Low Vision Aids and Visual Rehabilitation

Low vision aids may be supplied to a recipient after a low vision examination and upon prescription by an ophthalmologist or specially certified optometrist. Visual rehabilitation may be rendered to recipients who receive a low vision aid.

All acceptable types of low vision aids including microscopes and telescopes must be utilized in selecting an appropriate low vision aid for a recipient. Any necessary adjustments to the aid for six months following the receipt of the aid by the recipient must be performed by the dispenser without additional reimbursement.

Artificial Eyes

A recipient may be supplied with either a stock or custom-made artificial eye. An ophthalmologist's written recommendation is required.

Eye prosthesis fitters may make and fit custom-made and stock artificial eyes. The fee for artificial eyes includes any of the following services necessary to produce the finished product: supplying materials, form making, molding, hand-coloring and fitting. Any necessary adjustments for either a stock or custom-made artificial eye must be performed without additional reimbursement for one year by the fitter supplying the eye.

Orthoptic Training

Orthoptic training may be provided by an optometrist only after receiving prior approval for a treatment plan. The maximum time period for which approval of a treatment plan will be granted is six months.

At the end of the six month approved period, it is necessary to reapply for prior approval and supply information that details the progress made, the anticipated treatment plan, and the prognosis.

In cases of strabismus, it may be determined when prior approval is requested, that surgery is required for proper correction. The optometrist will then be advised to refer the recipient to an ophthalmologist for an opinion and recommendation.

The optometrist should attempt to gain the active cooperation and assistance of the family, both in the planning and provision of orthoptic care. The family should be taught to carry out the instructions and exercises in the recipient's home.

Section III - Basis of Payment for Services Provided

Claims may be submitted to MMIS by self-employed optometrists, self-employed ophthalmic dispensers, and retail optical establishments. Reimbursement for ophthalmic materials and services may not exceed the fees in the New York State Fee Schedule for ophthalmic materials and services contained in the Procedure Code section of this Manual or the charge to the general public, whichever is less.

Payment in Full

Medicaid payment to the provider for each service or item must be accepted as payment in full; no additional payment may be requested or accepted from a recipient. For example, if eyeglass frames which cost in excess of the Medicaid allowed amount are dispensed, the provider may not bill Medicaid for part of the cost and then bill the recipient for the difference.

Managed Care Organizations (MCOs) that allow upgrades of eyeglass frames or additional features, cannot apply the eyeglass benefit towards the cost and bill the difference to the recipient. However, if the Contractor does not include upgraded eyeglasses or additional features such as scratchcoating, progressive lenses, or photogray lenses, the recipient may choose to purchase the upgraded frame or feature by paying the entire cost as a private customer.

Prior Approval Responsibilities

The optometrist or ophthalmic dispenser who fills the prescription must be aware of prior approval requirements. The dispensing optometrist or ophthalmic dispenser should determine if prior approval is required for any prescription items before filling the prescription. Reimbursement is provided for an item which requires prior approval only when prior approval has been obtained and the prior approval number appears on the claim.

The provider of eye services must request prior approval from the Department of Health Area Office Medical Director or their designee for items and services for which prior approval is required. If prior approval is granted, the provider will receive a Prior Approval Number. This number must always appear on the claim when billing for items and services that require prior approval. Prior approval by the Department of Health Area Office Medical Director or their designee is required for the following items and services:

- Contact lenses;
- Tinted lenses;

- Frames with a wholesale cost greater than the fees indicated in the Procedure Code Section of this Manual;
- Orthoptic training; and
- Any item or service not listed in the Procedure Code Section of this Manual (i.e., polycarbonate lenses).

For further information on prior approval, refer to the Billing Guidelines for this Manual.

Self-Employed Optometrist

Reimbursement is provided for the following materials and services in accordance with the Fee Schedule that appears in the Procedure Code section of this Manual:

- Complete optometric eye examination;
- Office-based evaluation and management services, consultations, diagnostic examinations, and non-invasive procedures for the diagnosis and treatment of diseases of the eye and the prescribing of pharmaceutical agents authorized under State Education Law;
- Eyeglass lenses (except to providers who dispense to recipients whose county of fiscal responsibility is a county other than New York City);
- Frames (except to providers who dispense to recipients whose county of fiscal responsibility is a county other than New York City);
- Contact lenses;
- Artificial eyes (when ocularist is certified);
- Low vision examination (when doctor is certified);
- Low vision aids and visual rehabilitation;
- Visual fields examination (complete), with medical diagnostic evaluation;
- Orthoptic and/or pleoptic training with continuing medical direction and evaluation;
- Repairs and refitting of eyeglasses; and
- Fitting of eyeglasses.

Additional reimbursement for a low vision examination is not available when it is performed by an optometrist for an individual recipient as part of a complete optometric eye examination and/or eye refraction.

Retail Optical Establishments and Ophthalmic Dispensers

Reimbursement is provided for the following materials and services in accordance with the Fee Schedule that appears in the Procedure Code section of this Manual:

- Complete optometric eye examination (limited to retail optical establishments and ophthalmic dispensers who employ an optometrist);
- Office-based evaluation and management services, consultations, diagnostic examinations, and non-invasive procedures for the diagnosis and treatment of diseases of the eye and the prescribing of pharmaceutical agents authorized under State Education Law (limited to retail optical establishments and ophthalmic dispensers who employ an optometrist);
- Eyeglass lenses (except to providers who dispense to recipients whose county of fiscal responsibility is a county other than New York City);
- Frames (except to providers who dispense to recipients whose county of fiscal responsibility is a county other than New York City);
- Contact lenses;
- Artificial eyes (when ocularist is certified);
- Repairs and refitting of eyeglasses; and
- Fitting of eyeglasses.

Additional reimbursement for a low vision examination is not available when it is performed by an optometrist for an individual recipient as part of a complete optometric eye examination and/or eye refraction.

Section IV - Definitions

For purposes of the Medicaid Program and as used in this Manual, the following terms are defined to mean:

Complete Optometric Eye Examination

A complete optometric eye examination is comprised of, at a minimum, a case history, an internal and external eye examination, objective and subjective vision corrections/determination of refractive state, binocular coordination testing, gross visual field testing and tonometry for recipients age 35 and over or others where indicated. In addition, routine ophthalmoscopy and confrontational testing for visual field assessment are part of this type of eye examination. The finger palpitation test is not considered or accepted as a meaningful tonometric test.

Consultation

A consultation is a type of service provided by a medical practitioner whose opinion or advice regarding evaluation and/or management of a specific problem is requested by a physician or other appropriate source. The consultant's opinion and any services that were ordered or performed are documented in the recipient's record and reported to the requesting physician or other appropriate source.

Determination of Refractive State

A determination of refractive state is the quantitative procedure that yields the refractive data necessary to determine the best visual acuity with lenses and to prescribe lenses. It is not a separate entity but is an integral part of the general ophthalmological services.

Evaluation and Management Services

An evaluation and management service is a way to classify the work of practitioners utilizing the Evaluation and Management (E/M) coding as published in the American Medical Association's Physician's Current Procedural Terminology. These services are divided into broad categories such as office visits. Most of these categories are further divided into two or more subcategories, i.e., office visits for E/M services are divided into new recipient and established recipient. The subcategories are further classified into levels of E/M services that are identified by specific codes, the place or type of service and the content of the service provided.

Eye Prosthesis Fitter (Ocularist)

An eye prosthesis fitter (ocularist) is an individual who makes and fits artificial eyes.

Eyeglasses or Spectacles

Eyeglasses or spectacles are corrective lenses to aid or improve vision, including frames when necessary, prescribed by an ophthalmologist or optometrist.

Low Vision (sub-normal vision)

Low vision (sub-normal vision) is visual acuity of not more than 20/70 in the better eye with best correction.

Low Vision Examination

A low vision examination is used to test for visual acuity of no more than 20/70 in the better eye with the best correction. Prior approval is not required for a low vision examination.

Visual rehabilitation (i.e., necessary visits to determine the appropriate low vision aid and the training of the recipient in its proper use) does not require prior approval.

Ophthalmic Dispensing

Ophthalmic dispensing is the practice of adapting and fitting lenses, for the correction of deficiencies, deformities or anomalies of the human eyes, on written prescriptions from a licensed ophthalmologist or optometrist.

Ophthalmologist

An ophthalmologist is a physician who meets the Medicaid specialty requirements in the field of ophthalmology.

Optometry

Optometry is the practice of diagnosing and treating optical deficiency, optical deformity, visual anomaly, muscular anomaly or disease of the human eye and adjacent tissue by prescribing, providing, adapting or fitting lenses, or by prescribing or providing orthoptics or vision training, or by prescribing and using drugs. The practice of optometry shall not include any injection or invasive modality.

Retail Optical Establishment

A retail optical establishment is a commercial establishment engaged primarily in the sale of eyeglasses or other vision aids at retail, and which may also provide eye examinations performed by qualified practitioners. Provided services are rendered by appropriately licensed practitioners, i.e., optometrists and ophthalmic dispensers. An

optometrist, ophthalmic dispenser or ophthalmologist can also own a retail optical establishment.

Salaried Ophthalmic Dispenser (Optician)

A salaried ophthalmic dispenser (optician) is an ophthalmic dispenser or optician who is rendering services to recipients as the employee of one or more retail optical establishments.

Salaried Optometrist

A salaried optometrist is an optometrist who is rendering services to recipients as the employee of one or more retail optical establishments.

Self-Employed Ophthalmic Dispenser (Optician)

A self-employed ophthalmic dispenser (optician) is an ophthalmic dispenser or optician who is engaged in private practice or is employed by a physician and is not rendering services to recipients as the employee, partner, or principal in a retail optical establishment or commercial corporation.

Self-Employed Optometrist

A self-employed optometrist is an optometrist who is engaged in private practice or is employed by a physician and is not rendering services to recipients as the employee, partner, or principal in a retail optical establishment or commercial corporation.

Section V - DOH/Department of Correctional Services (DOCS) Eyeglass Project

This project was jointly implemented, in 1994, by the former Department of Social Services, now the Department of Health (DOH), and the Department of Correctional Services (DOCS) for Medicaid recipients whose county of fiscal responsibility is a county other than New York City. The county codes for the participating counties are found in the Third Party Information section under Information for All Providers. The county codes are part of the MEVS eligibility response. All eyeglass materials for these recipients are fabricated at the Wallkill Optical Laboratory at the Wallkill Correctional Facility in Wallkill, New York. All ophthalmic dispensers **are required** to order materials listed in the Procedure Code Section of this manual, (excluding code V2600, Hand held low vision aid), from DOCS. Ophthalmic dispensers will not be reimbursed for ophthalmic materials from their own inventories that are dispensed to these recipients.

Effective April 1, 2001 upstate ophthalmic dispensers have the option of ordering eyeglass materials for Medicaid recipients who are included in District 97 (responsibility of the Office of Mental Health), and District 98 (responsibility of the Office of Mental Retardation and Developmental Disabilities) from the Wallkill Laboratory.

This program does **not** apply to Medicaid recipients who are enrolled in managed care programs that include eyeglass lenses and frames as a contract benefit for plan enrollees.

Orders for NYC Recipients

Recipients whose county of fiscal responsibility is New York City (county code 66) are **not** included in the DOH/DOCS Eyeglass Project at this time. Ophthalmic dispensers in areas immediately bordering New York City who routinely serve New York City recipients should keep this in mind when they are adjusting their inventory. NYC providers who routinely serve upstate recipients should pay careful attention to the county code on MEVS to be sure of the services they can provide.

Upstate (Non – NYC) ophthalmic dispensers may no longer maintain the inventory to fill Medicaid prescriptions since they now are required to order all eyeglass materials from DOCS. In extenuating circumstances, DOCS will fill orders for these dispensers when they occasionally serve a New York City recipient. For example, recipients may sometimes be located in residential facilities or foster care homes which are outside their county of fiscal responsibility or may travel outside their county. Orders in these situations should be handled as follows:

- If a recipient is the fiscal responsibility of NYC and resides in a facility or is placed in a DOCS county, the ophthalmic dispenser may:
 - ▶ Use the materials from his/her present inventory and bill Medicaid directly, or

- ▶ Send the prescription order to DOCS for fabrication of the eyeglasses and submission of the claim form.
- If the recipient is the fiscal responsibility of NYC but temporarily in a DOCS county and presents an emergency where eyeglasses must be provided, see instructions in #1 above; or
- If the recipient is the fiscal responsibility of NYC but is temporarily in a DOCS county, and there is no emergency, advise the recipient to return to their county of residence to obtain eyeglasses.

Frame Selection

DOCS will provide an enrolled ophthalmic dispenser with a sample kit of frames offered under the Medicaid program. The sample frame kit can be ordered through DOCS at: (800) 836-2636.

When a special frame that is not included in the frame selection is medically needed for a recipient, the frame can be ordered through DOCS. For example, an ophthalmic dispenser may have to fit a child or an adult with special needs. The ophthalmic dispenser should call the toll-free inquiry number at Walkill (800) 836-2636 and speak with the supervising optician to determine if DOCS can obtain the requested frame or an alternate selection. The DOCS supervising optician will advise as to whether prior approval will be required.

Ordering Procedure

Orders for eyeglass materials must be submitted on a **Medicaid Optical Prescription Order Form**, a sample of which follows at the end of this section, with instructions for the completion, mailing or faxing of these forms. A supply of these order forms can be obtained by calling (800) 836-2636. A fax cover sheet should accompany all orders. The **Medicaid Optical Prescription Order Form** must be completed accurately prior to sending it to the DOH/DOCS Eyeglass Project. Incomplete or inaccurate orders require follow-up telephone calls or correspondence that delays order processing.

Orders for replacement parts should be submitted on these forms, with details provided in the Special Instructions box. DOCS can provide lenses for a recipient's existing frame if the frame is of acceptable quality. A dispenser must send the frames (at the dispenser's expense) to DOCS for fabrication and insertion of lenses. The status of orders can be obtained at (800) 836-2636.

Dispenser Responsibilities

Ophthalmic dispensers must continue to check eligibility for Medicaid recipients. Only orders for eligible recipients with an appropriate county of fiscal responsibility code should be sent to DOCS. Orders from providers who have been disqualified from Medicaid should not be sent to DOCS. Dispensers should continue to obtain prior approval for those materials that require prior approval (tinting, special frame, etc.)

Dispensers may not bill for dispensing until eyeglasses have been provided to the recipient. If a recipient loses eligibility between the date the order is received by DOCS and the date they are given to the recipient, the dispenser may use the "prescription eligibility date" as the date of service for his/her dispensing fee claim.

Unless otherwise noted, all program policies set forth in this Manual and Social Services regulations are still in effect. For example, Medicaid continues to limit eyeglasses to one pair every two years per recipient unless there is at least .50 diopter change in the prescription.

Medicare Part B

If a claim is being submitted to Medicare for a Medicare/Medicaid Recipient, a provider's normal eyeglass supplier may be used. Eyeglass materials do not have to be ordered from DOCS in these cases. When Medicare approves payment, Medicaid remains responsible for the co-insurance and deductible on the claim. However, if Medicare denies payment for the eyeglasses supplied, a claim can be submitted to Medicaid for the eyeglass materials, and the letter "S" must be entered in the S.A. Exception Code Box (Field 25E) on the paper claim form. ***If, however, a claim will not be submitted to Medicare*** because it is known that the recipient will not meet Medicare's eyeglass coverage criteria, eyeglass materials must be ordered from DOCS because payment will be entirely from Medicaid funds.

Delivery by DOCS

Delivery of eyeglasses to the ophthalmic dispenser will be via UPS. Each parcel will be insured by the carrier. If there are any problems with delivery, DOCS can be contacted at (800) 836-2636 and assistance is available to resolve any problems.

Eyewear with stock lenses (except those which involve use of a recipient's own frame) will be delivered within (5) working days after the date stamp of receipt of a properly completed prescription order. Stock Lens Ranges are:

- Sphere: Plano to 6.00 DS
- Compound: Plano to 4.00 DS 2.00 DC

All stock lenses are in increments of .25. diopter.

Delivery of eyewear with non-stock lenses (multi-focal and special lenses for other than foci shown above) and any lenses for recipient's own frame will be within (10) working days after receipt of a properly completed prescription order.

Note: DOCS can fill most prescriptions with lenses from their inventory. When lenses must be specially ordered, dispensing providers will be notified by telephone that their order may be delayed.

Grievance Procedures and Returned Orders

A copy of the **Medicaid Optical Provider Complaint/Return Form** with the instructions for completion is found at the end of this section. The forms can be obtained by calling (800) 836-2636. However, most problems or complaints can be resolved by telephone. If a problem cannot be resolved by telephone, then a *Medicaid Optical Provider Complaint/Return Form* should be submitted.

Warranty

DOCS warrants the finished eyeglasses against manufacturing defects. Any eyeglasses that are being returned for manufacturing defects, shipping damages, etc. must be accompanied by a completed *Medicaid Optical Provider Complaint/Return Form*. DOCS will be responsible for the shipping charges for the returned items. The dispensing provider should contact DOCS at (800) 836-2636 to make arrangements for the pick-up of the eyeglasses.

General Policy: Eyewear and Materials from the DOCS Walkkill Optical Laboratory

The Medicaid Program strives to provide comprehensive eye care services to the Medicaid-eligible population. Optical providers should display all of the frames available in the sample frame-fitting kit reimbursed by Medicaid.

Through the formal enrollment process, optical providers agree to follow Medicaid's procedures, rules and regulations. Optometrists, optical establishments and ophthalmic dispensers should comply with the following policy.

Frames from the Medicaid Sample Kit:

- Ordering/dispensing providers should show eligible recipients the complete line of Medicaid-reimbursable frames and explain that Medicaid pays only when a frame from the sample kit is selected and ordered from the Walkkill Optical Laboratory.
- **The sample kit is the property of the NYS DOH/DOCS Eyeglass Project.** If an optical provider ceases operation and/or no longer participates in Medicaid, the frame-fitting kit should be returned to the Walkkill Optical Lab. Also, if frame styles change due to a change in the DOCS contract, the old frames should be returned to Walkkill.
- If a sample frame is defective or breaks during normal handling, return it to the Walkkill Optical Lab for a replacement. The reason why the frame is being returned should be included. If a sample frame is lost, contact Hart Specialties for a replacement. You can obtain their telephone number from Walkkill.
- Particular concerns about the quality or workmanship of a certain frame (i.e., frequent allergic reactions reported or excessive number of repairs) should be discussed with the optical staff at the Walkkill Optical Lab.

- If a frame is repaired rather than replaced, a claim for the appropriate repair/refitting procedure code may be billed directly to Medicaid. We do not reimburse for materials to repair frames (i.e., screws, nose pads). Walkkill may, however, be able to provide optical dispensers with a **reasonable** supply of screws or nose pads. Walkkill should be contacted about how to order a back-up supply of eyeglass parts for repairing a recipient's original frame.
- From time to time, an optical dispenser may need to use part of a sample frame (i.e., broken temple) to repair a recipient's frame or a complete sample frame (i.e., unable to repair damaged frame) to replace a recipient's original frame. Prior to dispensing any frame parts or a complete frame, Walkkill Optical Lab should be contacted to check the recipient's eligibility. When this occurs, a completed order form should be faxed or mailed to Walkkill to order a replacement part or a new sample frame. (An explanation of the circumstances surrounding the need for a replacement frame must be maintained in the recipient's clinical records.)
- Occasionally, replacement of a broken frame may be preferable to repeated attempts to repair or replace parts. When billing the claim, the appropriate procedure code for repair/refitting should be used to identify the fitting of a replacement frame. (An explanation of the circumstances surrounding the need for a replacement frame must be maintained in the recipient's clinical records.)

Sending or Faxing Eyewear Orders to the Walkkill Optical Laboratory

Two Year Rule: If a recipient requires replacement of frames due to breakage or loss within two years of the last exam, the replacement frame will be the **same** style frame the recipient originally had. If the recipient has been to another provider, you may not know what the previous frame was when reordering eyeglasses that were lost. The previous frame will be duplicated. If a frame is received other than what was ordered, call Walkkill Optical Laboratory before the frame is sent back to verify if the frame was the original.

Bifocals: If the lens style block on the order form is left blank, Walkkill Optical Laboratory will supply the standard Medicaid bifocal that is an FT-28. If a bifocal other than an FT-28 is ordered, it should be noted under Lens Style and an explanation should be included under Special Instructions.

Patients' Own Frames: Recipients' own frames should be shipped to Walkkill Optical Laboratory by UPS or by some other service that can trace the shipment. A written list showing recipients' names, Medicaid numbers, and frame descriptions **must** be included with the frames so Walkkill can account for the patient's own frames that are received.

Uncut Lenses: With any order for uncut lenses, Walkkill needs the A, B, DBL, and ED measurements for the patient's own frames.

Note: If “uncut” lenses (new prescription) *and* a new frame are ordered, include under Special Instructions the reason the lenses must be uncut. (In general, Wallkill provides dispensers with a *complete* pair of eyeglasses.)

Temples: Temples will be supplied in standard lengths unless otherwise stated under Special Instructions.

Faxed Orders: A cover sheet that lists the patients’ names, Medicaid ID numbers, and the provider’s telephone number *must* accompany all faxes. Please include the following items:

1. Provider information including provider number and locator code.
2. All patient information, especially name and Medicaid number.
3. Completed prescriptions including PD’s and Segment Heights even for uncut lenses.
4. Lens style.
5. Reading only.
6. Glass or plastic.

Ordering Procedure: The *Medicaid Optical Prescription Order Form* should be reviewed for accuracy and completeness prior to sending it to the DOH/DOCS Eyeglass Project. Incomplete or inaccurate orders require follow-up telephone calls or correspondence that delays processing.

All orders **must be written clearly**, especially patient name, Medicaid ID number and all prescription information.

Questions regarding the completion of the order form should be directed to the *Wallkill Optical Laboratory* at (800) 836-2636.

Questions regarding general Vision Care policy should be directed to the *Office of Medicaid Management* at (518) 473-2160.

Medicaid Optical Prescription Order Form

For a print-friendly version of this form, click [here](#).

MEDICAID OPTICAL PRESCRIPTION ORDER									
6139 (4/93)									
DISPENSING PROVIDER INFORMATION (Use Ship to Address)					PRESCRIBER INFORMATION				
Name					Name				
Street					MMIS No.		or	License No./State	
City			State	Zip	Locator code				
Telephone No.		Area Code ()	Medicaid Provider No.		or	License No./State			
AUTHORIZED PROVIDER SIGNATURE					Prescription Eligibility Date				
RECIPIENT INFORMATION									
Last Name			First Name		County of Fiscal Responsibility		Medicaid Recipient No.	Birthdate	Sex M/F
<i>PRIOR APPROVAL (If Required)</i>		<i>MMIS CODE</i>	<i>Prior Approval Number</i>		<i>Approved Period of Service</i>			<i>Total Amount Approved</i>	
								\$	
								\$	
								\$	
PRESCRIPTION						SPECIAL INSTRUCTIONS			
POWER									
Sphere		Cylinder		Axis		PRISM	DEC.	PD	
OD									
OS									
OD	ADD	HEIGHT	INSET	TOTAL	MANUFAC- TURER				
OS					STYLE NO.				
OD					EYE SIZE				
OS					DBL				
OD					TEMPLE				
OS					COLOR				
LENS STYLE		READING ONLY?		CHECK ONE					
		YES		GLASS					
		NO		PLASTIC					
MAIL ORDER TO: DOH/DOCS EYEGLASS PROJECT P.O. BOX 417 WALLKILL, NY 12589-0417						INQUIRIES (800) 836-2636		FAX ORDERS (800) 836-2637	
						INTERNAL USE ONLY			
						DATE RECEIVED		INSURANCE CODE(s) (X)	
						ORDER NUMBER		_____ _____ _____	
						Frames enclosed?		Attachments?	

INSTRUCTIONS FOR COMPLETION OF MEDICAID OPTICAL PRESCRIPTION
ORDER FORM

PLEASE TYPE OR PRINT LEGIBLY

DISPENSING PROVIDER (Optometrist, Optician or Retail Optical Establishment who orders the materials and dispenses the glasses to the recipient) **INFORMATION:**

- Enter dispensing provider name, address where you want the eyeglasses shipped and telephone number where you may be reached.
- If you are an optometrist or optician, enter your Medicaid provider number. If you do not have a Medicaid provider number, enter your license number/state that issued the license.
- If your dispensing Retail Optical Establishment is not enrolled in MMIS, include the responsible optician's name in parenthesis next to your name and his/her license number/state that issued the license.
- Enter the locator code (see Billing Guidelines of the Manual) for your ship to address, if available.

PRESCRIBER (Ophthalmologist or Optometrist) **INFORMATION:**

- Enter the name and the MMIS identification number of the ophthalmologist or optometrist who prescribed the eyeglasses, **or** if not enrolled in MMIS, enter the license number/state that issued the license.

RECIPIENT INFORMATION:

- Enter the name, County of fiscal responsibility, Medicaid recipient ID number, birth date, and sex of the recipient.

PRIOR APPROVAL INFORMATION (if required):

- Enter the MMIS Procedure Code, prior approval number, approved period of service and total amount approved, if required for the item you are ordering.

PRESCRIPTION INFORMATION:

- Complete the prescription information.
- Check whether the eyeglasses are for reading only.
- Check whether glass or plastic lenses are to be provided.

SPECIAL INSTRUCTIONS:

- Enter any special instructions, i.e. special temple length, special placement of optical center, etc.
- If eyeglasses are re-ordered within two years due to being lost, stolen or destroyed, explain here.
- If you are enclosing frames to be fitted with lenses, check the "Frames enclosed?" box.
- If additional information is attached, check the "Attachments?" box.

- You are still responsible for sending any necessary attachments when submitting claims to Medicaid.

SIGNATURE/PRESCRIPTION ELIGIBILITY DATE:

- Sign and date the form. The date is when the ophthalmic dispenser verifies eligibility and performs the initial dispensing procedures. In most cases this is also the date you order materials from the DOH/DOCS Eyeglass Project.

ORDER SUBMITTAL - Telephone orders will not be accepted.

- Mail the white copy of the order to:

**DOH/DOCS Eyeglass Project
P.O. Box 417
Walkill, New York 12589-0417**

- Or fax the order to (800) 836-2637
If you fax the order, **DO NOT** send hard copy.
- Retain the yellow copy for your records

Medicaid Optical Provider Complaint/Return Form

For a print-friendly version of this form, click [here](#).

MEDICAID OPTICAL PROVIDER COMPLAINT/RETURN		6140 (4/93)										
DISPENSING PROVIDER INFORMATION (Use Ship to Address)		RETURNED ITEMS										
Name		<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><i>Lens(es)</i></td> <td style="border: none;"><i>Frame</i></td> </tr> <tr> <td colspan="2" style="border: none;"><i>Complete eyeglasses</i></td> </tr> <tr> <td colspan="2" style="border: none;"><i>Parts (specify)</i> _____</td> </tr> <tr> <td colspan="2" style="border: none;"><i>Parts (specify)</i> _____</td> </tr> <tr> <td colspan="2" style="border: none;"><i>Order No.</i> _____</td> </tr> </table>	<i>Lens(es)</i>	<i>Frame</i>	<i>Complete eyeglasses</i>		<i>Parts (specify)</i> _____		<i>Parts (specify)</i> _____		<i>Order No.</i> _____	
<i>Lens(es)</i>	<i>Frame</i>											
<i>Complete eyeglasses</i>												
<i>Parts (specify)</i> _____												
<i>Parts (specify)</i> _____												
<i>Order No.</i> _____												
Street												
City	State											
Zip	Locator code											
Telephone No.	Area Code											
()	Medicaid Provider No. or License No./State											
RECIPIENT INFORMATION												
Last Name		First Name										
Medicaid Recipient No.												
NATURE OF COMPLAINT: _____												
Attachments?												
AUTHORIZED PROVIDER SIGNATURE	Date	INTERNAL USE ONLY										
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"> MAIL COMPLAINT/RETURN TO: DOH/DOCS EYEGLASS PROJECT P.O. BOX 417 WALLKILL, NY 12589-0417 </td> <td style="border: none; width: 50%;"> INQUIRIES (800) 836-2636 FAX COMPLAINTS (800) 836-2637 </td> </tr> </table>		MAIL COMPLAINT/RETURN TO: DOH/DOCS EYEGLASS PROJECT P.O. BOX 417 WALLKILL, NY 12589-0417	INQUIRIES (800) 836-2636 FAX COMPLAINTS (800) 836-2637	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><i>Date received</i></td> <td style="border: none; width: 50%;"><i>Complaint type</i></td> </tr> </table>	<i>Date received</i>	<i>Complaint type</i>						
MAIL COMPLAINT/RETURN TO: DOH/DOCS EYEGLASS PROJECT P.O. BOX 417 WALLKILL, NY 12589-0417	INQUIRIES (800) 836-2636 FAX COMPLAINTS (800) 836-2637											
<i>Date received</i>	<i>Complaint type</i>											

INSTRUCTIONS FOR COMPLETION OF MEDICAID OPTICAL PROVIDER COMPLAINT/RETURN FORM

PLEASE TYPE OR PRINT LEGIBLY

Most problems or complaints can be resolved with a telephone call. If you have a complaint or problem that has not been resolved via the telephone, you may complete a Medicaid Optical Provider Complaint/Return Form and submit it as outlined below. We will respond in writing within seven (7) business days after receipt of the complaint.

Items being returned must be accompanied by a completed Medicaid Optical Provider Complaint/Return form.

DISPENSING PROVIDER INFORMATION:

- Enter provider name, ship to address and telephone number.
- Enter your Medicaid provider number. If you do not have a Medicaid provider number, enter your license number/state that issued the license.
- Enter the locator code (see Billing Guidelines of the Manual) for your ship to address, if available.

RETURNED ITEMS:

- If items are being returned, check the appropriate box(es).
- Enter the prescription order number (the number on the packing slip accompanying the eyeglasses).

RECIPIENT INFORMATION:

- Enter the name and the recipient's Medicaid recipient ID number.

NATURE OF COMPLAINT:

- State the nature of your complaint, providing as many details as possible.

SIGNATURE:

- Sign and date the form.
- If additional information is attached, check the "Attachments?" box.

COMPLAINT SUBMITTAL:

- Mail the white copy of the complaint to:

**DOH/DOCS Eyeglass Project
P.O. Box 417
Walkill, New York 12589-0417**

- Or fax the complaint to (800) 836-2637
If you fax the complaint, **DO NOT** send hard copy.
- Retain the yellow copy for your records.

Medicaid Fax Orders Cover Sheet

For a print-friendly version of this form, click [here](#).

MEDICAID FAX ORDERS COVER SHEET

DATE: _____

TO: DOH/DOCS EYEGLASS PROJECT
P.O. BOX 417
WALLKILL, NEW YORK 12589-0417
FAX (800) 836-2637

FROM: _____

This fax includes orders for the following Medicaid Recipients:

Medicaid
Recipient
Name

Medicaid
Recipient
Number
