

**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/prof/.](http://www.op.nysed.gov/prof/)

Professionals are required to follow regulations found in Title 18, Section 505.6. The full searchable directory of Title 18 is available online at:

<http://w3.health.ny.gov/dbspace/NYCRR18.nsf/Full%20Directory?OpenView&Start=1>

Diagnostic and Therapeutic Pharmaceutical Agents

For both Diagnostic and Therapeutic Pharmaceutical Agents, an optometrist must be certified by the New York State Education Department pursuant to § 7101 of State Education Law to use diagnostic pharmaceutical agents as well as Phase I and Phase II Therapeutic Pharmaceutical Agents. A complete list of diagnostic pharmaceutical agents as well as Phase I and Phase II therapeutic pharmaceutical agents is available at § 7101a of State Education Law online at:

<http://www.op.nysed.gov/prof/optom/article143.htm>

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

Record Keeping Requirements

In addition to the record keeping requirements identified in the **Information for All Providers, General Policy** manual, available online at:

<http://www.emedny.org/ProviderManuals/AllProviders/index.html>,

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.

An enrollee'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.

Freedom of Choice

Guidelines relating to free choice are included in **Information for All Providers, General Policy** Manual available at:

<http://www.emedny.org/ProviderManuals/AllProviders/index.html>.

Medicaid enrollees have the freedom to choose either a single provider or a combination of providers to obtain examining and dispensing services. To assure that enrollees are aware and able to make this choice, written prescriptions must be supplied to enrollees, whenever eyeglasses or other vision aids are required, immediately following the eye examination.

The Federal Trade Commission Regulation 456.2 currently requires that an enrollee be given a prescription immediately upon completion of an eye examination even when he/she does not require new eyeglasses. Whenever enrollees do not require new eyeglasses, the prescription received immediately following the eye examination must specify, "FOR REFERENCE ONLY". The regulations are available online at:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=38183a909da9ac36f9b2784990e987ed&rgn=div5&view=text&node=16:1.0.1.4.57&idno=16>

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.
An expanded definition of the practice of optometry can be found at:
<http://www.op.nysed.gov/prof/optom/article143.htm>*

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 an enrollee as necessary following the examination.

Eyeglasses may be supplied to enrollees 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 enrollee personal preference. Written documentation must be submitted with claims for two pairs of eyeglasses dispensed to meet distance and near vision needs.

Contact lenses, which may be supplied to an enrollee only when medically necessary and for ocular pathology, require the recommendation of an ophthalmologist or optometrist.

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

An eye prosthesis (artificial eye) may be supplied to an enrollee based on a written prescription from an ophthalmologist.

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 New York State Education Department 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 enrollee 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 an enrollee, the usual frequency for complete optometric eye examinations is one examination every two years. An enrollee'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 an enrollee 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 an enrollee 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.

An enrollee must be allowed to try on and choose from a selection of Medicaid reimbursable frame styles. However, a enrollee 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 enrollee in frame selection; and
- Supply the enrollee with a pair of eyeglasses which are fully assembled and completed.

Medicaid Managed Care

Many Medicaid eligible enrollees 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 enrollee 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 the Medicaid Eligibility Verification System (MEVS).

If you are uncertain about what is covered by the PCP, providers should contact the PCP provider directly before providing services whenever possible.

Commercial (Non-Medicaid) Managed Care

The Ophthalmic Benefit in Managed Care Programs (MCP) will vary depending on the Managed Care Plan in which the enrollee is enrolled. To avoid payment problems, providers should always check the Medicaid Eligibility Verification System (MEVS) to determine if an enrollee is enrolled in a MCP and what services are covered by the MCP.

The MCP can be identified through the Enrollee 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.

The MEVS provider manual is located online at:

<http://www.emedny.org/ProviderManuals/index.html>.

Repair and Replacement

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 modifier "-RB" should be affixed to the procedure code(s) for the component part being replaced. The reason for the repair or replacement of parts must be documented in the enrollee's records. For those optical providers using the Walkkill 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 modifier '-RB' 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 enrollee's record.

Lenses and Frames

Fabrication of eyeglasses shall conform to the current American National Standards Institute (ANSI) prescription requirements; and 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 enrollee returns to the original dispenser.

If the enrollee selects frames, lenses and/or special eyeglass features that are not Medicaid reimbursable, the enrollee 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.

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

For children and adolescents up to 21 years of age:

Polycarbonate lens are covered if needed for safety reasons, medical documentation is not necessary in this case.

For adult enrollees (persons 21 years or older):

The enrollee must be essentially monocular with functional vision in only one eye or have a history of autoaggressive behavior with a history of

breaking glasses. **This documentation, including a diagnosis, must be submitted with claims for beneficiaries 21 and over.** The statement qualifying the beneficiary's vision should be from an ophthalmologist or optometrist.

If polycarbonate lenses need to be replaced because the original lenses are lost, stolen or broken beyond repair, the appropriate lens code(s) for the replacement(s) being billed must have the "RB" modifier (which indicates a replacement). Additionally, an ophthalmologist or optometrist must provide written documentation of the medical necessity of the replacement including the diagnosis, and this information must be attached to a paper claim.

Optical providers who order eyeglasses from Wallkill Optical Laboratory must document the need for polycarbonate lenses along with a diagnosis on the Medicaid Optical Prescription Order Form and sign the form. Optical providers can also indicate monocular vision or blindness in one eye in the special instructions box.

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. An enrollee 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 enrollee 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 enrollee's medical ailments must relate those conditions to that enrollee's inability to use bifocals. A proven inability to tolerate bifocals must address the enrollee'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 an enrollee 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.

The prescription or recommendation for contact lenses must be in the form of a signed, written order.

Contact lenses may be replaced when lost or damaged. The enrollee's clinical record should reflect the reason(s) for replacement, and if a contact lens needs to be replaced more frequently than twice per year, the written documentation of medical necessity and the patient-specific reason the lens must be replaced.

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 enrollee 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 an enrollee after a low vision examination and upon prescription by an ophthalmologist or specially certified optometrist. Visual rehabilitation may be rendered to enrollees 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 an enrollee. Any necessary adjustments to the aid for six months following the receipt of the aid by the enrollee must be performed by the dispenser without additional reimbursement.

Eye Prosthesis

An enrollee may be supplied with either a stock or custom-made eye prosthesis (artificial eye). An ophthalmologist's written recommendation is required.

Ocularists, 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 enrollee 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 enrollee's home.

Section III – Basic Vision Care Policy

Frequency Limitations

Once in 2 years (24 months) is the usual and customary frequency for an eye examination and eyeglasses. However, since the basis of Medicaid's coverage is "medical necessity", additional services during the two-year period may be payable if the optical provider submits "patient-specific" information with a paper claim, which documents that the service(s) is medically necessary and/or when the criteria outlined in this section are met.

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.

Exception

When medically indicated, an additional complete eye exam may be covered during a two-year period.

The vision care provider must submit, with the paper claim, a detailed description of the medical reason(s) for another exam. The explanation must be "patient-specific", e.g., patient relates frequent episodes of headaches, bouts of nausea and eye strain after reading.

Additionally, the eye exam must show a significant change in visual acuity of a .50 diopter or greater in sphere or cylinder in one or both eyes (the prescriptions for the previous and the current lenses should be included as an attachment to the paper claim).

Note: Periodic office visits to evaluate and manage a new or existing condition (i.e., diabetes, glaucoma, cataracts, etc.) in an optometrist's office should be billed under Evaluation & Management (E&M) procedure codes 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215.

Lenses

Plastic or glass lenses based on an optical prescription issued by a licensed optometrist or ophthalmologist.

Limited to monofocal (single vision for reading or distance), bifocal (standard lined lenses) or multifocal (trifocal when medically necessary).

Frequency: One (1) Pair in 2 Years (24 months).

Exceptions

During a two-year period, an enrollee may experience a change in his/her vision and need a new prescription for monofocal lenses for reading or distance (not both) or to change from monofocal to bifocal lenses.

An additional pair(s) of lenses may be covered if the new prescription confirms a change in visual acuity of a .50 diopter or greater in sphere or cylinder in one or both eyes. To document the "significant" change in a patient's vision, the prescriptions for the previous and the current lenses should be included as an attachment to the paper claim.

Bifocal Lenses vs. Two Pair of Eyeglasses

For patients less than 70 years of age

For certain enrollees, in lieu of bifocal lenses, two (2) complete pair of eyeglasses (for both distance and reading) may be covered when the following conditions are met, and a written, "patient-specific" explanation of the reasons for two pair is submitted as an attachment to the paper claim:

- Two pair of eyeglasses, instead of bifocals, may be ordered/dispensed when medically necessary, e.g., medical, physical and/or psychological condition(s) may preclude a patient from wearing a bifocal lens; previous attempts to wear bifocal lenses were unsuccessful; patient has a condition which results in frequent falls and injuries.
- In addition to the new prescription, an eye doctor or primary care practitioner should provide the enrollee with a written, "patient-specific" explanation of the medical need for two pair. Both documents should be given to the ophthalmic dispenser when new eyeglasses are ordered.
- Both pairs of eyeglasses should be ordered and dispensed at the same time and billed on the same paper claim. The prescriptions for both pairs of

lenses (reading & distance) must be included as an attachment to the paper claim.

For patients 70 years of age or older

Enrollees who are at least 70 years of age may receive two complete pair of eyeglasses (for both distance and reading), instead of bifocal lenses. They should be ordered, dispensed and billed at the same time. In addition, the following three items should be clearly identified on an attachment to the paper claim:

- The patient's age (minimum 70 years of age);
- No recent history of bifocal use (at least the previous 24 months); and
- The prescriptions for both pairs of lenses (reading & distance).

Note: When ordering two pair of eyeglasses from the Walkill Optical Lab, the three items above should be submitted with the order form.

Frame

New York City (NYC) Enrollees: A frame from a selection of styles, colors and materials (plastic, metal) offered to Medicaid enrollees.

Upstate (Non-NYC) Enrollees: A frame from the Sample Frame Kit available from the Medicaid optical lab contractor, Walkill Optical Laboratory.

Walkill may be contacted at: Phone # (800) 836-2636; Fax # (800) 836-2637.

Frequency: One (1) in Two Years (24 months).

Exception

During a two-year period, an enrollee may change the frame size, style or material only when medically necessary.

A written, "patient-specific" explanation of the medical/ophthalmic necessity for the change must be included as an attachment to the paper claim. Examples of general reasons might include:

- The new prescription requires a larger frame;
- Enrollee being treated for an allergic reaction to certain frame material;

- Enrollee has had a recent growth spurt or a significant loss/increase in weight.

Note: When ordering a different frame from the Walkill Optical Lab, the written, patient-specific explanation should accompany the order form.

Fitting Service

The fee for the professional service of fitting and dispensing eyeglasses is paid to the ophthalmic dispenser.

Repair or Replacement

During a two-year period, the repair or replacement of a frame, one or more lenses or a complete pair of eyeglasses due to loss, theft or breakage is covered.

The vision care provider must replace complete eyeglasses or parts of eyeglasses (lens or frame) with the same lens prescription and/or the same frame (or one as similar as possible to the original) in order to duplicate what was originally dispensed within the previous 24 months.

When a provider replaces a complete pair of eyeglasses:

The appropriate "Fitting of Eyeglasses" procedure code 92340 through 92353 should be billed.

Optical providers replacing eyeglasses for NYC enrollees may bill for the appropriate codes for the lenses and frame.

To identify eyeglass replacement, the modifier "RB" must be added to each eyeglass material code billed, including the procedure code for the professional fitting/dispensing service.

When a provider repairs or replaces part (lens, frame, temple, bow) of the eyeglasses:

The appropriate "Repair and Refitting of Eyeglasses" code 92370 or 92371 should be billed.

Optical providers replacing eyeglass parts for NYC enrollees may bill for the appropriate code for the part replaced.

The modifier "RB" must be added to the frame or lens code(s) of the part billed to identify replacement.

Note: Prior approval/authorization is **not required** to replace a lens, frame or pair of eyeglasses, **unless the original material requires prior approval.**

Medical Necessity and/or Prior Approval

Prior approval from New York State Department of Health is required for certain medically necessary materials or services. An example of a medically necessary service requiring prior authorization is orthoptic/pleoptic training.

Contact Lenses

Prior approval requirements do not apply for the following contact lens codes for both children and adults:

92310, 92311, 92312, 92313 and 92326.

All coverage criteria remain the same, and documentation of patient-specific, *medical necessity* must be maintained in the ordering/prescribing practitioner's clinical file.

Polycarbonate Lens Material

Prior approval requirements no longer apply to polycarbonate lenses for adults.

All coverage criteria remain the same. For adults age 21 and over documentation of ocular pathology which supports the medical necessity for polycarbonate lenses must be maintained in the ordering practitioner's clinical file.

The following procedure code is used for all orders and claims for polycarbonate lenses, regardless of the age of the enrollee:

CODE	DESCRIPTION
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens).

When polycarbonate lenses are dispensed to adults, written documentation of medical necessity (including a diagnosis) from an optometrist or ophthalmologist must accompany the claims.

For providers using the Wallkill Optical Laboratory, the written documentation of medical necessity for age 21 and over must be faxed or sent with the prescription order form.

Prior Approval Request Forms

A supply may be ordered from Computer Sciences Corporation (CSC) at:

(800) 343-9000 or (518) 447-9860.

Prior Approval Process

Questions about Medicaid's Prior Approval process may be directed to the Medicaid Prior Approval Unit at:

(800) 342-3005 or (518) 474-3575.

Non-Covered Items

Optical items or services that are not covered by Medicaid include, but are not limited to:

- sunglasses (prescription or non-prescription);
- photogray, transitional and/or progressive (multifocal) lenses; and
- scratch resistant coating.

Medicaid Managed Care Enrollees

For patients who are enrolled in a Medicaid Prepaid Capitation Plan (PCP – identified as Coverage Code “Z” on the Electronic Medicaid Eligibility Verification System) that covers optical/vision care, the PCP must provide, at a minimum, the same vision care services as fee-for-service Medicaid.

The PCP enrollee must obtain services from optical providers that participate in the Managed Care Provider's network.

Who Can Provide and Bill for Vision Care Services

The Medicaid enrollee's county of fiscal responsibility determines what vision care services may be provided and billed by a Medicaid-enrolled optician, optometrist and/or optical establishment.

County Code 66 (New York City)

Optical providers serving NYC enrollees may provide and be paid for:

- eye exams,
- the professional fitting/dispensing service and lenses, and
- frames from their own stock.

Additionally, providers have the option of ordering eyeglass materials (lenses and/or frames) from the Wallkill Optical Lab and billing Medicaid for only the fitting/dispensing fee.

County Codes 01 through 55 (Albany-Westchester)

Providers serving Non-NYC enrollees may provide and be paid for eye exams and the professional fitting/dispensing service.

Ophthalmic dispensers are required to order prescription lenses, frames and complete pairs of eyeglasses from the Wallkill Optical Lab, Medicaid's sole-source contractor. The Wallkill Optical Lab makes the finished lenses and/or complete pair of eyeglasses, returns them to the ophthalmic dispenser and bills Medicaid for these materials. The lab is a good resource when an optical provider has questions about the coverage of eyeglasses for an enrollee.

Provider Exceptions

Providers serving **Non-NYC** enrollees may provide and be paid for the professional fitting/dispensing service and lenses and frame from their own stock when the enrollee's clinical record documents that one of the following exceptions applies:

- a) Medicare-Part B is the primary payer and covers the first pair of eyeglasses post-cataract surgery;
- b) A Non-NYC enrollee is in a NYC or Out-of-State foster care placement;
- c) An Upstate enrollee lives in a NYC or Out-of State nursing home; or
- d) In other NYC or Out-of-State residential placements/situations which are similar to b) and c) above.

Billing for an Exception

When billing Medicaid as a secondary payer for the Medicare deductible or coinsurance amount or for lenses and frame from optical provider's own stock,

enter "7" in Field 25D-SA Exception Code.

County Codes 97 (Office of Mental Health) and 98 (Office of Mental Retardation and Developmental Disabilities)

Providers serving enrollees whose county code is 97 or 98 have the option of providing and billing for lenses and frames from their own stock or ordering eyeglass materials from the Wallkill Optical Lab and then billing Medicaid for only the professional fitting/dispensing service.

County Code 99 (Breast & Cervical Cancer Treatment Program)

Enrollees whose county code is 99 are eligible for all medically necessary vision care services.

Section IV - Basis of Payment for Services Provided

Claims may be submitted to the Medicaid Program by:

- self-employed optometrists,
- self-employed opticians,
- retail optical establishments, and
- ocularists (eye prosthesis fitters).

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. The Procedure Code and Fee Schedule sections of this manual are located online at:

<http://www.emedny.org/ProviderManuals/VisionCare/index.html>.

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 an enrollee. 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 enrollee 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 enrollee.

However, if the Contractor does not include upgraded eyeglasses or additional features such as scratchcoating, progressive lenses, or photogray lenses, the enrollee 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 vision services must request prior approval from the Department of Health for items and services which require prior approval. 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 is required for the following items and services:

- Orthoptic training and
- Any item or service not listed in the Procedure Code Section of this Manual

For further information on prior approval, refer to the Billing Guidelines for this Manual, available online at:

<http://www.emedny.org/ProviderManuals/VisionCare/index.html>.

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 enrollees whose county of fiscal responsibility is a county other than NYC or to NYC providers who choose to use the Wallkill Optical Lab);
- Frames (except to providers who dispense to enrollees whose county of fiscal responsibility is a county other than NYC or to NYC providers who choose to use the Wallkill Optical Lab);
- Contact lenses;
- 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 enrollee 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 enrollees whose county of fiscal responsibility is a county other than NYC);
- Frames (except to providers who dispense to enrollees whose county of fiscal responsibility is a county other than NYC);
- Contact lenses;
- 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 enrollee as part of a complete optometric eye examination and/or eye refraction.

Ocularists (Eye Prosthesis Fitters)

Reimbursement for eye prostheses is provided to ocularists who are certified to fabricate and fit for eye prostheses (artificial eyes).

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

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 enrollees whose county of fiscal responsibility is a county other than NYC or by NYC optical providers who opt to use the Walkill Optical Laboratory. This program does **not** apply to Medicaid enrollees who are enrolled in managed care programs that include eyeglass lenses and frames as a contract benefit for plan enrollees.

All eyeglass materials for these enrollees are fabricated at the Walkill Optical Laboratory at the Walkill Correctional Facility in Walkill, New York. 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 enrollees unless the exception criteria apply (See *Provider Exceptions*).

Upstate ophthalmic dispensers have the option of ordering eyeglass materials for Medicaid enrollees who are included in County Code 97 (responsibility of the Office of Mental Health), County Code 98 (responsibility of the Office of Mental Retardation and Developmental Disabilities), and County Code 99 (Breast and Cervical Cancer Treatment Program) from the Walkill Laboratory.

Orders for NYC Enrollees

At this time, enrollees whose county of fiscal responsibility is NYC (county code 66) are **not** included in the DOH/DOCS Eyeglass Project except on an optional basis by the NYC optical providers. Ophthalmic dispensers in areas immediately bordering NYC who routinely serve NYC enrollees should keep this in mind when they are adjusting their inventory. **NYC providers who routinely serve upstate enrollees should pay careful attention to the county code on MEVS to be sure of the services they can provide.**

Upstate 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 NYC enrollee. For example, enrollees 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 an enrollee 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 enrollee 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 enrollee is the fiscal responsibility of NYC but is temporarily in a DOCS county the optical provider can use DOCS and enter a 7 in field 25D –SA exemption code or advise the enrollee to return to their county of residence to obtain eyeglasses if there is no emergency.

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 an enrollee, the frame can be ordered through DOCS. For example, an ophthalmic dispenser may have to fit a child or an adult with special needs. To determine if DOCS can obtain the requested frame or an alternate selection, the ophthalmic dispenser should call Wallkill's toll-free inquiry number:

**(800) 836-2636 and speak with the supervising optician.
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 supply of these order forms can be obtained by calling (800) 836-2636, and instructions for the completion, mailing or faxing of these forms is included in this Manual. 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 an enrollee'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. Orders for enrollees 21 and older for polycarbonate lenses must be accompanied by a separate statement (signed by an optometrist or ophthalmologist) explaining medical necessity. Order status can be obtained by calling:

(800) 836-2636.

Dispenser Responsibilities

Ophthalmic dispensers must continue to check eligibility for Medicaid enrollees. Only orders for eligible enrollees 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 enrollee.

If an enrollee loses eligibility between the date the order is received by DOCS and the date they are given to the enrollee, 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 Department regulations are still in effect. For example, Medicaid continues to limit eyeglasses to one pair every two years per enrollee 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 Enrollee, 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.

If Medicare denies payment for the eyeglasses supplied, a claim can be submitted to Medicaid for the eyeglass materials, and the number "7" must be entered in the S.A. Exception Code Box (Field 25E) on the paper claim form.

If a claim will not be submitted to Medicare because it is known that the enrollee 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 or if assistance is needed, DOCS can be contacted at:

(800) 836-2636.

Eyewear with stock lenses (except those which involve use of an enrollee'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 enrollee'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. Most problems or complaints can be resolved by telephone; and if not via 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. To make arrangements for the pick-up of the eyeglasses, the dispensing provider should contact DOCS at:

(800) 836-2636.

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 enrollees 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, the frame supplier can be contacted 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. Medicaid does 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 enrollee'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 enrollee's frame or a complete sample frame (i.e., unable to repair damaged frame) to replace a enrollee's original frame. Prior to dispensing any frame parts or a complete frame, Walkkill Optical Lab should be contacted to check the enrollee's eligibility. When this occurs, a completed order

form should be faxed or mailed to Walkill 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 enrollee'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 enrollee's clinical records.)

Sending or Faxing Eyewear Orders to the Walkill Optical Laboratory

Two Year Rule

If an enrollee 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 enrollee originally had.

If the enrollee 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 Walkill 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, Walkill 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.

Enrollees' Own Frames

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

Uncut Lenses

With any order for uncut lenses, Walkill 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, Walkill 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 enrollee names, Medicaid ID numbers, and the provider's telephone number **must** accompany all faxes. Please include the following items:

- Provider information including provider number and locator code.
- All enrollee information, especially name and Medicaid number.
- Completed prescriptions including PD's and Segment Heights even for uncut lenses.
- Lens style.
- Reading only.
- 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.

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 enrollee) **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 the Medicaid Program, 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 for your ship to address, if available.

PRESCRIBER (Ophthalmologist or Optometrist) INFORMATION:

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

ENROLLEE INFORMATION:

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

PRIOR APPROVAL INFORMATION (if required):

- Enter the 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.
- A signed written statement from the optometrist or ophthalmologist must accompany orders for polycarbonate lenses for enrollees 21 years of age or older.

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 are not accepted.*

- Mail the white copy of the order to:

**DOH/DOCS Eyeglass Project
P.O. Box 417
Wallkill, 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.

**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 you license number/state that issued the license.
- Enter the locator code 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).

ENROLLEE INFORMATION:

- Enter the name and the enrollee's Medicaid enrollee 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
Wallkill, 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.

Section VI – 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 enrollees age 35 and over or others where indicated.

Additionally, 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 enrollee'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 enrollee and established enrollee.

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 is certified as an Ocularist and fabricates 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 enrollee in its proper use) does not require prior approval.

Ophthalmic Dispenser (Optician)

An ophthalmic dispenser (optician) is a licensed professional 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.

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.

Optometrist

An optometrist is a licensed professional currently registered by the NYSED. If in practice in another state, the optometrist is licensed and registered by the appropriate agency of that state.

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 can 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 enrollees as the employee of one or more retail optical establishments.

Salaried Optometrist

A salaried optometrist is an optometrist who is rendering services to enrollees 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 enrollees 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 enrollees as the employee, partner, or principal in a retail optical establishment or commercial corporation.

Section VII – Modifications To Previous Version of Manual

Page #	Description of Modification
10	<p>Regarding the dispensing of polycarbonate lenses for children and adolescents up to 21 years of age:</p> <p>The previous policy “Coverage criteria and documentation of ocular pathology which supports the medical necessity for polycarbonate lenses must be maintained in the ordering practitioner’s clinical file.” Is changed.</p> <p>The new policy is</p> <p>Polycarbonate lens are covered if needed for safety reasons, medical documentation is not necessary in this case.</p>