MARYLAND MEDICAL ASSISTANCE PROGRAM

VISION CARE SERVICES PROVIDER MANUAL

(Provider Type 12)

(COMAR 10.09.14)

This manual is provided as a tool to assist in understanding Maryland Medicaid's coverage of these services and is to be used as a guide only. As a provider, it is your responsibility to adhere to established Program policies and regulations for these services.

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Vision Care Services

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DEFINITIONS

1. **Acquisition Cost** means the actual cost of a product to a provider.

2. **Board** means the State Board of Examiners in Optometry.

3. **Diagnostically certified optometrist** means a licensed optometrist who is certified by the Board to administer topical ocular diagnostic pharmaceutical agents to the extent permitted under Health Occupations Article э11-404.

4. **Medically necessary** means a service or benefit is directly related to diagnostic, preventive, curative, palliative, rehabilitative or ameliorative treatment of an illness, injury, disability or health condition; consistent with current accepted standards of good medical practice; the most cost efficient service that can be provided without sacrificing effectiveness or access to care; and not primarily for the convenience of the consumer, family or provider.

5. **Ophthalmic lenses or optical aids** means a lens, contact lens, prism, or vision aid which has a therapeutic effect on a patient, or which will contribute to the visual welfare of a patient.

6. **Optician** means an individual, partnership, or company which meets applicable licensing requirements as a qualified grinder or dispenser of ophthalmic lenses or optical aids, and which is capable of translating, filling, and adapting ophthalmic prescriptions, products and accessories.

7. **Optometric clinic or center** means a facility that provides vision care services for patients under the supervision of a licensed optometrist.

8. **Optometric examination** means a series of tests and measurements used to determine the extent of visual impairment or the correction required to improve visual acuity performed by a licensed optometrist and includes as a minimum:

(a) Reviewing a patient's history, past prescriptions and specifications when indicated,

(b) Visual analysis,

(c) Ophthalmoscopy of internal eye,

(d) Tonometry when indicated or for a patient over 40 years of age,

(e) Muscle balance examination,

(f) Gross visual field testing when indicated

DEFINITIONS (continued)

8. (g) Writing of lens formula and other prescription data when needed as well as specific instructions for future care,

(h) Other tests when indicated by above, and

(i) Subsequent progress evaluation when indicated.

9. Optometrist means an individual who is licensed by the Board to practice optometry or by the state in which the service is rendered.

10. Orthoptic treatment means a category of visual training by use of instruments to measure and enhance the binocular coordination of the eyes.

11. Practice Optometry means:

(a) To use any means known in the science of optics or eye care, except surgery, subject to Health Occupations Article §11-404 and 11-404.2,:

(i) To detect, diagnose and treat any optical or diseased condition in the human eye,

(ii) To prescribe eyeglasses or lenses to correct any optical or visual condition in the human eye,

(iii) To give advice or direction on the fitness or adaptation of eyeglasses or lenses to any individual for the correction or relief of a condition for which eyeglasses or lenses are worn, and

(iv) to use or permit the use of any instrument, test card, test type, test eyeglasses, test lenses, or other device to aid in choosing eyeglasses or lenses for an individual to wear.

(b) And includes, subject to Health Occupations Article §11-404 and 11-402.2:

(i) The administration of topical ocular diagnostic pharmaceutical agents,

(ii) The administration and prescription of therapeutic pharmaceutical agents, and

(iii) The removal of superficial foreign bodies from the cornea and conjunctiva.

DEFINITIONS (continued)

12. Progress evaluation means a follow-up visit, when indicated, to determine the effectiveness of an optometric examination, prescription, or series of orthoptic treatments.

13. Routine adjustment means an adjustment made to an optical aid other than an adjustment required because of damage.

14. Therapeutically certified optometrist means a licensed optometrist who is certified by the Board to administer or prescribe therapeutic pharmaceutical agents or remove superficial foreign bodies from a human eye, adnexa, or lacrimal system to the extent permitted under Health Occupations Article §11-404.2.

15. Visual training means the use of instruments or other means to measure and enhance the binocular coordination of the eyes and visual perceptual functions.

Provider Enrollment:

PLEASE NOTE: UNDER THE MARYLAND MEDICAID PROGRAM, OPTOMETRISTS AND OPTICAL CENTERS THAT ARE PART OF A PHYSICIAN'S GROUP CANNOT BILL UNDER THE PHYSICIAN'S PROVIDER NUMBER. SERVICES RENDERED BY THE OPTOMETRIST OR OPTICAL CENTER CANNOT BE BILLED UNDER THE PHYSICIAN'S PROVIDER NUMBER. THESE PROVIDERS MUST COMPLETE AN ENROLLMENT APPLICATION AND BE ASSIGNED A MARYLAND MEDICAID PROVIDER NUMBER THAT HAS BEEN SPECIFICALLY ASSIGNED TO THEM. THE NUMBER WILL BE USED WHEN BILLING DIRECTLY TO MEDICAID FOR OPTOMETRIC OR OPTICAL CENTER SERVICES. CONTACT THE PROVIDER MASTERFILE OFFICE AT 410-767-5340 FOR AN ENROLLMENT PACKET FOR VISION SERVICES (provider type 12). (OPTHALMOLOGISTS ARE ENROLLED UNDER MEDICAID'S PHYSICIAN PROGRAM-provider type 20 and should follow the regulations and manual specific to that particular provider type.)

PROVIDER REQUIREMENTS

The provider must meet requirements as set forth in COMAR 10.09.36, General Medical Assistance Provider Participation Criteria, including:

1. Be licensed and legally authorized to practice optometry in the state in which the service is provided.

2. Verify a Medical Assistance recipient's eligibility prior to rendering services.

3. Maintain adequate records for a minimum of 6 years and make them available, upon request, to the Department or its designee.

PROVIDER REQUIREMENTS (continued)

4. Provide service without regard to race, creed, color, age, sex, national origin, marital status, or physical or mental handicap.

5. Not knowingly employ an optometrist or optician to provide services to Medical Assistance patients after that optometrist or optician has been disqualified from the Program, unless prior approval has been received from the Department.

6. Accept payment by the Department as payment in full for services rendered and make no additional charge to any person for covered services.

7. Use first quality materials that meet the criteria established by the Department.

8. Place no restrictions on recipients' right to select providers of their choice.

9. Agree that if the Program denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary, the provider may not seek payment for that service from the recipient or family members.

10. Agree that if the Program denies payment due to late billing, the provider may not seek payment for that service from the recipient or family members.

PATIENT ELIGIBILITY

Recipient must be Medicaid eligible on the date of service. The Office of Operations, Eligibility and Pharmacy, Medical Care Program has announced that two new patient Eligibility Verification Systems (EVS) are now available. Both are available to providers at no charge.

The new Interactive Voice Response (IVR) system replaces Medicaid's legacy voice response EVS with a new telephone access system that includes enhancements not available in the current EVS, such as:

- **One toll free number for the entire State. The number is 1-866-710-1447.**
- Managed Care Organization (MCO) transfer option - If the recipient is a member of an MCO, provider can press "3" and the call will be transferred directly to the MCO's call center to verify Primary Care Physician (PCP) assignment. For a recipient in a facility, provider will be given the name and phone number of the facility.

PATIENT ELIGIBILITY (continued)

- If you need to hear verification a second time, press "1" and the information will be repeated. Press "2" in order to enter the next recipient's information.
- If a mistake is made prior to pressing #, you can press "*" to go back and enter the information correctly.
- Past eligibility can now be obtained by entering the recipient's social security number, name code and date of service.

Providers may download the EVS/IVR user brochure, which contains additional details about the new system, by accessing the Department's website at www.dhmh.state.md.us/medcareprog.

For providers enrolled in eMedicaid, WebEVS, a new web-based eligibility application, is now available at www.emdhealthchoice.org. Providers must be enrolled in eMedicaid in order to access EVS. To enroll and access WebEVS go to URL above, select 'Services for Medical Care Providers', and follow the login instructions. If you need information, please visit the website or for provider application support call 410-767-5340.

If you have questions concerning the new EVS system, please contact the Provider Relations Division at 410-767-5503 or 1-800-445-1159.

COVERED SERVICES

The Medical Assistance Program covers the following vision care services:

1. A maximum of one optometric examination to determine the extent of visual impairment or the correction required to improve visual acuity, every two years for recipients 21 years and older, and a maximum of one optometric examination a year for recipients younger than 21 years old, unless the time limitations are waived by the Program, based upon medical necessity.

2. A maximum of one pair of eyeglasses a year for recipients younger than 21 years old (unless the time limitations are waived by the Program, based on medical necessity) which have first quality, impact resistant lenses (except in cases where prescription requirements cannot be met with impact resistant lenses) and frames which are made of fire-resistant, first quality material, when at least one of the following conditions are met:

COVERED SERVICES (continued)

2. (a) The recipient requires a diopter change of at least 0.50,

(b) The recipient requires a diopter correction of less than 0.50 based on medical necessity and preauthorization has been obtained from the Program,

(c) The recipient's present eyeglasses have been damaged to the extent that they affect visual performance and cannot be repaired to effective performance standards, or are no longer usable due to a change in head size or anatomy, or

(d) The recipient's present eyeglasses have been lost or stolen.

3. Examination and eyeglasses for a recipient with a medical condition, other than normal physiological change necessitating a change in eyeglasses (before the normal time limits have been met) when a preauthorization has been obtained from the program.

4. Visually necessary optometric care rendered by an optometrist when these services are:

(a) provided by the optometrist or his licensed employee,

(b) Related to the patient's health needs as diagnostic, preventative, curative, palliative, or rehabilitative services, and

(c) Adequately described in the patient's record.

5. Optician services when they are:

(a) Provided by the optician or optometrist, or by an employee under their supervision and control,

(b) Adequately described in the patient's record, and

(c) Ordered or prescribed by an ophthalmologist or optometrist.

LIMITATIONS

1. The Vision Care Program does not cover the following services:

(a) Services not medically necessary,

(b) Investigational or experimental drugs or procedures,

(c) Services prohibited by the State Board of Examiners in Optometry,

(d) Services denied by Medicare as not medically justified,

LIMITATIONS (continued)

(e) Eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients 21 years or older,

(f) Eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients younger than 21 years old which were not ordered as a result of a full or partial EPSDT screen,

(g) Repairs, except when repairs to eyeglasses are cost effective compared to the cost of replacing with new glasses,

(h) Repairs for recipients 21 or older,

(i) Combination or metal frames except when required for proper fit,

(j) Cost of travel by the provider,

(k) A general screening of the Medical Assistance population,

(l) Visual training sessions which do not include orthoptic treatment, and

(m) Routine adjustment.

2. The optometrist may not bill the Program nor the recipient for:

(a) Completion of forms and reports,

(b) Broken or missed appointments,
(c) Professional services rendered by mail or telephone,

(d) Services which are provided at no charge to the general public, and

(e) Providing a copy of a recipient's patient record when requested by another licensed provider on behalf of the recipient.

3. An optometrist certified by the Board as qualified to administer diagnostic pharmaceutical agents may use the following agents in strengths not greater than the strengths indicated:

(a) Agents directly or indirectly affecting the pupil of the eye including the mydriatics and cycloplegics listed below:

(i) Phenylephrine hydrochloride (2.5%),
(ii) Hydroxyamphetamine hydrobromide (1.0%),

LIMITATIONS (continued)

(iii) Cyclopentolate hydrochloride (0.5 - 2.0%),

(iv) Tropicamide (0.5 and 1.0%),

(v) Cyclopentolate hydrochloride (0.2%) with Phenylephrine hydrochloride (1.0%),

(vi) Dapiprazole hydrochloride (0.5%),
(vii) Hydroxyamphetamine hydrobromide (1.0%) and Tropicamide (0.25%).

(b) Agents directly or indirectly affecting the sensitivity of the cornea including the topical anesthetics listed below:

(i) Proparacaine hydrochloride (0.5%), and

(ii) Tetracaine hydrochloride (0.5%).

(c) Diagnostic topical anesthetic and dye combinations listed below:

(i) Benoxinate hydrochloride (0.4%) - Fluorescein sodium (0.25%), and

(ii) Proparacaine hydrochloride (0.5%) - Fluorescein sodium (0.25%).

4. An optometrist certified by the Board as qualified to administer and prescribe topical therapeutic pharmaceuticalagents is limited to:

(a) Ocular antihistamines, decongestants, and combinations thereof, excluding steroids,

(b) Ocular antiallergy pharmaceutical agents,

(c) Ocular antibiotics and combinations of ocular antibiotics, excluding specially formulated or fortified antibiotics,

(d) antiinflammatory agents, excluding steroids,

(e) Ocular lubricants and artificial tears,

(f) Tropicamide,

(g) Homatropine,

LIMITATIONS (continued)

(h) Nonprescription drugs that are commercially available, and

(i) Primary open-angle glaucoma medications, in accordance with a written treatment plan developed jointly between the optometrist and an ophthalmologist.

5. The Program will only pay for lenses to be used in frames purchased by the Program or to replace lenses in the recipient's existing frames, which are defined as those which have been fitted with lenses and previously worn by the recipient for the purpose of correcting that patient's vision.

(a) Providers may not sell a frame to a recipient as a private patient and bill the Program for the lenses only,

(b) Providers may not bill the Program for lenses when the recipient presents new, unfitted frames which were purchased from another source,

(c) Providers may not bill the Program for the maximum allowed fee for frames and collect supplemental payment from the recipient to enable that recipient to purchase a desired frame that exceeds Program limits, and

(d) If after the provider has fully explained the extent of Program coverage, the recipient knowingly elects to purchase the desired frames and lenses, the provider may sell a complete pair of eyeglasses (frames and lenses) to a recipient as a private patient without billing the Program.

PREAUTHORIZATION REQUIREMENTS

1. The following services require written preauthorization:

(a) Optometric examinations to determine the extent of visual impairment or the correction required to improve visual acuity before expiration of the normal time limitations,

(b) Replacement of eyeglasses due to medical necessity or because they were lost, stolen or damaged before expiration of the normal time limitations,

(c) Contact lenses,
(d) Subnormal vision aid examination and fitting,
(e) Orthoptic treatment sessions,