

Bulletin Number: MSA-11-49

Distribution: Vision Providers (Optometrists, Ophthalmologists, Opticians, and Optical Laboratory Contractor)

Issued: December 1, 2011

Subject: Medicaid Vision Services

Effective: January 1, 2012

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), and Medicaid Health Plans

This policy bulletin revises the Michigan Medicaid program coverage of polycarbonate lenses for beneficiaries age 20 and younger, and clarifies coverage of vision services for beneficiaries age 21 and older.

POLYCARBONATE LENSES

Effective for dates of service on or after January 1, 2012, polycarbonate lenses are covered for beneficiaries age 20 and younger when ordered by the prescribing practitioner. Use of a safety frame and prior authorization are not required. All other requirements for coverage of eyeglasses remain in effect. For beneficiaries age 21 and older, polycarbonate lenses continue to be covered only when inserted into a safety frame or if they are prior authorized.

COVERAGE FOR BENEFICIARIES AGE 21 AND OLDER

Executive Order 2009-22 (effective July 1, 2009) eliminated coverage of vision services, except those required for eye disease or injury, for Medicaid beneficiaries age 21 and older. Public Act 187 of 2010 (effective October 1, 2010) reinstated services for persons with low vision.

The current Michigan Medicaid program coverage of vision services for beneficiaries age 21 and older is summarized below. Please refer to the Michigan Medicaid Provider Manual for vision service descriptions, requirements, and limitations. **In order to be covered, services must meet the conditions outlined in the Provider Manual.**

- Routine eye examinations, refractions, eyeglasses, and contact lenses for routine correction of vision **are not covered** for beneficiaries age 21 and older. The definition and diagnosis codes for routine eye examination are outlined in the Medicaid Provider Manual, Vision Chapter, Diagnostic Services Section.
- Services required for the evaluation and treatment of chronic, acute, and/or sudden onset of abnormal ocular conditions **are covered** for beneficiaries age 21 and older. These services include non-routine eye examinations, evaluation and management services, special ophthalmological services, diagnostic and testing services, glaucoma screening, medically necessary contact lenses, and prosthetic eyes. When billing, providers must use the appropriate Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) procedure code that describes the service and level of care provided. Claims must include the diagnosis codes that substantiate the medical necessity for the service.

- Services relating to low vision **are covered** for beneficiaries age 21 and older. These services include low vision evaluations, aids (including eyeglasses and contact lenses), and rehabilitative services as outlined in the Medicaid Provider Manual, Vision Chapter, Low Vision Services Section. Covered low vision diagnosis codes are listed in the table below. Diagnosis code 369.03 has been added. When billing for services related to low vision, the applicable low vision diagnosis code must be designated as the primary diagnosis on the claim service line.

| Low Vision Diagnosis Codes | |
|----------------------------|--|
| Code | Description |
| 368.46 | Homonymous bilateral field defects |
| 368.47 | Heteronymous bilateral field defects |
| 369.01 | Better eye: total impairment; lesser eye: total impairment |
| 369.03 | Better eye: near-total impairment; lesser eye: total impairment |
| 369.04 | Better eye: near-total impairment; lesser eye: near-total impairment |
| 369.06 | Better eye: profound impairment; lesser eye: total impairment |
| 369.07 | Better eye: profound impairment; lesser eye: near-total impairment |
| 369.08 | Better eye: profound impairment; lesser eye: profound impairment |
| 369.12 | Better eye: severe impairment; lesser eye: total impairment |
| 369.13 | Better eye: severe impairment; lesser eye: near-total impairment |
| 369.14 | Better eye: severe impairment; lesser eye: profound impairment |
| 369.16 | Better eye: moderate impairment; lesser eye: total impairment |
| 369.17 | Better eye: moderate impairment; lesser eye: near-total impairment |
| 369.18 | Better eye: moderate impairment; lesser eye: profound impairment |
| 369.22 | Better eye: severe impairment; lesser eye: severe impairment |
| 369.24 | Better eye: moderate impairment; lesser eye: severe impairment |
| 369.25 | Better eye: moderate impairment; lesser eye: moderate impairment |

- If previous claim payment has been impacted adversely, resubmit for payment according to these guidelines.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration