

Bulletin Number: MSA 13-04

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

Issued: March 1, 2013

Subject: Changes to the Evaluation, Prescription and Fitting of Contact Lenses

Effective: April 1, 2013

Programs Affected: Medicaid, CSHCS

Effective for dates of service on or after April 1, 2013, the Michigan Department of Community Health (MDCH) will update its policy related to the evaluation for and fitting of contact lenses. This policy applies to Medicaid fee-for-service (FFS) beneficiaries only. Medicaid Health Plans (MHPs) are allowed to develop their own review criteria and requirements which may differ from Medicaid FFS requirements.

Evaluation

A contact lens evaluation is a Medicaid benefit and does not require prior authorization (PA) when the beneficiary presents with one of the following conditions:

- Aniridia
- Anisometropia or Antimetropia (of two diopters or greater that results in aniseikonia)
- Aphakia
- Irregular cornea
- Keratoconus (if vision cannot be improved to 20/40 or better with eyeglasses)
- Other conditions which have no alternative treatment (e.g., Aniseikonia with documentation and Keratoconjunctivitis sicca)

Congenital Cataracts up to age six have been removed from the list of conditions. The Documentation of Medical Necessity for the Provision of Contact Lenses form (MSA-0892) will be updated to reflect these changes.

Prescription and Fitting

The following must be included on a prescription for contact lens(es):

- A complete description of the contact lens(es) parameters
- Material of the contact lens(es)
- Manufacturer of the contact lens(es)
- Material discard and replacement schedule
- Number of lenses required to provide a one-year supply
- Prescription expiration date

The fitting of the contact lens(es) must include:

- Determination of appropriate initial contact lens parameters based on clinical observation and measurements of the eye with and/or without a trial (sample) contact lenses.
- A trial or adaption period of one to three months, including a fitting warranty that provides for adjustments in the contact lens parameters either by exchange or by modification of existing materials.
Note: Certain custom contact lens designs may not be warranted by the manufacturer. This type of custom contact lens design will be considered on a case-by-case basis. The provider must provide a detailed explanation of need, initial cost and potential re-fitting cost.
- Instruction of proper insertion, removal, disinfection, and care of the contact lens(es).
- Initial supply of contact lens(es) storage case and solutions sufficient to last until the fitting is complete.

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-mailed to 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