

TO: Providers of Vision Care Services

SUBJECT: 1) Updated HCPCS Procedure Codes and Maximum Fee Allowances; and
2) Changes in Certain Prior Authorization Policies.

EFFECTIVE: Immediately

BACKGROUND: The HCFA Common Procedure Coding System (HCPCS) procedure code file is updated yearly and submitted to the providers of services.

At the fiscal agent training sessions held in the fall of 1991, changes in the prior authorization policy for vision care services were outlined. These are summarized below for the convenience of the provider.

ACTION: 1) Attached is an updated listing of HCPCS procedure codes and maximum fee allowances.

2) Changes in optical appliances requiring prior authorization, as outlined during the fiscal agent training sessions, are summarized below. It is important that providers read and follow these instructions.

1. Increased reimbursement requirement for prior authorization for optical appliance repair from \$5.00 to \$15.00.
2. Removed prior authorization for an artificial eye if provided no more than once every three years.
3. Removed prior authorization for low vision devices unless the total charge to the Medicaid program exceeds \$150.00.
4. Removed prior authorization for replacement of any optical appliance due to loss by theft or fire. Providers shall place a written statement in the remarks section (#19) of the MC-9 Claim Form and retain a copy of the police or fire report in the recipient's file.
5. Removed prior authorization for the replacement of frame and lenses for individuals with developmental disabilities. One replacement pair of glasses per year is permitted.

6. Removed prior authorization related to intraocular lenses; established maximum payment based on Medicare payable fee.
7. Removed prior authorization for replacement of any optical appliance because of a prescription change, providing change is at least .75 D in spherical or cylindrical power, or change of eight degrees or more in cylinder axis.
8. Removed prior authorization for contact lenses providing there is a specific ocular pathology; or to effect binocular vision in presence of anisometropia of over three diopters; or vision cannot be corrected with regular glasses to at least 20/70, but improvement can be accomplished to 20/70 or better with contact lenses.
9. Limits replacement of contact lenses to once every two years.
10. Removed prior authorization for polycarbonate lenses when recommended by the prescribing practitioner as medically necessary.
11. Removed prior authorization for ultraviolet filter lenses when recommended by prescribing practitioner as medically necessary.

PLEASE NOTE: Refer to your Vision Care Services Manual 10:62-1.10 and 2.5 for additional services requiring prior authorization not superseded by this Newsletter.

MANUAL MAINTENANCE: The attached Subchapter 4. HCPCS of the Vision Care Services Manual (Rev. 9/92), replaces Subchapter 4. HCPCS (Rev.1/89).

If there are any questions regarding this Newsletter, please contact the Vision Care Consultant, Division of Medical Assistance and Health Services, at 609-588-2745.