

**July 2006**

**Provider Bulletin Number 683**

# **Vision Providers**

## **Manual Updates**

The following changes have been made to the *Vision Provider Manual*:

- The fitting of new eyeglasses is considered content of service of the charge for the glasses and cannot be billed separately.
- Neither orthoptic nor pleoptic training (also referred to as vision therapy) are covered benefits of the Kansas Medical Assistance Program. No services are payable arising from the assessment, planning, implementation, or evaluation of vision therapy.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Vision Provider Manual*, pages 8-3 and 8-4.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

## **BENEFITS AND LIMITATIONS**

### **8400. MEDICAID Updated 7/06**

#### **Eye Exams:**

One complete eye exam is covered every four years when provided by ophthalmologists and optometrists (refer to "Cataract" and "KAN Be Healthy" for exceptions).

The following basic eye exam procedure codes are considered KAN Be Healthy vision screens:

92002 92012  
92004 92014

Refraction (92015) is not included in a basic eye exam. Refractions may be provided on the same date of service as the basic eye exam and billed as a separate procedure.

Eye exams are limited to one every four years; however, a **total** of two eye exams are covered per month to detect and/or follow medical conditions.

Visual field examination(s) and fundus photography must have a diagnosis indicated on the claim that clearly supports the medical necessity for the procedure. (For example, retinal detachment supports medical necessity for a visual field examination; diabetic retinopathy supports medical necessity for fundus photography.)

Fundus photography and visual field examination(s) are considered content of service of an eye exam when performed on the same date of service unless the diagnosis on the claim clearly supports medical necessity for the procedure.

Neither orthoptic nor pleoptic training (also referred to as vision therapy) are covered benefits under the Kansas Medical Assistance Program. No services are payable arising from the assessment, planning, implementation, or evaluation of vision therapy.

#### **KAN Be Healthy:**

Eye exams are covered as needed for KAN Be Healthy ~~vision~~ beneficiaries when provided by ophthalmologists and optometrists.

Eyeglasses are covered as needed for KAN Be Healthy ~~vision~~ beneficiaries.

Replacement parts, including one lens if broken or severely scratched, are covered.

**8400. Updated 7/06**

Since ophthalmologists and optometrists provide more extensive eye examinations than are reflected by a KAN Be Healthy vision screening code, these vision providers shall bill vision exams using one of the CPT vision procedure codes listed in the Appendix of this manual.

**Documentation:**

To verify services provided in the course of a postpayment review, documentation in the beneficiary's medical record must support the service billed. Refer to Section 2400 for Medicaid documentation requirements.

**Cataract (Post-op):**

Eye exams are covered as needed up to one year following cataract surgery when provided by ophthalmologists and optometrists.

Eyeglasses for post cataract surgery patients are covered when provided within one year following surgery.

**Eyeglass:**

Eyeglasses may initially be ordered on the same date a KAN Be Healthy vision exam is performed.

Eyeglasses may be replaced once every four years. If only one lens or just frames are issued to the non-KAN Be Healthy beneficiary after the four year limitation, the medical card will be updated. However, the participant remains eligible to receive the other lens and/or frames. The provider will need to verify with KMAP Customer Service at 1-800-933-6593 to determine if participant qualifies for further coverage before billing Medicaid beneficiaries. Minor repairs to eyeglasses are covered.

The date of receipt of the prescription (ordering date) will be considered the date of service and the provider may bill Medicaid before the actual dispensing of the glasses, since the intent to render service has been confirmed by the acceptance of the prescription.

Optometrists and ophthalmologists who provide eyeglass dispensing services to non-Medicaid beneficiaries must offer this service to Medicaid beneficiaries. This policy is monitored on a post-payment basis.

The fitting of new eyeglasses is considered content of service of the charge for the glasses and cannot be billed separately.