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Vermont Medicaid Vision Supplement

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Table of Contents

Section 1 Vision Care and Eyeglasses

HCAR 4.214, Eyewear and Vision Care Services can be found on the Agency of Human Services website at: https://dvha.vermont.gov/budget-legislative-and-rules/rules-and-statutes. All eyewear and vision services are subject to the requirements of administrative rule. Information contained in the rule will not be repeated in the provider manuals.

In line with current DVHA policy related to dates of service, providers may bill eyeglass fitting fees on the day they order the glasses.

Eyeglasses are provided only under the terms of a contract between the state and the sole source vendor, Classic Optical Laboratories, Inc.

All frames and lenses must be ordered from:

Classic Optical Laboratories, Inc.
P.O. Box 1341
Youngstown, Ohio 44501

Phone: 888.522.2020
https://www.classicoptical.com/

Business Hours: 8:00 am-8:00 pm EST, Monday through Friday

- Coverage: Refer to HCAR 4.214, for covered services.
    1) Vision care services are provided to members of any age.
    2) Coverage of eyewear is limited to members under the age of 21.
- Coverage will be made for glasses outside of the contract when medically necessary for a member under 21.
    - Lenses may be placed in the member's own frames if the lenses can be incorporated safely and reasonably into those frames, as determined by the sole source contractor.
    - If there is a medical reason for purchasing frames outside of the contract, the lenses will also need to be authorized (see Prior Authorization section below).
- Eyeglass cases can be billed only by Classic Optical as part of the sole-source contract.

1.1 Fitting vs. Repair and Refitting

Providers submitting requests for lost or broken eyeglasses (lenses and/or frames) are required to include that information on the order form or add the KX modifier to indicate lost or broken.

Appropriate billing codes must be used when fitting a new pair of glasses or if glasses are replaced (if lost or broken beyond repair).

Repair and Refitting Spectacles codes are used for the in-office repair of eyeglasses.

Codes for Repair and Refitting Spectacles are not applicable when ordering frames, lenses or eyeglasses or for replacement.

The claim must indicate the circumstance in form locator 19 on the CMS-1500 or electronically in the Notes section regarding replacements. One fitting fee code applies, whether one or both eyes are involved.

Section 2 Eligibility

Eligibility verification is the responsibility of the provider and must be verified before an order is sent to Classic Optical. Providers may check eligibility through web access at https://vtmedicaid.com/#/home or call the Voice Response System (VRS) at 800.925.1706.

See the Vermont Medicaid General Provider Manual, Section 4, Member Information. https://vtmedicaid.com/#/manuals

Section 3 Prior Authorization (PA)

Medical necessity for special frames or lenses outside of Vermont Medicaid's sole source contract requires that the prescribing optometrist or ophthalmologist seek prior authorization from DVHA. This applies for new lenses when Classic Optical determines that the member's current lenses cannot be incorporated safely and reasonably into the special frames.

Providers should always consult the fee schedule to determine current code information, https://vtmedicaid.com/#/feeSchedule.

The following circumstances require prior authorization:

- More than one comprehensive eye exam and one intermediate eye within the 24-month limit or more than two intermediate eye exams within a two-year period.
- Replacement of frames or lenses, other than those that are broken or lost, within a 24-month period for members from the age of 6 to under the age of 21 and within a 12-month period for those members under the age of 6.

The Prior Authorization Form is available from Classic Optical at https://www.classicoptical.com/ or phone 888.522.2020 (Secure login needed).

The requesting/dispensing provider's NPI and taxonomy combination must be listed on the Prior Authorization Form and must match the NPI # and corresponding provider name on the CMS-1500 claim form.

Prior Authorization change requests must come from the original requesting provider to Classic Optical. Any requests to change or update an original or an existing prior authorization must be in the form of a detailed letter referencing the PA number, stating the change(s) requested, and explaining why the change is needed. Send changes to Classic Optical, https://www.classicoptical.com/.
A copy of the existing PA is not necessary.

3.1 Cataract Removal

Cataract procedures are reimbursable and prior authorization is not required.

3.2 Repeat Service or Procedure

Earlier replacement is limited to the following circumstances.

- When eyeglasses (frames or lenses) have been lost, broken beyond repair, or scratched to the extent that visual acuity is compromised. Dispensing providers will make the clinical determination, and document reason, in regard to eyeglasses (frames or lenses) being broken beyond repair or visual acuity being compromised.
- When a change of at least one-half diopter in lens strength is documented in a single vision field (i.e., sphere or cylinder) by the dispensing provider.

3.3 Non-Reimbursable Items

- Eyeglasses or contact lenses for members over the age of 21.
- Transition lenses © Gas permeable bifocal contact lens.

3.4 Billing

See the Vermont Medicaid General Billing and Forms Manual, Section 5.3.21, Evaluation & Management Services for information on billing non-routine vision office visits. https://vtmedicaid.com/#/manuals

Section 4 Special Investigations Unit

Vermont Medicaid pays only for services that are actually provided and that are medically necessary. In filing a claim for reimbursement, the code(s) should be chosen that most accurately describes the service that was provided. It is a felony under Vermont law 33VSA Sec. 141(d) knowingly to do, attempt, or aid and abet in any of the following when seeking for receiving reimbursement from Vermont Medicaid:

- Billing for services not rendered or more services than actually performed
- Providing and billing for unnecessary services
- Billing for a higher level of services than actually performed
- Charging higher rates for services to Vermont Medicaid than other providers
- Coding billing records to get more reimbursement
- Misrepresenting an unallowable service on bill as another allowable service
- Falsely diagnosing so Vermont Medicaid will pay more for services

For more information on overpayments and potential interest charges, visit the General Provider Manual, section 6. https://vtmedicaid.com/#/manuals

Suspected fraud, waste or abuse should be reported to the DVHA Special Investigations Unit at https://dvha.vermont.gov/providers/special-investigations-unit, telephone 802.241.9210, or the Vermont Medicaid Fraud Control Unit of the Vermont's Attorney General's Office, telephone 802.828.5511.