Vision Care Services Table of Contents

John R. Kasich, Governor

John B. McCarthy, Director

Ohio Department of Medicaid

The Electronic Publishing Unit makes every attempt to publish accurate and current information, however, we disclaim any liability or responsibility for any typographical errors, out of date information and/or other inaccuracies that may appear in this document.

To receive eMail notifications of policy updates, go to the **ODM Email List Sign-up site** (**http://www.medicaid.ohio.gov/HOME/ODMEmailListSignup.aspx**) and subscribe to the type of communications in which you are interested. eMail notifications are sent as updates are posted to the eManuals site.

eManual Contents			
Please send comments to ePubs_updates@jfs.ohio.gov			
Medicaid Handbook Transmittal Letters	**Medical Assistance Letters**	**Vision Program Rules**	**Billing Instructions**

Medical Assistance Letters

MAL 592 (Changes to Vision Care Services Effective April 1, 2014)

Medical Assistance Letter (MAL) 592

March 6, 2014

TO: All Eligible Providers of Vision Services
Directors, County Departments of Job and Family Services
Chief Executive Officers, Managed Care Plans

FROM: John B. McCarthy, Director

SUBJECT: Changes to Vision Care Services Effective April 1, 2014

Summary

This Medical Assistance Letter (MAL) outlines changes to the Ohio Department of Medicaid (ODM) approved frame list for the fee-for-service program that are effective on April 1, 2014.

Policy Guidance

Effective on April 1, 2014, the ODM will be replacing several eyeglass frames with new frames. Frames being removed and added are listed below and will be available through our contracting laboratories: Classic Optical, Korrect Optical and Select Optical. The laboratories will be sending notices outlining what frames are being replaced, the new frames that will be available and any current frames that will remain available for Medicaid consumers.

Frames being removed	Frames being added
Eye Q SW 501	Modern Optical Pumpkin
Hart J5664	Modern Optical Slick
Limited Editions Bobbi	Modern Optical Theory
Zimco Cambridge	Modern Optical Wiggle
Zimco Minnow	Modern Optical Score
	Modern Optical Anne
	Modern Optical Ninja
	Modern Optical Lulu
	Capri U 23
	Capri UM 70
	Capri US 67

Attached is the full list of eye glass frames available.

Access to Rules and Related Material

The main web page of the Ohio Department of Medicaid (ODM) includes links to valuable information about its services and programs; the address is **http://medicaid.ohio.gov/**.

ODJFS maintains an "electronic manuals" web page of ODJFS and Medicaid rules, manuals, transmittal letters, forms, and handbooks. The web address for this "eManuals" web page is http://emanuals.odjfs.state.oh.us/emanuals/.

From the "eManuals" page, providers may view documents online by following these steps:

(1) Select the 'Medicaid - Provider' collection.

(2) Select the appropriate service provider type or handbook.

(3) Select the desired document type.

(4) Select the desired item from the 'Table of Contents' pull-down menu.

Current Medicaid maximum payment amounts for many professional services are listed in rule 5160-1-60 or in Appendix DD to that rule. (This rule was formerly numbered 5101:3-1-60.) Providers may view this information by following these steps:

(1) Select the 'Medicaid - Provider' collection.

(2) Select 'General Information for Medicaid Providers.'

(3) Select 'General Information for Medicaid Providers (Rules).'

(4) Select '5101:3-1-60 Medicaid Reimbursement' from the 'Table of Contents' pull-down menu and then select the link to Appendix DD.

The Legal/Policy Central - Calendar site, **http://www.odjfs.state.oh.us/lpc/calendar/**, is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS and ODM transmittal letters, **http://www.odjfs.state.oh.us/lpc/mtl/**. The listing is categorized by transmittal letter number and subject, and it provides a link to a PDF copy of each document.

To receive automatic notification by e-mail when new Medicaid transmittal letters are published, interested parties may sign up at **http://medicaid.ohio.gov/HOME/ODMEmailListSignup.aspx**.

Additional Information

Questions pertaining to this letter should be addressed to:

Ohio Department of Medicaid

Bureau of Health Plan Policy

Non-Institutional Services

P.O. Box 182709

Columbus, OH 43218-2709

Telephone (800) 686-1516

Ohio Department of Medicaid Vision Frame List

MAL 585 (Update of New Vision Volume Purchasing Contract Optical Laboratories for July 1, 2013)

Medical Assistance Letter (MAL) 585

July 1, 2013

TO: All Providers of Vision Services
Directors, County Departments of Job and Family Services
CEOs, Managed Care Plans

FROM: John B. McCarthy, Director

SUBJECT: Update of new vision volume purchasing contract optical laboratories for July 1, 2013

Summary

The purpose of this Medical Assistance Letter (MAL) is to provide information regarding the new contract with optical laboratories.

A new contract has been awarded to Classic Optical, Korrect Optical and Select Optical laboratories. Since two of the three newly contracted optical laboratories are vendors under the existing contract, there is not an issue with eyeglass orders in process. Vision care providers may order eyewear from the optical laboratory of their choice. Contact and mail order information for each optical laboratory is listed below.

Classic Optical 3710 Belmont Avenue P.O. Box 1341 Youngstown, OH 44501 Toll free: (888) 522-2020 Fax: (888) 522-2022	Korrect Optical 4036 Dutchmans Lane Louisville, KY 40207 Toll free: (800) 624-4225 Fax: (502) 895-2024	Select Optical 6510 Huntley Road Columbus, OH 43229 Toll free: (800) 282-6960 Fax: (800) 331-1603

Please note this MAL is in reference to fee-for-service Medicaid providers and is not applicable to services provided to Medicaid managed care plan enrollees.

Access to Rules and Related Material

The main ODJFS web page includes links to valuable information about its services and programs; the address is **http://www.jfs.ohio.gov**. The web page of the Office of Medical Assistance (Medicaid) may be accessed through the OMA main page or directly at **http://www.jfs.ohio.gov/ohp/**

OMA maintains an "electronic manuals" web page of the department's rules, manuals, transmittal letters, forms, and handbooks. The web address for this "eManuals" web page is http://emanuals.odjfs.state.oh.us/emanuals/.

From the "eManuals" page, providers may view documents online by following these steps:

(1) Select the 'Ohio Health Plans - Provider' collection.

(2) Select the appropriate service provider type or handbook.

(3) Select the desired document type.

(4) Select the desired item from the 'Table of Contents' pull-down menu.

The Legal/Policy Central - Calendar site, **http://www.odjfs.state.oh.us/lpc/calendar/**, is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of OMA manual transmittal letters, **http://www.odjfs.state.oh.us/lpc/mtl/**. The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive automatic electronic notification when new Medicaid transmittal letters are published, sign up for the OMA e-mail subscription service at **http://www.odjfs.state.oh.us/subscribe/**.

Additional Information

Questions pertaining to this letter should be addressed to:

Office of Medical Assistance

Office of Ohio Health Plans, Bureau of Provider Services

P.O. Box 1461

Columbus, OH 43216-1461

Telephone (800) 686-1516

MAL 580 (Changes to Vision Care Services: Update of Medicaid Approved Frame List and Extension of Vision Volume Purchasing Contract)

Medical Assistance Letter (MAL) 580

April 4, 2012

TO: All Eligible Providers of Vision Services
Directors, County Departments of Job and Family Services
Managed Health Care Plans

FROM: Michael B. Colbert, Director

SUBJECT: Changes to Vision Care Services

UPDATE OF MEDICAID APPROVED FRAME LIST AND EXTENSION OF VISION VOLUME PURCHASING CONTRACT

Effective on May 1, 2012, the Ohio Department of Job and Family Services (ODJFS) will replace five current eyeglass frames with 11 new frames. Frames being removed and added are listed below and will be available through our contracting laboratories Classic Optical and Korrect Optical. The laboratories will be sending notices outlining what frames are being replaced, the new frames that will be available and any current frames that will remain available for Medicaid consumers. Additionally, the Hart frame J5666 has been discontinued by the manufacturer and is no longer available.

Frames being removed	Frames being added
Limited Editions 488	Modern Optical Brave
Kenmark Bary Flex	Modern Optical Icon
Limited Editions Diedre	Modern Optical Jazz
Limited Editions Romper 123	Modern Optical Sneakers
Limited Editions Sunshine	Modern Optical Splash
	Modern Optical Sporty
	Modern Optical Monica
	Modern Optical Tomorrow
	Capri US 55
	Capri UL 91

The current Vision Volume Purchasing contract with Classic and Korrect optical laboratories has been renewed through June 30, 2013.

Access to Rules and Related Material

The main ODJFS web page includes links to valuable information about its services and programs; the address is **http://www.jfs.ohio.gov**. The web page of the Office of Ohio Health Plans (Medicaid) may be accessed through the ODJFS main page or directly at **http://www.jfs.ohio.gov/ohp/**.

ODJFS maintains an "electronic manuals" web page of the department's rules, manuals, transmittal letters, forms, and handbooks. The web address for this "eManuals" web page is http://emanuals.odjfs.state.oh.us/emanuals/.

From the "eManuals" page, providers may view documents online by following these steps:

(1) Select the 'Ohio Health Plans - Provider' collection.

(2) Select the appropriate service provider type or handbook.

(3) Select the desired document type.

(4) Select the desired item from the 'Table of Contents' pull-down menu.

Most current Medicaid maximum reimbursement amounts are listed in rule 5101:3-1-60 or in Appendix DD to that rule. Providers may view this information by following these steps:

(1) Select the 'Ohio Health Plans - Provider' folder.

(2) Select 'General Information for Medicaid Providers'.

(3) Select 'General Information for Medicaid Providers (Rules)'.

(4) Select '5101:3-1-60 Medicaid Reimbursement' from the 'Table of Contents' pull-down menu and then scroll down to the link to Appendix DD.

The Legal/Policy Central - Calendar site, **http://www.odjfs.state.oh.us/lpc/calendar/**, is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters, **http://www.odjfs.state.oh.us/lpc/mtl/**. The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive automatic electronic notification when new Medicaid transmittal letters are published, sign up for the ODJFS e-mail subscription service at **http://www.odjfs.state.oh.us/subscribe/**.

Additional Information

Questions pertaining to this letter should be addressed to:

Ohio Department of Job and Family Services

Office of Ohio Health Plans, Bureau of Provider Services

P.O. Box 1461

Columbus, OH 43216-1461

Telephone (800) 686-1516

MAL 556

Medical Assistance Letter No 556 (Changes to Vision Care Services), is maintained in the Pharmacy Services e-book.

Click here to view MAL 556, Changes to Vision Care Services

MAL 542

Medical Assistance Letter (MAL) No. 542

December 21, 2007

TO: All Providers of Vision Services
Directors, County Departments of Job and Family Services
Medical Assistance Coordinators

FROM: Helen E. Jones-Kelley, Director

SUBJECT: Changes to Vision Care Services

UPDATE OF MEDICAID APPROVED FRAME LIST

Effective on January 1, 2008, ODJFS will replace twelve current frames with twelve new frames. Frames being removed and added are listed below and will be available through our contracting laboratories Select Optical and Classic Optical. The laboratories will be sending notices outlining what frames are being replaced, the new frames that will be available and any current frames that will remain available for Medicaid consumers.

Frames Being Removed		Frames Being Added	
Men	**Boys**	**Men**	**Boys**
Nick	Mickey	Tony	Bobbi
Franco	Nick	304	Taylor
Walter		2294	
Women	**Girls**	**Women**	**Girls**
Annabelle	Happy	Angel	Curly
Boulevard 2120	Kirsten	Brittany	Sunshine
Ethel		Manhattan	
Q910		436	
Sylvia		488	

Questions pertaining to this MHTL should be addressed to:

Office of Ohio Health Plans

Provider Services Section

P.O. Box 1461

Columbus, Ohio 43216-1461

Toll free telephone number: 1-800-686-1516

MAL 539

Medical Assistance Letter No 539 (October 19, 2007 - Federal delay of requirement for use of tamper-resistant prescription pads), is maintained in the Pharmacy Services e-book.

Click here to view MAL 539, Changes to the Pharmacy Program Effective October 1, 2007

MAL 535

Medical Assistance Letter No 535 (September 6, 2007 - Changes to the Pharmacy Program Effective October 1, 2007), is maintained in the Pharmacy Services e-book.

Click here to view MAL 535, Changes to the Pharmacy Program Effective October 1, 2007

MAL 527

Medical Assistance Letter No 527 (June 7, 2007 - Information Providers Must Know about the National Provider Identifier (NPI) in Order to Get Paid), is maintained in the Chiropractic Services e-book.

Click here to view MAL 527, Information Providers Must Know about the National Provider Identifier (NPI) in Order to Get Paid.

MAL 526

Medical Assistance Letter No 526 (June 7, 2007 - Information Providers Must Know about the National Provider Identifier (NPI) in Order to Get Paid), is maintained in the Chiropractic Services e-book.

Click here to view MAL 526, Information Providers Must Know about the National Provider Identifier (NPI) in Order to Get Paid.

MAL 522

Medical Assistance Letter No 522 (August 14, 2007 - Guidance on the Implementation of Employee Education about False Claims Recovery as provided in MAL 516), is maintained in the General Information e-book.

Click here to view MAL 522, August, 2007 - Guidance on the Implementation of Employee Education about False Claims Recovery as provided in MAL 516.

MAL 516

Medical Assistance Letter No 516 (November 9, 2006 - Employee Education About False Claims Recovery), is maintained in the General Information e-book.

Click here to view MAL 516, Employee Education About False Claims Recovery.

MAL 481

Medical Assistance Letter (MAL) NO. 481

March 8, 2005

TO: All Providers of Vision Care Services
Directors, County Departments of Job and Family Services
Medical Assistance Coordinators

FROM: Barbara E. Riley, Director

SUBJECT: Changes to Vision Care Services

UPDATE OF MEDICAID APPROVED FRAME LIST

Effective on January 1, 2005, the following frames currently provided by our contracting laboratories are replaced by the corresponding new frames. The prices of the new frames are not changing. In addition to the frames being replaced, two new frames for children are being added.

Frames Being Replaced	New Frame
Britain	J5675
Jerry	J5664
Colgate	Pacific
Rebel	Caribbean
Brockport	J5666
Santa Fe/ Brown	Cambridge
Libby	Liz
Lizzy	Moscow
Schoolmate	Hudson
	New Children Frame
	Buddy
	Minnow

Questions pertaining to this MAL should be addressed to:
Bureau of Plan Operations
The Provider Network Management Section
P.O. Box 1461
Columbus, OH 43216-1461
Our toll free telephone number is 1-800-686-1516

MAL 463

Medical Assistance Letter (MAL) NO. 463

January 23, 2004

TO: All Providers of Vision Care Services
Directors, County Departments of Job and Family Services
Directors, District Offices

FROM: Thomas Hayes, Director

SUBJECT: Changes to Vision Care Services

UPDATE OF NEW VISION VOLUME PURCHASING CONTRACT OPTICAL LABORATORIES AND CHANGES TO VISION CARE SERVICES FOR 2004

The purpose of this Medical Assistance Letter (MAL) is to clarify updates for the new vision volume purchasing contract optical laboratories and changes for all providers of vision care services.

A new contract has been awarded to Select Optical and Classic Optical laboratories. Vision care service providers previously using Top Network laboratory for the fabrication of glasses will no longer be able to send orders to Top Network as of January 1, 2004. For orders requested prior to January 1, 2004, Top Network will continue to fill orders for any glasses that the laboratory can ship to providers by January 12, 2004. Any orders not able to be shipped by Top Network laboratory by January 12, 2004 will be returned to the vision care service provider and will need to be resubmitted to one of the two new contracted laboratories, Select or Classic Optical. Providers may order eyewear from the contract optical laboratory of their choice. Mail orders to:

Providers may order eyewear from the contract optical laboratory of their choice. Mail orders to:	
Classic Optical 3710 Belmont Avenue P.O. Box 1341 Youngstown, Ohio 44501-1341 (888) 522-2020 (330) 759-8245	Select Optical P.O. Box 16530 Columbus, Ohio 43216 (800) 282-6960 (614) 846-5750

Information posted to the department's web site was incorrect and has been updated with new information. When trying to access the web site, please note that the address has been changed. A link should be provided to the new address. Please take the time to save the new address for quicker access. The new address is http://emanuals.odjfs.state.oh.us/emanuals/.

For dates of service January 1, 2004 to March 31, 2004, vision care providers must continue billing the W-codes (W2004 and W2014) to be reimbursed for a comprehensive ophthalmological service. The department is working on deleting these codes as of April 1, 2004. An additional notice will be sent to all vision care service providers updating this situation in early 2004.

Please note this MAL is in reference to our fee-for-service Medicaid providers and is not applicable to vision care services provided to Medicaid Managed Care Plan enrollees.

Questions pertaining to this MAL should be addressed to:
Bureau of Plan Operations
The Provider Network Management Section
P.O. Box 1461
Columbus, OH 43216-1461

Our toll free telephone number is 1-800-686-1516

Medicaid Handbook Transmittal Letters

MHTL 3337-12-01 (Classification of Optometrist Services as Physician Services)

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-12-01

February 28, 2012

TO: Eligible Medicaid Providers of Physician Services
Eligible Medicaid Providers of Vision Services
Chief Executive Officers, Managed Care Plans (MCPs)
Directors, County Departments of Job and Family Services

FROM: Michael B. Colbert, Director

SUBJECT: Classification of Optometrist Services as Physician Services

Summary

In its Medicaid State Plan, each state may treat services provided by optometrists in one of two ways: (1) It may include them as physician services, coverage of which is mandatory. (2) It may choose to cover them, or decline to cover them, as a separate group of services. Ohio has been covering these services separately as optometrist services. It will now cover them as physician services. This change in classification will enable optometrists to benefit from certain provisions of the American Recovery and Reinvestment Act of 2009 that establish incentive payments for the adoption and meaningful use of certified electronic health record (EHR) technology.

Rule Changes

Rule 5101:3-4-01, "Eligible providers of physician services," defines the term *physician*, lists those eligible Medicaid providers that can be providers of physician services, and sets forth certain reimbursement requirements and restrictions.

> *Change:* This rule is being rescinded and replaced simultaneously by a new rule 5101:3-4-01, "Physicians and other eligible providers of physician services," in which the list of providers of physician services has been expanded to include optometrists and the entire text has been reorganized and streamlined. In other respects, the content of the rule remains substantively unchanged.

The effective date of this change is January 1, 2012.

Access to Rules and Related Material

The main ODJFS web page includes links to valuable information about its services and programs; the address is **http://www.jfs.ohio.gov**. The web page of the Office of Ohio Health Plans (Medicaid) may be accessed through the ODJFS main page or directly at **http://www.jfs.ohio.gov/ohp/**.

ODJFS maintains an "electronic manuals" web page of the department's rules, manuals, transmittal letters, forms, and handbooks. The web address for this "eManuals" web page is http://emanuals.odjfs.state.oh.us/emanuals/.

From the "eManuals" page, providers may view documents online by following these steps:

(1) Select the 'Ohio Health Plans - Provider' collection.

(2) Select the appropriate service provider type or handbook.

(3) Select the desired document type.

(4) Select the desired item from the 'Table of Contents' pull-down menu.

The Legal/Policy Central - Calendar site, **http://www.odjfs.state.oh.us/lpc/calendar/**, is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters, **http://www.odjfs.state.oh.us/lpc/mtl/**. The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive automatic electronic notification when new Medicaid transmittal letters are published, sign up for the ODJFS e-mail subscription service at **http://www.odjfs.state.oh.us/subscribe/**.

Additional Information

Questions pertaining to this letter should be addressed to:

Ohio Department of Job and Family Services

Office of Ohio Health Plans, Bureau of Provider Services

P.O. Box 1461

Columbus, OH 43216-1461

Telephone (800) 686-1516

MHTL 3337-10-02 (Five Year Rule Review of Medicaid Vision Rule 5101:3-6-11)

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-10-02

October 29, 2010

TO: All Eligible Providers of Vision Services
Directors, County Departments of Job and Family Services
Managed Care Plans

FROM: Douglas E. Lumpkin, Director

SUBJECT: Five year rule review of Medicaid Vision rule 5101:3-6-11

Rule change is effective November 4, 2010

The purpose of this Medicaid Handbook Transmittal Letter is to provide notice of the amendment of Medicaid rule **5101:3-6-11**, entitled "Covered services and materials not purchased under the vision volume purchase contract," in accordance with mandatory five year rule review.

This rule specifies coverage criteria relating to vision services not purchased under the vision volume purchase contract.

This rule was amended to initiate minor rule formatting changes in paragraphs (B) and (C) of this rule which seek to add clarification and elaboration to the Healthcare Common Procedure Coding System (HCPCS) reimbursement code descriptions currently present in these paragraphs.

Web Page:

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page of the department's rules, manuals, letters, forms, and handbooks. The URL for this "eManuals" page is http://emanuals.odjfs.state.oh.us/emanuals/. Providers may view documents online by:

(1) Selecting the "Ohio Health Plans - Provider" folder;

(2) Selecting the appropriate topic from the document list; and

(3) Selecting the desired item from the "Table of Contents" pull-down menu.

Most current Medicaid maximum reimbursement rates for services other than pharmacy services and the medical supplies listed in this MHTL are listed in rule **5101:3-1-60** or in Appendix DD to that rule. Providers may view these rates by:

(1) Selecting the "Legal Services" folder;

(2) Selecting "ODJFS Ohio Administrative Code"; and

(3) Selecting "5101:3-1-60 Medicaid Reimbursement" from the "Table of Contents" pull-down menu.

The Legal/Policy Central - Calendar site (**http://www.odjfs.state.oh.us/lpc/calendar/**) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (**http://www.odjfs.state.oh.us/lpc/mtl/**). The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

Questions:

Questions pertaining to this MHTL should be directed to the following:

Office of Ohio Health Plans

Bureau of Provider Services

P.O. Box 1461

Columbus, OH 43216-1461

Telephone 800-686-1516

MHTL 3337-10-01 (Updates to Vision Exam Codes)

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-10-01

June 24, 2010

TO: All Eligible Vision Providers

Directors, County Departments of Job and Family Services

FROM: Douglas E. Lumpkin, Director

SUBJECT: Updates to Vision Exam Codes

The purpose of this Medicaid Handbook Transmittal Letter (MHTL) is to announce a change as to how providers must bill Medicaid for vision exams for dually eligible consumers.

For dates of service on and after July 1, 2010, Ohio Medicaid will change coverage of vision exam codes 92004 and 92014 by adding these codes to the list of codes covered by the Medicare program.

Federal and State laws mandate that Medicaid programs be the payer of last resort for Medicaid-covered services when other known third parties, including Medicare, may pay primary. Therefore, Ohio Medicaid will require providers to bill the Medicare program as the primary payer of vision exam services performed for dually eligible consumers.

If codes 92004 and 92014 are denied by the Medicare program, providers may request that Ohio Medicaid review the Medicare denial for payment as the primary payer. Ohio Administrative Code rule 5101:3-1-05 outlines Ohio Medicaid's coordination of benefits policy with the Medicare program. Within the rule are instructions on how to submit a request to Ohio Medicaid for payment when the Medicare program denies a service or claim.

Web Page:

The Ohio Department of Job and Family Services maintains an "electronic manuals" Web page for the department's rules, manuals, letters, forms and handbooks. The URL is http://emanuals.odjfs.state.oh.us/emanuals/.

To receive electronic notification when new Medicaid transmittal letters are published, subscribe at **http://www.odjfs.state.oh.us/subscribe/**.

Questions pertaining to this MHTL should be addressed to:

Office of Ohio Health Plans

Provider Services Section

P.O. Box 1461

Columbus OH 43216-1461

800-686-1516

MHTL 3337-09-02 (Community Provider Fee Decrease)

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-09-02

January 8, 2010

TO: All Eligible Opticians
All Eligible Optometrists
Directors, County Departments of Job and Family Services

FROM: Douglas E. Lumpkin, Director

SUBJECT: Community Provider Fee Decrease

This letter provides information regarding the amendment of Ohio Administrative Code (OAC) rules 5101:3-1-60, 5101:3-4-21.2, 5101:3-5-02, 5101:3-5-04, 5101:3-10-05, 5101:3-10-26, 5101:3-12-05 and 5101:3-12-06. These rules are being amended to comply with provisions of Amended Substitute House Bill 1 which reduced expenditures to certain community providers by an aggregate amount of three percent effective for dates of service on and after January 1, 2010. Total annual savings as a result of these reductions are estimated at approximately $19,736,109.

OAC rule **5101:3-1-60**, entitled Medicaid Reimbursement, sets forth payment amounts for services provided by a number of different community provider types including: advance practice nurses, ambulance and ambulette providers, ambulatory health care clinics, ambulatory surgery centers, chiropractors, dentists, durable medical equipment suppliers, freestanding laboratories, independent diagnostic testing facilities, occupational therapists, opticians, optometrists, orthotists, physical therapists, physicians, podiatrists, portable x-ray suppliers, psychologists and prosthetists. The payment reductions affecting specific provider types reimbursed through this rule are outlined below.

Ambulance and ambulette providers bill and are reimbursed on the basis of Healthcare Common Procedural Coding System (HCPCS) codes. The reimbursement amount for each of the HCPCS codes billed by these providers has been reduced by three percent, resulting in annual savings of approximately $1,098,661.

Ambulatory surgery centers bill and are reimbursed on the basis of nine surgical groupings. The reimbursement amount for each of these nine groupings has been reduced by three percent, resulting in annual savings of approximately $82,260.

Chiropractors bill and are reimbursed on the basis of Current Procedural Terminology (CPT) codes. The reimbursement amount for each of the CPT codes billed by chiropractors has been reduced by three percent, resulting in annual savings of approximately $16,339.

Durable Medical Equipment (DME) suppliers bill and are reimbursed on the basis of HCPCS codes. The reimbursement amount for each of the adult incontinent garment HCPCS codes has been reduced by 10 percent resulting in an annual savings of approximately $1,253,824. The reimbursement amount for each of the HCPCS codes for orthotics and prosthetics has been reduced by three percent, resulting in annual savings of approximately $335,717.

Freestanding laboratories bill and are reimbursed on the basis of both CPT and HCPCS codes. The reimbursement amount for each CPT and HCPCS code billed by freestanding laboratories has been reduced by three percent, resulting in annual savings of approximately $569,824.

Therapy services including those provided by physical, occupational and speech therapists are billed and reimbursed on the basis of CPT codes. The reimbursement amount for each of the CPT codes billed by these practitioners has been reduced by three percent, resulting in annual savings of approximately $388,099.

Vision services provided by opticians, optometrists and physicians are billed and reimbursed on the basis of CPT codes. The reimbursement amount for each of the CPT vision codes billed by these practitioners has been reduced by three percent, resulting in annual savings of approximately $228,490.

In addition to the reductions identified above, the maximum amount Medicaid will reimburse for any CPT code (i.e., the ceiling price) has been reduced from 100 to 90 percent of the Medicare price. This reduction affects 606 CPT codes and results in annual savings of approximately $4,430,541. These 606 codes represent 10 percent of the 5,836 CPT codes billable to and reimbursed by Ohio Medicaid. Four hundred forty-five (74 percent) of the 606 codes were surgical codes, 94 (16 percent) were radiology codes, and 67 (11 percent) were medicine codes, of which 37 (55 percent) were cardiovascular in nature.

Providers of physician services bill and are reimbursed for the developmental testing of young children using CPT codes. The reimbursement amount for targeted developmental screening codes has been increased by 10 percent, resulting in an annual increase of expenditures of approximately $21,321.

Two unrelated changes are being made to the pricing in 5101:3-1-60 at this time to comply with recent findings by the Auditor of State. The reimbursement amount for HCPCS code E0305, bed side rails, is being decreased from $185.02 to $185.01. The reimbursement amount for HCPCS code E2366, wheelchair battery charger, is being increased from $202.00 to $210.90. The impact of these changes on annual expenditures will be negligible.

OAC rule **5101:3-4-21.2**, entitled Anesthesia Conversion Factors, sets forth payment amounts for services provided by anesthesiologists, anesthesia assistants and certified registered nurse anesthetists. These providers bill and are reimbursed on the basis of modifiers and conversion factors applied to CPT codes. The reimbursement rate for each of the conversion factors has been reduced by three percent, resulting in an annual savings of approximately $194,457.

OAC rule **5101:3-5-02**, entitled Dental Program: Covered Diagnostic Services and Limitations, sets forth the coverage criteria for oral examinations and diagnostic imaging in the dental program. Covered periodic oral examinations for adults age 21 years and older have been reduced from one every one hundred eighty days to one every 365 days, resulting in an annual savings of approximately $200,946.

OAC rule **5101:3-5-04**, entitled Dental Program: Covered Preventive Services and Limitations, sets forth the coverage criteria for preventive services in the dental program. Covered dental prophylaxis for adults age 21 years and older has been reduced from one every one hundred eighty days to one every 365 days, resulting in an annual savings of approximately $491,720.

OAC rule **5101:3-10-05**, entitled Reimbursement for Covered Services, sets forth among other things the manner in which providers may bill and be reimbursed for DME. Some DME items are not reimbursed according to the prices listed in 5101:3-1-60 but are instead reimbursed at the lesser of the provider's usual and customary charge or 75 percent of the list price presented to the department. This reimbursement level has been reduced by three percent, to 72 percent of the list price. When no list price is presented to the department, DME items are reimbursed at the lesser of the provider's usual and customary charge or one hundred fifty percent of the provider's invoice price less any discounts or applicable rebates. This reimbursement level has been reduced by three percent, to one hundred forty-seven per cent of the invoice price. These reductions in the percents paid of list and invoice prices are estimated to result in annual savings of approximately $272,067.

OAC rule **3-10-26**, entitled Enteral Nutritional Products, sets forth coverage criteria and reimbursement policies for enteral nutrition products. Some enteral nutrition products are not reimbursed according to the prices listed in 5101:3-1-60 but are instead reimbursed at the supplier's average wholesale price minus twenty percent. This figure has been reduced to minus twenty-three percent of the supplier's average wholesale price, resulting in annual savings of approximately $285,921.

OAC rule **5101:3-12-05**, entitled Reimbursement: Home Health Services, sets forth payment amounts for home health nursing, home health nursing aide, physical therapy, occupational therapy, and speech-language pathology. Home health service providers bill and are reimbursed on the basis of HCPCS codes. The reimbursement rate for each of these codes has been reduced by three percent, resulting in an annual savings of approximately $5,676,688.

OAC rule **5101:3-12-06**, entitled Reimbursement: Private Duty Nursing Services, sets forth payment amounts for private duty nurses. Private duty nurses bill and are reimbursed using a single HCPCS code. The

reimbursement amount for this code has been reduced by three percent, resulting in an annual savings of approximately $4,231,876.

Web Page:

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page of the department's rules, manuals, letters, forms, and handbooks. The URL for this "eManuals" page is http://emanuals.odjfs.state.oh.us/emanuals/.

Providers may view documents online by:

(1) Selecting the "Ohio Health Plans - Provider" folder;

(2) Selecting the appropriate service provider type or handbook;

(3) Selecting the "Table of Contents";

(4) Selecting the desired document type;

(5) Selecting the desired item from the "Table of Contents" pull-down menu.

Most current Medicaid maximum reimbursement rates are listed in rule **5101:3-1-60** or in Appendix DD to that rule. Providers may view these rates by:

(1) Selecting the "Ohio Health Plans - Provider" folder;

(2) Selecting "General Information for Medicaid Providers";

(3) Selecting "General Information for Medicaid Providers (Rules)";

(4) Selecting "5101:3-1-60 Medicaid Reimbursement" from the "Table of Contents" pull-down menu.

The Legal/Policy Central - Calendar site (**http://www.odjfs.state.oh.us/lpc/calendar/**) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (**http://www.odjfs.state.oh.us/lpc/mtl/**). The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive electronic notification when new Medicaid transmittal letters are published, subscribe at: **http://www.odjfs.state.oh.us/subscribe/**.

Questions:

Questions pertaining to this letter should be addressed to:

Ohio Department of Job and Family Services

Office of Ohio Health Plans, Bureau of Provider Services

P.O. Box 1461

Columbus, OH 43216-1461

Telephone 800-686-1516

MHTL 3337-09-01A

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-09-01A

May 22, 2009

TO: All Eligible Providers of Vision Services

Directors, County Departments of Job and Family Services

FROM: Douglas E. Lumpkin, Director

SUBJECT: OAC Rules **5101:3-6-02**, Scope of Coverage, and **5101:3-6-04**, Vision Care Limitations

Rule Changes

Rule changes to be effective March 5, 2009.

Please be aware that program changes outlined in these rules did not take effect until April 1, 2009. The current Vision Volume Purchasing contract with Select and Classic Optical was in effect, with no policy or coverage changes, through March 31, 2009. On April, 1, 2009, a new Vision Volume Purchasing contract went into effect along with the enforcement of the policy changes detailed in the following rules.

These rules detail program coverage criteria for the Medicaid vision program and are intended to clarify and modify existing program coverage and limitations.

Rule **5101:3-6-02** entitled "Scope of coverage" was amended as a result of the five-year rule review and to update the rule terminology and coverage criteria for the medicaid vision program. This rule sets forth the coverage and limitation criteria for the medicaid vision program. Changes to the rule include eliminating coverage of glass lenses as non-prior authorized items and substituting polycarbonate lenses in their place; also coverage of glass lenses are available with prior authorization when medically necessary.

Rule **5101:3-6-04** entitled "Vision care limitations" was amended as a result of the five-year rule review and to update the rule terminology and coverage criteria for the medicaid vision program. This rule sets forth the coverage and limitation criteria for the medicaid vision program. Changes include the addition of clarifying rule language to paragraph (C) of this rule regarding the coverage of lens coatings, edge polishing and lenses prescribed to medicaid consumers to be used primarily as sunglasses when prescribed in addition to regular prosthetic lenses. Changes to the rule also include adding coverage for glass lenses and UV lenses when prior authorized. In addition, lens prescriptions were modified to adjust the minimum cylinder diopter imbalance from 0.75 to 0.50.

Webpage:

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page of the department's rules, manuals, letters, forms, and handbooks. The URL for this "eManuals" page is http://emanuals.odjfs.state.oh.us/emanuals/.

Providers may view documents online by:

(1) Selecting the "Ohio Health Plans - Provider" folder;

(2) Selecting the appropriate topic from the document list; and

(3) Selecting the desired item from the "Table of Contents" pull-down menu.

Most current Medicaid maximum reimbursement rates are listed in rule 5101:3-1-60 or in Appendix DD to that rule.

Providers may view these rates by:

(1) Selecting the "Ohio Health Plans-Provider" folder;

(2) Selecting "General Information for Medicaid Providers"; and

(3) Selecting "5101:3-1-60 Medicaid Reimbursement" from the "Table of Contents" pull-down menu.

The Legal/Policy Central - Calendar site (**http://www.odjfs.state.oh.us/lpc/calendar/**) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (**http://www.odjfs.state.oh.us/lpc/mtl/**). The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

Paper Distribution:

Providers will receive one printed copy of this letter and an accompanying JFS 03400, "Ohio Department of Job and Family Services, Service Provider Update Request Form." Providers may request a second printed copy of this letter with all attachments by completing the JFS 03400 and returning it to the Ohio Department of Job and Family Services in accordance with the instructions at the top of the form.

Questions pertaining to this letter should be directed to the following:

Office of Ohio Health Plans
Bureau of Provider Services
P.O. Box 1461
Columbus, OH 43216-1461
Telephone 800-686-1516

MHTL 3337-09-01

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-09-01

March 3, 2009

TO: All Eligible Providers of Vision Services

Directors, County Departments of Job and Family Services

FROM: Douglas E. Lumpkin, Director

SUBJECT: OAC Rules 5101:3-6-02, Scope of Coverage, and 5101:3-06-04, Vision Care Limitations

Rule Changes

Rule changes to be effective March 5, 2009.

These rules detail program coverage criteria for the Medicaid vision program and are intended to clarify and modify existing program coverage and limitations.

Rule **5101:3-6-02** entitled "Scope of coverage" was amended as a result of the five-year rule review and to update the rule terminology and coverage criteria for the medicaid vision program. This rule sets forth the coverage and limitation criteria for the medicaid vision program. Changes to the rule include eliminating coverage of glass lenses as non-prior authorized items and substituting polycarbonate lenses in their place; also coverage of glass lenses are available with prior authorization when medically necessary.

Rule **5101:3-6-04** entitled "Vision care limitations" was amended as a result of the five-year rule review and to update the rule terminology and coverage criteria for the medicaid vision program. This rule sets forth the coverage and limitation criteria for the medicaid vision program. Changes include the addition of clarifying rule language to paragraph (C) of this rule regarding the coverage of lens coatings, edge polishing and lenses prescribed to medicaid consumers to be used primarily as sunglasses when prescribed in addition to regular prosthetic lenses. Changes to the rule also include adding coverage for glass lenses and UV lenses when prior authorized. In addition, lens prescriptions were modified to adjust the minimum cylinder diopter imbalance from 0.75 to 0.50.

Webpage:

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page of the department's rules, manuals, letters, forms, and handbooks. The URL for this "eManuals" page is http://emanuals.odjfs.state.oh.us/emanuals/.

Providers may view documents online by:

(1) Selecting the "Ohio Health Plans - Provider" folder;

(2) Selecting the appropriate topic from the document list; and

(3) Selecting the desired item from the "Table of Contents" pull-down menu.

Most current Medicaid maximum reimbursement rates are listed in rule 5101:3-1-60 or in Appendix DD to that rule.

Providers may view these rates by:

(1) Selecting the "Ohio Health Plans-Provider" folder;

(2) Selecting "General Information for Medicaid Providers"; and

(3) Selecting "5101:3-1-60 Medicaid Reimbursement" from the "Table of Contents" pull-down menu.

The Legal/Policy Central - Calendar site (**http://www.odjfs.state.oh.us/lpc/calendar/**) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (**http://www.odjfs.state.oh.us/lpc/mtl/**). The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

Paper Distribution:

Providers will receive one printed copy of this letter and an accompanying JFS 03400, "Ohio Department of Job and Family Services, Service Provider Update Request Form." Providers may request a second printed copy of this letter with all attachments by completing the JFS 03400 and returning it to the Ohio Department of Job and Family Services in accordance with the instructions at the top of the form.

Questions pertaining to this letter should be directed to the following:

Office of Ohio Health Plans

Bureau of Provider Services

P.O. Box 1461

Columbus, OH 43216-1461

Telephone 800-686-1516

MHTL 3337-08-01

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-08-01

December 26, 2008

To: All Optometrists, Optometric Group Practices, Professional Optometry School Clinics, Opticians, Federally Qualified Health Centers, Health Maintenance Organizations

Directors, County Departments of Job and Family Services

Medical Assistance Coordinators

From: Helen E. Jones-Kelley, Director

Subject: Procedure Code V2750-Antireflective Coating-No Longer Covered

This letter announces procedure code V2750, antireflective coating, will not be included in the new vision contract and therefore will no longer be covered effective January 1, 2009.

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page of the department's rules, manuals, letters, forms, and handbooks. The URL for this "eManuals" page is http://emanuals.odjfs.state.oh.us/emanuals/.

Providers may view documents online by:

(1) Selecting the "Ohio Health Plans - Provider" folder;

(2) Selecting the appropriate topic from the document list; and

(3) Selecting the desired item from the "Table of Contents" pull-down menu.

The Legal/Policy Central - Calendar site (**http://www.odjfs.state.oh.us/lpc/calendar/**) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (**http://www.odjfs.state.oh.us/lpc/mtl/**). The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

Questions pertaining to this letter should be addressed to:

Office of Ohio Health Plans

Provider Services Section

P.O. Box 1461

Columbus, OH 43216-1461

800-686-1516

MHTL 3337-08-02

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-08-02

July 17, 2008

To: All Providers of Vision Care Services
Directors, County Departments of Job and Family Services
Medical Assistance Coordinators

From: Helen E. Jones-Kelley, Director

Subject: Medicaid Program Fee Increases

Effective July 1, 2008

Medicaid Reimbursement-OAC 5101:3-1- 60

The Department is pleased to announce that the Medicaid maximums for certain codes will be increased as part of the Governor's biennium budget. An aggregate 3% increase is being implemented for claims with dates of service on and after July 1, 2008.

The Medicaid maximums for selected CPT codes have been raised. If the Medicaid maximum was over the Medicare price, the Medicaid maximum was lowered to the 2007 Medicare fee. For many codes, the Medicaid maximum remains unchanged.

These Medicaid maximum changes are applicable to claims for consumers remaining in traditional Medicaid (fee-for-service) who have not transitioned to a Medicaid managed care plan (MCP). For claims for consumers in a Medicaid MCP, providers are reimbursed according to negotiated rates established between the MCP and the provider. MCP providers should refer to their contract with the MCP to determine how the Medicaid maximum updates and policy revisions in this MHTL and in the Medicaid reimbursement rule 5101:3-1- 60 will affect their MCP reimbursement. Contracting questions should be directed to the applicable MCP.

Web Page and Paper Distribution

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page for the department's rules, manuals, letters, forms and handbooks. The URL is http://emanuals.odjfs.state.oh.us/emanuals/.

The full text of this rule amendment and the accompanying appendix DD to this rule can be found on the Department's web site at http://emanuals.odjfs.state.oh.us/emanuals in the Vision Care Services handbook.

Providers may view documents online by:

(1) Selecting "Ohio Health Plans - Provider";

(2) Selecting "Vision Care Services"; and,

(3) Selecting this MHTL number from the "Table of Contents" pull-down menu

The Legal/Policy Central Calendar (**http://www.odjfs.state.oh.us/lpc/calendar/**) site is a quick reference of documents recently published. The Legal/Policy Center Calendar site also provides a link to a listing of ODJFS Letters (**http://www.odjfs.state.oh.us/lpc/mtl**). The listing is categorized by letter number and subject and a link is provided to the easy print (PDF) document.

Questions pertaining to this letter should be addressed to:

Office of Ohio Health Plans
Provider Services Section
P.O. Box 1461
Columbus, OH 43216-1461

Toll Free Telephone Number 1-800-686-1516

MHTL 3337-05-01

Medicaid Handbook Transmittal Letter (MHTL) No. 3337-05-01

December 29, 2005

TO: All Eligible Providers of Vision care services

Directors, County Department of Job and Family Services

Medical Assistance Coordinators

FROM: Barbara E. Riley, Director

SUBJECT: Medicaid vision services and Medicaid and Disability Medical Assistance (DMA) co-payment rules

Rules and Program Changes are effective January 1, 2006

The purpose of this Medicaid Handbook Transmittal Letter is to provide notice of the rescission of OAC rule 5101:3-6-01 Eligible vision care providers and the implementation of a new rule 5101:3-6-01 Vision co-payment provisions and eligible vision care providers to introduce co-payment language to the Medicaid and DMA vision programs. The remainder of the vision program rules in chapter 5101:3-6 were filed in accordance with mandatory five year rule review.

OAC Rule 5101:3-6-01 Vision Co-Payment Provisions and Eligible Vision Care Providers

This rule was amended to add terminology regarding the addition of co-payment language for eligible Medicaid consumers 21 years of age or older for certain vision exams and dispensing codes for services rendered on or after January 1, 2006 per OAC rule 5101: 3-1-09.

The following codes are subject to a two dollar co-payment per date of service:

92002 Medical exam and evaluation; intermediate, new patient

92012 Medical exam and evaluation; intermediate, established patient

92004 Comprehensive, new patient, one or more visits

92014 Comprehensive, established patient, one or more visits

The following dispensing codes are subject to a one dollar co-payment per date of service:

92340 Fitting of spectacles, except for aphakia; monofocal

92341 Fitting of bifocals, except for aphakia; monofocal

92342 Fitting of multifocal, other than bifocal for aphakia; monofocal

Disability Medical Assistance (DMA) Co-payment

The vision co-payments set forth in this rule also apply to DMA consumers age 21 years or older in accordance with OAC Rule 5101:3-23-01, when the vision services provided are covered under the DMA program in accordance with OAC chapter 5101:3-23.

OAC Rule 5101:3-6-02 Scope of Coverage

This rule was amended to relocate the language regarding the coverage of single vision and bifocal polycarbonate lenses for consumers aged eighteen years and younger and for consumers who have vision in only one eye from section (D) to section (B)(2)(f) of this rule. Section (C) (6) of this rule was also amended to read "All lenses and frames must be of acceptable quality and workmanship as determined by ODJFS".

OAC Rule 5101:3-6-04 Vision Care Limitations

This rule was amended to update the vision care item listed under paragraph (D)(6) of this rule to reflect the coverage of "Photochromatic glass lenses".

OAC Rule 5101:3-6-07 Covered Vision Services

This rule was amended to remove reimbursement instructions for comprehensive ophthalmological services rendered prior to April 1 2004 previously located in sections (A)(1)(a) thru (A)(1)(d). Reimbursement instructions pertaining to services rendered after April 1, 2004 were relocated to sections (A)(1)(a) thru (A)(1)(c) of this rule. A minor grammatical change was also made in section (A)(2) of this rule.

OAC Rule 5101:3-6-11 Covered Services and Materials Not Purchased Under the Vision Volume Purchase Contract

This rule was amended to initiate minor rule formatting changes in sections (A), (B), and (C) of this rule. Section (D) of this rule has been eliminated. Effective for dates of service on or after January 1, 2006, codes 92390 and 92395 will no longer be covered by the Medicaid program.

OAC Rule 5101:3-6-12 Spectacle Fitting Services

This rule was amended to initiate minor rule formatting changes in sections (A) and (B) of this rule.

Co-Payments

All Medicaid co-payment protocols should be administered as defined by OAC rule 5101:3-1-09 Medicaid co-payment program [except for medicaid consumers enrolled in the medicaid managed health care program].

It is the responsibility of each provider to collect co-payments. For all consumers that are subject to co-payment, the reimbursement for the vision codes listed above will be reduced by the Department by the applicable co-payment amount for each listed code.

Co-payments **must not be charged** if the consumer is:

under age 21, or
in a nursing home or intermediate care facility for the mentally retarded, or
receiving hospice care, or
a member of a Medicaid managed care program

PLEASE NOTE: Consumers who are pregnant **are** subject to co-payment for Vision services for spectacle fittings and are subject to co-payment for routine eye exams when claims containing the previously referenced vision exam and evaluation codes are submitted with the diagnosis code V72.0.

Consumers subject to co-payment, who are unable to pay their co-payment at the time their service is provided, may indicate their inability to pay and obtain their services without paying the co-payment. No provider may deny services to a consumer on account of their inability to pay the co-payment. The consumer remains liable for the co-payment and the provider may bill the consumer for the co-payment or request payment for a prior uncollected co-payment.

If it is the routine business practice of the provider to refuse service to any individual who owes an outstanding debt to the provider, the provider may consider an unpaid Medicaid or DMA co-payment as an outstanding debt and may refuse future service to the individual after informing the individual of their intent to refuse services.

Co-payment claims processing instructions have been established to indicate that a consumer and the resulting covered services are exempt from co-payment by utilizing the first ten characters in the remarks/claim note fields on vision claim types.

These instructions are available are at the following site under Supplemental Billing Instructions regarding co-payments for the vision, professional and Institutional Claim Formats:

http://jfs.ohio.gov/ohp/infodata/hipaa.stm

The Department recommends that providers view the entire text of the Medicaid vision program rules in the vision handbook at:

http://emanuals.odjfs.state.oh.us/emanuals

Click the link "Ohio Health Plan Providers" (left column) and then the link "Vision services" (right column).

If you do not have internet access, you may request a paper copy of this MHTL including all attachments by completing and returning the attached form JFS 03400.

Questions pertaining to this MHTL should be addressed to:

Bureau of Plan Operations
Provider Network Management Section
P.O. Box 1461
Columbus, Ohio 43216-1461
Toll free telephone number 1-800-686-1516

MHTL 3337-03-01

Medical Handbook Transmittal Letter No. 3337-03-01

June 18, 2003

TO: All Providers of Vision Care Services
Directors, County Departments of Job and Family Services
Medical Assistance Coordinators

FROM: THOMAS J. HAYES, DIRECTOR

SUBJECT: Chapter 3337, Vision Services Handbook

This Medicaid Handbook Transmittal Letter (MHTL) is to inform you that the department has released a 2003 edition of Chapter 3337. Chapter 3337, the Vision Care Services Handbook for Medicaid providers incorporates policy updates that went into effect in May and July, 2002. **The handbook contains rules and information relevant to all Medicaid vision care service providers. This MHTL is intended only to summarize changes in rules included in this handbook and is not inclusive of all changes that were made**. Providers are encouraged to read the handbook and rules in their entirety for updates which may be important to them. This handbook replaces all previously issued Chapter 3337 Handbook materials. The Vision Care Services handbook and rules contained in this handbook are also available on the department's website at: http//dynaweb.odjfs.state.oh.us:6336/dynaweb/. If you do not have internet access you may obtain a paper copy of this handbook by using the form on the last page of this MHTL.

Handbook and Policy Update:

The following is a summary of updated policy information found in each section of the handbook:

VIS.1001 **SCOPE OF COVERAGE**

This section describes the scope of coverage of vision care services. This section was updated and changes were made to clarify specifications for the provision of eyewear in instances when a volume purchasing contract is in effect and when it is not in effect. The following provisions are new:

Single vision and bifocal polycarbonate lenses will be covered by the medicaid program for consumers eighteen years old and younger, and for consumers who have vision in only one eye. A description of vision services provided in an inpatient or outpatient hospital setting are outlined in rule 5101:3-6-02 of the OAC.

VIS.1002 **ELIGIBLE CONSUMERS**

There are no changes regarding consumer eligibility for vision care services.

VIS.1003 **ELIGIBLE VISION CARE PROVIDERS**

This section defines eligible vision care providers. A provision was added requiring that **Medicaid reimbursement is contingent upon a valid provider agreement being in effect while services were provided.**

VIS.1101 **COMPREHENSIVE SERVICES**

This section describes a general of the complete visual system and includes new HIPAA compliant codes for vision services , effective October 1, 2003.

VIS.1102 **SPECIAL OPHTHALMOLOGICAL DIAGNOSTIC AND TREATMENT SERVICES**

This section describes coverage of "Special Ophthalmological Services", "Ophthalmoscopy" and "Other Specialized Services" as defined by the Physicians Current Procedural Terminology (CPT). There are no changes to this section.

VIS.1103 **REFRACTION SERVICES**

This section describes reimbursement policies for a refractive service as a separate Medicaid service and in conjunction with a Medicare covered exam. There are no changes to this section.

VIS.1104 **OTHER PROFESSIONAL SERVICES**

This section describes CPT codes used for intermediate, and evaluation and management services. There are no changes to this section.

VIS.1105 **LIMITATIONS TO BILLING FOR PROFESSIONAL SERVICES -OPTOMETRISTS**

There are no changes to guidelines for limitations to billing for professional services by optometrists.

VIS.1106 **EYEGLASS FITTING SERVICES**

This section describes spectacle fitting services. No changes have been made, however ***providers should note that spectacle fitting services for less than a complete pair of spectacles must reported as a reduced service by using modifier 52 following the procedure code. These services will be reimbursed at one-half the full service rate.***

VIS.1107 **FRAMES AND LENSES**

This section describes to frames and lenses. There are no changes to this section.

VIS.1108 **CHART: COVERAGE STATUS BY PROGRAM CATEGORY/MEDICAL CARD**

This section was updated to include revised Medicaid medical cards and services covered under various medical cards.

VIS.1109 **VOLUME PURCHASE CONTRACT**

This section describes the volume purchase contracts with optical laboratories for the purchase of frames, frame fronts, frame temples, and lenses for Ohio Medicaid patients.

This section includes **updated optical laboratory addresses**, and information on ordering, completing the date of order on the medicaid contract optical laboratory, lenses and frames covered under the contract, and contract requirements. There are no changes to contract guidelines.

VIS.1110 **LENS PRESCRIPTIONS**

This section describes limitations to lens prescriptions. No changes have occurred to this section.

VIS.1111 **VISION CARE SERVICES IN LONG TERM CARE FACILITIES**

This section describes the limitations to vision care services in Long Term Care Facilities. No changes have occured in this section.

VIS.1112 **PRIOR AUTHORIZED ITEMS AND SERVICES**

This section describes vision care services and items requiring prior authorization. This section includes the following changes have been made regarding prior authorization of vision services :

Replacement of lenses due to a change in prescription when an exam and fitting are performed *requires* a prior authorization.
Replacement of eyeglasses for school aged children, 18 years of age and less *does not require* a prior authorization.
The *vision care provider must place the name and provider number* of the Vision Volume Purchasing Contract laboratory they are currently using in the "Notes" section of the prior authorization form.

The following are the current Vision Volume Purchasing Contract optical laboratories and provider numbers:

- Classic Optical (Provider No. 0552665)
- Select Optical (Provider No. 0145006)
- TOP Network (Provider No. 0899523)

VIS.1113 **COVERED SERVICES AND MATERIALS NOT PURCHASED UNDER THE VISION VOLUME PURCHASE CONTRACT**

This section describes covered vision services and materials not purchased under the vision volume purchase. No changes have occurred in this section.

VIS.1114 **BILLING INSTRUCTIONS/PRIOR AUTHORIZATION FORM**

This section provides information on how to bill for professional services, materials not covered under the vision volume purchase contract, and using modifiers when billing. No changes have occurred in this section.

Questions pertaining to this MHTL should be addressed to:

The Bureau of Plan Operations
Provider Network Management Section
P.O. Box 1461
Columbus, Ohio 43216-1461

In-State: 1-800-686-6108 (toll-free)or (614) 728-3288

Additional Medicaid Handbook Transmittal Letters

MHTL 3334-09-02

Medicaid Handbook Transmittal Letter (MHTL) No. 3334-09-02 (Discontinuing the Disability Medical Assistance (DMA) Program and the Rescission of Ohio Administrative Code (OAC) Rule 5101:3-23-01), is maintained in the General Information e-book.

Click here to view MHTL 3334-09-02, Discontinuing the Disability Medical Assistance (DMA) Program and the Rescission of Ohio Administrative Code (OAC) Rule 5101:3-23-01

Vision Program Rules

5160-6-01 Eligible Vision Care Providers and Vision Co-Payment Provisions

Formerly **5101:3-6-01 Eligible Vision Care Providers and Vision Co-Payment Provisions**

Effective Date: January 1, 2006

Most Current Prior Effective Date: **July 1, 2002**

(A) Eligible providers of vision services.

(1) Ophthalmologists, optometrists, and opticians currently licensed under Chapters 4725. and 4731. of the Revised Code are eligible to participate in the medicaid program and may provide services within the scope of practice as established by Chapters 4725. and 4731. of the Revised Code. These services are identified in Chapter 5101:3-6 of the Administrative Code.

(2) A professional organization (group practice or partnership) of optometrists, ophthalmologists, and/or opticians is also considered an eligible provider if organized under Chapter 1785. of the Revised Code for the sole purpose of providing vision care services.

(3) Optical laboratories with whom the department has a current vision volume purchasing contract are eligible providers of frames and lenses.

(4) Medicaid reimbursement is contingent upon a valid provider agreement being in effect while services were provided in accordance with rule 5101:3-1-60 of the Administrative Code.

(5) Other eligible providers of vision services include, but are not limited to, the following medicaid providers if the providers employ or have under contractual arrangement individuals licensed to practice optometry:

(a) Fee-for-service ambulatory health care clinics as defined in Chapter 5101:3-13 of the Administrative Code.

(b) Outpatient health facilities as defined in Chapter 5101:3-29 of the Administrative Code.

(c) Rural health clinics as defined in Chapter 5101:3-16 of the Administrative Code.

(d) Federally qualified health centers as defined in Chapter 5101:3-28 of the Administrative Code.

(B) Co-payment (except for medicaid consumers enrolled in the medicaid managed health care program).

(1) For dates of service beginning on or after January 1, 2006, vision services are subject to medicaid co-payments in accordance with this rule and are subject to the provisions in accordance with rules 5101:3-1-09 and 5101:3-1-60 of the Administrative Code.

(2) The vision co-payments set forth in this rule apply to consumers who are eligible under the disability medical assistance (DMA) program in accordance with rule 5101:3-23-01 of the Administrative Code, when the vision services provided are covered under the DMA program in accordance with Chapter 5101:3-23 of the Administrative Code.

(3) The following exam codes are subject to a two dollar co-payment per date of service per claim:

(a) 92002 medical exam and evaluation: intermediate, new patient

(b) 92012 medical exam and evaluation; intermediate, established patient

(c) 92004 comprehensive, new patient, one or more visits

(d) 92014 comprehensive, established patient, one or more visits

(4) The following dispensing codes are subject to a one dollar co-payment per date of service per claim:

(a) 92340 fitting of spectacles, except for aphakia; monofocal

(b) 92341 fitting of bifocals, except for aphakia; monofocal

(c) 92342 fitting of multifocal, other than bifocal for aphakia; monofocal

Replaces: 5101:3-6-01

Effective Date: 01/01/2006

R.C. 119.032 review dates:

Certification

Promulgated Under: 119.03

Statutory Authority: 5111.02, 5111.0112

Rule Amplifies: 5111.01, 5111.02, 5111.0112, Section 206.66.45 of

Am. Sub. HB 66, 126th GA

Prior Effective Dates: 4/7/77, 12/21/77, 4/l/84, 5/9/86, 8/22/88 (Emer), 11/18/88, 7/1/02

5160-6-02 Scope of Coverage

Formerly **5101:3-6-02 Scope of Coverage**

MHTL 3337-09-01

Effective Date: March 5, 2009

Most Current Prior Effective Date: **January 1, 2006**

(A) Ohio medicaid reimburses for covered vision services and ophthalmic materials included in appendix DD ~~of~~ to rule 5101:3-1-60 of the Administrative Code and delivered by eligible providers to eligible consumers. The range of covered vision care professional services includes examinations, fittings, and dispensing of ophthalmic materials (including contact lenses, low vision aids, etc.).

(B) If a volume purchase contract(s) is not in effect, the cost of frames and lenses will be reimbursed to the provider.

(1) The standard frame for the vision care program is a moderately priced ZYL or metal frame. ~~To avoid difficulty, use frames that are priced in recent publications of "Frames" or "Frame Fax."~~ Discountined frames will not be reimbursed at original wholesale price.

(2) The following lenses are covered under the vision care program:

(a) Single-vision ~~glass and~~ scratch resistant coated plastic and polycarbonate lenses.

(b) Bifocal ~~glass and~~ scratch resistant coated plastic and polycarbonate~~: D25/28, round seg, kryptok, and executive~~.

(c) Aphakic single vision and multifocal lenses~~: aspheric lenticular, full-field aspheric or welch-4-drop~~.

(d) Trifocals ~~glass and~~ scratch resistant coated plastic and polycarbonate lenses~~: D 7/28~~.

(e) Additions for single and bifocal vision include: prism, industrial thickness, myodisc, cylinder> 6.25, special base curve, ultra-violet tint, slab-off lens, fresnel prism, frosted lens, tints, photochromatic ~~glass~~, ~~high index glass/plastic~~ and high index plastic lenses, and engraved name on temple.

(f) Glass lenses will be covered with prior authorization (PA) when medically necessary.

~~(f) Single-vision and bifocal polycarbonate lenses will be covered by the medicaid program for consumers eighteen years old and younger, and for consumers who have vision in only one eye.~~

(C) If the Ohio department of job and family services (ODJFS) has entered into a volume purchase contract(s) for the purchase of frames~~,~~ and lenses for Ohio medicaid patients:

(1) The covered frames and lenses shall be specified in the contract(s).

(2) Only those lenses specified in the contract(s) and supplied by the contractor(s) shall be covered unless the purchase of materials is prior-authorized by ODJFS.

(3) Only those frames specified in the contract(s) and supplied by the contractor(s) or frames covered under a previous contract(s) shall be covered unless the purchase of materials is prior authorized by ODJFS.

(4) The prices for materials under the contract shall be determined by competitive bid, or request for proposal.

(5) ODJFS will directly reimburse the optical laboratory for the contracted lenses and frames.

(6) ~~.~~ All lenses and frames must be of acceptable quality and workmanship as determined by ODJFS.

(D) For covered materials not part of the vision volume purchase contract see rule 5101:3-6-11 of the Administrative Code.

(E) The following applies to vision services provided in an inpatient or outpatient hospital setting:

(1) Vision care exam and fitting services are covered and reimbursed in accordance with paragraph (D) of rule 5101:3-2-04 of the Administrative Code.

(2) Vision care materials are covered and reimbursed in accordance with paragraphs (B), (C), and (D) of this rule.

Effective: 03/05/2009

R.C. 119.032 review dates: 11/24/2008 and 03/01/2014

Certification: CERTIFIED ELECTRONICALLY

Date: 02/23/2009

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02, 5111.021

Prior Effective Dates: 4/7/77, 9/19/77, 12/30/77, 4/1/84, 5/9/86, 5/1/87, 8/22/88 (Emer), 11/18/88, 7/1/93, 7/1/02, 1/1/06

5160-6-04 Vision Care Limitations

Formerly **5101:3-6-04 Vision Care Limitations**

MHTL 3337-09-01

Effective Date: March 5, 2009

Most Current Prior Effective Date: **January 1, 2006**

(A) The following are limitations to comprehensive vision examinations:

(1) Each consumer age twenty-one and older but younger than age sixty is limited to one comprehensive vision examination and to one complete frame and pair of lenses per twenty-four-month period.

(2) Each consumer age twenty and younger or age sixty and older is limited to one comprehensive vision examination and to one complete frame and pair of lenses per twelve-month period.

(B) The following limitation applies to vision care services in long-term care facilities (LTCF):

Vision care services provided in an LTCF must have a written request for examination or treatment signed by the consumer or responsible guardian that is retained by the billing provider. The attending physician may sign the request if the consumer is mentally unable to sign and the guardian is not available to sign the request for services.

(C) The following limitations apply to lens prescriptions:

(1) Lens prescriptions must be at least: +0.75 sphere or -0.50 sphere, 0.50 cylinder, ~~0.75~~0.50 diopter imbalance, 1/2 prism diopter vertical, or 3 prism diopter lateral. These prescription minimums apply to new, duplications, and changes in a prescription.

(2) Lens prescription changes must still meet the lens prescription minimum requirements as stated in paragraph (C)(1) of this rule and must be at least: ± 0.50 sphere, ± 0.50 cylinder, 10 degrees for a 1.00 cylinder or less, or 5 degrees for a 1.12 cylinder or more.

(3) Lens coatings of any type are not separately reimbursable by the department.

(4) Lens edge polishing or any other cosmetic lens embellishment is not separately reimbursable by the department.

(5) Lenses prescribed to be used primarily as sunglasses that are prescribed in addition to regular prosthetic lenses are not reimbursable by the department unless a prior authorization is obtained for medical necessity.

(D) The following vision care items are covered if prior-authorized as set forth in rule 5101:3-1-31 of the Administrative Code:

(1) Contact lenses;

(2) Tinted lenses;

(3) Glass lenses;

(4) U-V lenses;

~~(3)~~(5) Orthoptic or pleoptic training;

~~(4)~~(6) Prosthetic eye;

~~(5)~~(7) Any replacement of a complete set of eyeglasses prior to the expiration of the time limitations found in paragraph (A) of this rule;

~~(6)~~(8) Photochromatic ~~glass~~ lenses;

~~(7)~~(9) Low or subnormal vision aids; or

~~(8)~~(10) Frames and lenses provided from a source other than the current vision volume purchase contract optical laboratory.

Effective: 03/05/2009

R.C. 119.032 review dates: 11/24/2008 and 03/01/2014

Certification: CERTIFIED ELECTRONICALLY

Date: 02/23/2009

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02, 5111.021

Prior Effective Dates: 4/7/77, 9/19/77, 12/30/77, 4/1/84, 5/9/86, 5/1/87, 8/22/88 (Emer), 11/18/88, 7/1/02, 1/1/06

5160-6-07 Covered Vision Services

Formerly **5101:3-6-07 Covered Vision Services**

Effective Date: January 1, 2006

Most Current Prior Effective Date: **April 1, 2004**

(A) General ophthalmological services.

(1) A "comprehensive ophthalmological service" is a general evaluation of the complete visual system The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields and basic sensorimotor examination. It can includes: biomicroscopy, examination with cycloplegia or mydriasis, tonometry and determination of refractive state. Comprehensive ophthalmological services always include initiation of diagnostic and treatment programs (e.g. prescription of lenses). In order to be reimbursed, providers must use the following procedure codes when rendering comprehensive ophthalmological services:

For dates of service beginning on and after April 1, 2004, to be reimbursed for comprehensive ophthalmologic services, bill the following codes:

~~For reimbursement of comprehensive ophthalmological services prior to April 1, 2004, bill using the following four codes:~~

~~(a) 92004 - New patient comprehensive service for consumers age twenty-one or older but younger than sixty;~~

~~(b) W2004 - New patient comprehensive service for consumers age twenty and younger or age sixty and older;~~

~~(c) 92014 - Established patient comprehensive service for consumers age twenty-one or older but younger than age sixty; or~~

~~(d) W2014 - Established patient comprehensive service for consumers age twenty and younger or age sixty and older.~~

~~For dates of service beginning on and after April 1, 2004, to be reimbursed for comprehensive ophthalmologic services, bill the following codes:~~

~~(c)~~(a) Code 92004 for a new consumer or code 92014 for an established consumer.

~~(i) If the individual receiving special ophthalmologic services is either twenty years of age or under or sixty years of age or older, codes 92004 and 92014 must be billed in conjunction with modifier UB, i.e., 92004UB.~~

~~(ii) The UB modifier allows a comprehensive ophthalmologic service once per year.~~

(b) If the individual receiving special ophthalmologic services is either twenty years of age or under or sixty years of age or older, codes 92004 and 92014 must be billed in conjunction with modifier UB, i.e., 92004UB.

(c) The UB modifier allows for a comprehensive ophthalmologic service once per year.

(2) An "intermediate ophthalmological service" is an evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis. An intermediate ophthalmological service includes history, general medical observation, external ocular and adnexal examination and other diagnostic procedures. The following procedure codes ~~must be~~ must be used in order to be reimbursed for rendering intermediate ophthalmological services.

(a) 92002 - New patient intermediate service; or

(b) 92012 - Established patient intermediate service.

(B) Other vision care services including covered ophthalmological/optometric diagnostic and treatment services:

(1) For the detection and/or treatment of ocular abnormalities that may be evidence of disease, pathology or injury, vision care providers may bill for services using the appropriate evaluation and management service level code (99XXX series) in accordance with the physicians' "Current Procedural Terminology (CPT)," code definitions and instructions as referenced in rule 5101:3-1-60 of the Administrative Code. These services may be subject to review by the department to determine whether they are necessary to detect or treat, within the scope of the provider's license, ocular abnormalities that may be evidence of disease, pathology, or injury. These evaluation and management services codes may not be billed with the general ophthalmological service codes listed in paragraphs (A)(1) and (A)(2) of this rule.

(2) A "refractive service" is the medicaid-covered component of a comprehensive eye exam provided to a medicaid and medicare-covered consumer in conjunction with other medicare covered eye exam procedures. It is only reimbursed as a separate and distinct service by medicaid when medicare payment for an eye exam does not include payment for the refraction services component of the exam. Use code 92015 to bill for the refraction component of a medicare-covered exam. Code 92015 cannot be billed in conjunction with the general ophthalmological service codes listed in paragraphs (A)(1) and (A)(2) of this rule.

(3) "Special ophthalmological/optometric services", non-routine ophthalmoscopy and other specialized ophthalmological services are medicaid-covered and are reimbursable by billing the appropriate physicians' "Current Procedural Terminology (CPT)" code as referenced in rule 5101:3-1-60 of the Administrative Code. These services are subject to review by the department to determine whether the service is necessary to detect or treat ocular abnormalities that may be evidence of disease, pathology

(4) Certain vision procedures listed under the "Special Ophthalmological Services," the "Ophthalmoscopy," and the "Other Specialized Services" section of the CPT have been identified as diagnostic and therapeutic procedures which are composed of professional and technical components. These services are specifically identified, must be billed, and shall be reimbursed in accordance with rule 5101:3-4-11 of the Administrative Code.

Effective: 01/01/2006

R.C. 119.032 review dates: 09/29/2005 and 01/01/2011

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02

Prior Effective Dates: 5/9/86, 8/1/86, 8/22/88 (Emer), 11/18/88, 7/1/93, 7/1/94, 7/1/02, 4/1/04

5160-6-11 Covered Services and Materials Not Purchased Under the Vision Volume Purchase Contract

Formerly **5101:3-6-11 Covered Services and Materials Not Purchased Under the Vision Volume Purchase Contract**

MHTL3337-10-02

Effective Date: November 4, 2010

Most Current Prior Effective Date: **March 27, 2006**

(A) Low or subnormal vision aids: low vision aids are not purchased under the volume purchase contract. All low or subnormal vision aids require prior authorization and must be ordered from an optical laboratory of the provider's choice. To be reimbursed for low vision aids, the provider must use the appropriate healthcare common procedure coding system (HCPCS) level codes ~~as referenced in rule 5101:3-1-19.3 of the Administrative Code~~ as follows:

(1) V2600 - Hand-held low vision aid and any other non-spectacle mounted aid;

(2) V2610 - Single-lens spectacle mounted low vision aid; or

(3) V2615 - Telescopic and other compound lens systems including: distance vision telescope, near vision telescopes, or compound lens systems.

(B) Ocular prostheses and prostheses services: Ocular prostheses and prostheses services require prior authorization and are not purchased under the volume purchase contract. To be reimbursed for ocular prostheses, the provider must use the appropriate HCPCS level codes as follows:

(1) V2623 - ~~Custom plastic~~ Prosthetic eye, plastic, custom;

(2) V2624 - Polishing/resurfacing of ocular prosthesis;

(3) V2625 - Enlargement of ocular prosthesis;

(4) V2626 - Reduction of ocular prosthesis;

(5) V2627 - Scleral cover shell;

(6) V2628 - Fabrication and fitting of ocular conformer; or

(7) V2629 - ~~Not otherwise classified~~ Prosthetic eye, other type.

(C) Contact lenses and contact lens services.

(1) Contact lenses and contact lens services are covered when prior-authorized by the Ohio department of job and family services (ODJFS). The department will authorize contact lenses under the following conditions:

(a) To correct aphakia.

(b) To correct high refractive errors, greater than ten diopters, when the visual acuity cannot be corrected to 20/70 in the better eye with spectacle lenses and there is a significant improvement in visual acuity with contact lenses.

(c) There is a high degree of anisometriopta where binocularity can be substantiated.

(d) To treat keratoconus, where there is a high corneal astigmatism or corneal irregularities when the visual acuity cannot be corrected to 20/70 in the better eye with spectacles and there is a significant improvement with contact lenses.

(2) Contact lenses are not purchased under the vision volume purchase contract. All contact lenses must be prior-authorized and then ordered from an optical laboratory of the provider's choice. The following codes are per lens and must be reported twice when the code is appropriate for both eyes. To be reimbursed for contact lenses, use the appropriate HCPCS level codes as follows:

(a) V2500 - ~~PMMA, spherical~~ Contact lens, PMMA, spherical, per lens;

(b) V2501 - ~~PMMA, toric or prism ballast~~ Contact lens, PMMA, toric or prism ballast, per lens;

(c) V2510 - ~~Gas permeable, spherical~~ Contact lens, gas permeable, spherical, per lens;

(d) V2511 - ~~Gas permeable, toric, prism ballast~~ Contact lens, gas permeable, toric, prism ballast, per lens;

(e) V2513 - ~~Gas permeable, extended wear~~ Contact lens, gas permeable, extended wear, per lens;

(f) V2520 - ~~Hydrophylic, spherical~~ Contact lens, hydrophilic, spherical, per lens;

(g) V2521 - ~~Hydrophylic, toric or prism ballast~~ Contact lens, hydrophilic, toric, or prism ballast, per lens;

(h) V2523 - ~~Hydrophylic, extended wear~~ Contact lens, hydrophilic, extended wear, per lens;

(i) V2530 - ~~Scleral~~ Contact lens, scleral, gas impermeable, per lens; or

(j) V2599 - ~~Not otherwise classified~~ Contact lens, other type.

(3) Contact lens services are reimbursable by billing the appropriate physicians' "Current Procedural Terminology (CPT)" code as referenced in rule 5101:3-1-60 of the Administrative Code. Contact lens services must be prior-authorized by.ODJFS.

Effective: 11/04/2010

R.C. 119.032 review dates: 07/29/2010 and 11/01/2015

Certification: CERTIFIED ELECTRONICALLY

Date: 10/25/2010

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02, 5111.021

Prior Effective Dates: 5/9/88, 8/22/88 (Emer), 11/18/88, 7/1/93, 12/31/96 (Emer), 3/22/97, 7/1/02, 12/30/05 (Emer), 3/27/06

5160-6-12 Spectacle Fitting Services

Formerly **5101:3-6-12 Spectacle Fitting Services**

Effective Date: January 1, 2006

Most Current Prior Effective Date: **July 1, 2002**

(A) Spectacle fitting services are covered by medicaid. The consumer must be eligible at the time the fitting was initiated. If the exam and the fitting are performed by the same provider, the date of the exam may be considered the date the fitting was initiated. To be reimbursed for spectacle services, the provider must use the appropriate physicians' "Current Procedural Terminology (CPT)" code as referenced in rule 5101:3-1-60 of the Administrative Code as listed ~~below.~~in paragraphs (A)(1) to (A)(8) of this rule.

(1) 92340 - Monofocal, except for aphakia.

(2) 92341 - Bifocal, except for aphakia.

(3) 92342 - Multifocal, other than bifocal, except for aphakia.

(4) 92352 - Fitting of spectacle prosthesis for aphakia; monofocal.

(5) 92353~~-~~ - Fitting of spectacle prosthesis for aphakia; multifocal.

(6) 92354 - Fitting of spectacle-mounted low-vision aid; monofocal.

(7) 92355 - Fitting of spectacle-mounted low-vision aid; telescopic or other compound lens system.

(8) 92358 - Prosthesis service for aphakia, temporary.

(B) Spectacle fitting services for less than a complete pair of spectacles~~,~~ must be reported as a reduced service by using the modifier 52 following the procedure code. These services will be reimbursed at one-half the full service rate.

Effective: 01/01/2006

R.C. 119.032 review dates: 09/29/2005 and 01/01/2011

Certification

Promulgated Under: 119.03

Statutory Authority: 5111.02

Rule Amplifies: 5111.01, 5111.02

Prior Effective Dates: 7/22/86, 8/1/86, 8/22/88 (Emer), 11/18/88, 7/1/93, 7/1/02

Billing Instructions

Click **here** to view the Billing instructions eManual.

Notice

A Vision Care Services provider handbook is currently not available.

Below please find Ohio Administrative Code (OAC) rules regarding Vision Care Services and links to the OAC (found in the Legal Services collection).