



OPTOMETRIC AND EYEGLASS SERVICES

This document is subject to change. Please check our web site for updates.

This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

This document covers services provided by an ophthalmologist, optometrist, or optician who is licensed and is enrolled with North Dakota (ND) Medicaid.

SERVICES WITHIN SCOPE OF PRACTICE

Services are covered when they are within the scope of the provider's practice, and are also a covered service by ND Medicaid.

DISPENSING SERVICES

Dispensing services may be provided by ophthalmologists, optometrists, and opticians.

SERVICES FOR MEMBERS WITH LIMITED MEDICAID COVERAGE

Medicaid generally does not cover eye exams or eyeglasses for members with Qualified Medicare Beneficiary (QMB) coverage. Always check member eligibility before providing services. However, ND Medicaid may cover eye exams for these members under the following conditions.

- Following cataract surgery: Members who have QMB only coverage are only eligible for eyeglasses following cataract surgery when Medicare approves the eyeglasses claim. ND Medicaid considers the Medicare coinsurance and deductible for this claim.
- Diabetic diagnosis: Medicaid covers eye exams for members with basic Medicaid coverage, not QMB, who have a diabetic diagnosis (see following table). Eyeglasses are not covered for these members.

- Medically Necessary Eye Examinations: ND Medicaid covers eye exams for members with basic Medicaid coverage, not QMB, who have certain eye conditions (see following table). Eyeglasses are not covered for these members.

NON-COVERED SERVICES

Services that not covered include the following:

- Services considered experimental or investigational.
- Dispensing fees for a member who is not eligible for lenses and/or frames within the two (2) year time period for adults, one (1) year for children.
- Services that the provider did not personally provide. The main exception is that the dispensing service may be performed by the provider's employee when it is allowed by law.

RETROACTIVE ELIGIBILITY

ND Medicaid does not cover eyeglasses for members who become retroactively eligible for Medicaid when the eyeglasses were purchased before retroactive eligibility was determined. However, eye exams are covered for retroactively eligible members. For example, a member had an eye exam and purchased eyeglasses on July 15. On September 1, the member was determined eligible for Medicaid retroactive to July 1. ND Medicaid would pay for the eye exam but not for the eyeglasses.

CONTACT LENSES – PRIOR AUTHORIZATION AND INVOICE REQUIRED

Contact lenses are covered only when medically necessary and not for cosmetic reasons. Dispensing providers must obtain prior authorization for all contact lenses and dispensing fees. The same limits that apply to eyeglasses and repairs also apply to contacts. Contact lenses are not provided by the eyeglass contractor and therefore may be provided by other providers. When billing for services after prior approval has been obtained, the claim must be submitted with an invoice. ND Medicaid covers contact lenses when the member has one of the following conditions:

- Keratoconus;
- Sight that cannot be corrected to 20/40 with eyeglasses;
- Aphakia;
- Anisometropia of 2 diopters or more.

EYE EXAMS

Members ages 21 and over are limited to one eye examination and refraction every two (2) years. Members ages 20 and under are limited to one eye examination and refraction every 365 days. ND Medicaid allows exceptions to these limits when one of the following conditions exists. Prior authorization is required.

- Following cataract surgery, when more than one exam during the respective period is medically necessary;
- Adult diabetic members may have exams every 365 days.

EYEGLOSS SERVICES

Adults ages 21 and older are eligible for eyeglasses every two (2) years. Children ages 20 and under are eligible for eyeglasses every 365 days.

- If the member has a diagnosed medical condition that prohibits the use of bifocals, an exception may be made allowing eyeglasses to be dispensed outside of the limit requirement. Providers are required to submit a prior authorization. The provider must document the member's inability to use bifocals.

FRAME SERVICES

ND Medicaid will only cover eyeglasses and frames purchased through ND Medicaid's eyeglass contractor.

The eyeglass contractor will provide a list of Medicaid-covered frames to dispensing providers.

Members have the option of using their "existing frames" and ND Medicaid will cover lenses. The existing frame is a frame that the member owns or purchases. When a member chooses to use an existing frame, the following apply:

- Dispensing providers will evaluate existing frames to ensure lenses can be inserted.
- The eyeglass contractor will decide if the existing frame can be used for Medicaid covered lenses. If the existing frame cannot be used, the eyeglass contractor will inform the dispensing provider.
- If the existing frame breaks (after lenses are dispensed to the member), ND Medicaid will pay for a contract frame, but not new lenses. The member can choose to pay privately for new lenses or find a contract frame that the lenses will fit. New lenses are not covered in this case.

- Code 92370, repair and refitting of spectacles, requires prior authorization.

Lens Add-Ons		
Lens Feature	Medicaid Covers For Children (Ages 20 and Under)	Medicaid Covers For Adults (Ages 21 and Older)
Photochromic - plastic (i.e. Transition)	Yes - if medically necessary with Prior Authorization	Yes – if medically necessary with Prior Authorization
Photochromic - Glass (i.e. photogray, photo-brown)	Yes - if medically necessary with Prior Authorization	Yes - if medically necessary with Prior Authorization
Progressive	No	No
Polycarbonate lenses (Single vision, Bifocal, or Trifocal lenses)	Yes	Yes
Tints Rose 1 and Rose 2 (applicable to CR-39 and Polycarbonate lenses only)	Yes	No
Tints other than Rose 1 and Rose 2 (applicable to CR-39 and Polycarbonate lenses only)	Yes - if medically necessary with Prior Authorization	Yes - if medically necessary with Prior Authorization
Ultraviolet	Yes - if medically necessary with Prior Authorization	Yes - if medically necessary with Prior Authorization
Slab-off and fresnell prism	Yes - if medically necessary with Prior Authorization	Yes - if medically necessary with Prior Authorization

Any lens style, lens material, tint, coating lens enhancement (polished edge, etc.) not specifically noted above or within this manual will be billed to the dispensing provider at the eyeglass contractor’s normal and customary charges.

LENS STYLES AND MATERIALS

All eyeglass lenses fabricated by the eyeglass contractor for ND Medicaid members must be in the edged form, edged to shape and size for a specific frame and returned to the dispensing provider as “lenses only,” or edged and mounted into a specific frame and returned to the dispensing provider as “complete Rx order.” Orders for “uncut” lenses are not accepted.

ND Medicaid covers the following lens styles:

- Single vision;
- Flattop segments 28;

- Round 22;
- Flattop trifocals 7 x 28;
- Executive style bifocals.

ND Medicaid covers the following lens materials (no high index):

- Glass;
- CR-39;
- Polycarbonates.

REPLACEMENT LENSES AND FRAMES

All frames provided by the eyeglass contractor carry a 12-month manufacturer warranty on replacement fronts and temples. Members must bring their broken frames into the dispensing provider for the contractor to repair. No new frame style or color can replace the broken frame.

If an adult (ages 21 and older) loses or breaks his or her eyeglasses within the 24 months, ND Medicaid will not cover another pair.

If a child (ages 20 and under) loses or breaks the first pair of eyeglasses, and the damage is not covered by the warranty, ND Medicaid will replace one pair of eyeglasses within the 12 month period. All replacement requests must be prior authorized.

EYEGLOSS ORDERING PROCEDURES

Providers must complete the ND Medicaid Rx form to order eyeglasses from the eyeglass contractor.

Prescription change is used when a lens is ordered due to a prescription change, which meets Medicaid guidelines.

BILLING GUIDELINES

Mail or fax the order form to the eyeglass contractor. Phone orders are not accepted. To ensure orders will be processed accurately and on time, all sections of the order form must be completed.

Errors in the fabrication of eyeglasses made by the eyeglass contractor will be corrected by the contractor at no additional charge.