First Health Services Corporation
A Coventry Health Care Company

Billing Guidelines for Provider Types 25 and 41

Optometrist

Optician and Optical Business

Covered Services/Supplies

For recipients of all ages, Medicaid covers:

- **Exams** (routine exams or exams for medical reasons)
- **Ocular medical services** (e.g., eye infection, foreign body in eye, glaucoma, cataract services)
- **Ocular prosthesis**
- **Vision therapy**

See MSM Chapter 1100 on the DHCFP website for a complete list of Medicaid covered services, limitations and prior authorization requirements.

For Nevada Check Up covered services, service limitations and prior authorization requirements, refer to the Nevada Check Up Manual on the DHCFP website.

Non-Covered Services/Supplies

Medicaid does not cover:

- ™ Sunglasses
- ™ Eyeglass Case
- ™ Cosmetic lenses
- ™ Frames with ornamentation
- ™ Frames that attach to or act as a holder for hearing aid(s)
- ™ Contact lenses are not covered unless they are (1) required to bring vision to the minimum criteria to avoid legal blindness, (2) medically indicated after cataract surgery or (3) the necessary means for avoiding heavy glasses.

If a recipient under age 21 selects non-covered frames/lenses, or frames/lenses over the Medicaid allowable cost, the recipient is responsible for the additional cost. Please retain an agreement for recipient payment in the recipient's file.

Corrective lenses and frames are not covered for recipients age 21 and older.

Prior Authorization Requirements

Prior authorization is required for:

- ™ Ocular prosthesis
- ™ Vision therapy (CPT code 92065)

Prior authorization requirements apply to all recipients regardless of their primary insurance carrier.

To request authorization for a service, complete and submit form FH-1. If you have questions regarding coverage, prior authorization requirements or a recipient's eligibility for a service, contact First Health Services at (800) 525-2395.

Rates

The DHCFP provides reimbursement rates on the Rates page of their website.

Special Claim Form Instructions

List each non-covered ocular service/supply on its own claim line. This allows Medicaid to track all services/supplies received by the recipient.

Field 17 (NAME OF REFERRING PHYSICIAN OR OTHER SOURCE): If an eye exam was referred through a Healthy Kids Screening, enter the name of the referring physician in Field 17 on the CMS-1500 claim form.

Field 24D (PROCEDURES, SERVICES, OR SUPPLIES): When dispensing optical supplies, specify "spectacle services" using CPT codes 92340–92371 and "supply of materials" using HCPCS codes V2100–V2799 (non-covered codes in this range are V2756, V2761, V2788 and V2702).

Field 24G (DAYS OR UNITS): When submitting a claim for lenses, bill 1 unit for 1 lens, and 2 units for 2 lenses.

Field 33 (PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #): Claims for prosthetic eye supplies are paid under provider type 41. Enter your Optical Business NPI in this field when billing for prosthetic eye supplies (HCPCS codes V2623 – V2629).

See the CMS-1500 Claim Form Instructions on First Health Services website for field by field claim form requirements.