

## OPTOMETRIC AND EYEGLASS SERVICES

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ND Medicaid covers services provided by an ophthalmologist, optometrist, or optician who is licensed and is enrolled with ND Medicaid. ND Medicaid covered services must be within the scope of the provider's practice.

Providers seeking approval for optometric and eyeglass services requiring service authorization must submit a Request for Service Authorization for Vision Services (SFN 292) The form is available at [www.nd.gov/eforms](http://www.nd.gov/eforms).

### EYE EXAMS

Members ages 21 and over are limited to one eye examination and refraction every two 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. Service authorization for an exception is required:

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

### 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. ND Medicaid may cover eye exams 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: Members with basic Medicaid coverage, not QMB, who have a diabetic diagnosis. Eyeglasses are not covered for these members.
- Medically Necessary Eye Examinations: Eye exams for members with basic Medicaid coverage, not QMB, who have certain eye conditions. Eyeglasses are not covered for these members.

### RETROACTIVE ELIGIBILITY

ND Medicaid does not cover eyeglasses for members who become eligible for Medicaid retroactively when the eyeglasses were purchased before retroactive eligibility was determined. However, eye exams are covered for members who become eligible retroactively. For example, a member had an eye exam and ordered eyeglasses on

July 15. On September 1, the member was determined eligible for Medicaid retroactive to July 1. ND Medicaid would cover the eye exam, but not the eyeglasses.

## **EYEGLASSES**

Members ages 21 and older are eligible for eyeglasses every two years. Members ages 20 and under are eligible for eyeglasses every 365 days.

If the member has a diagnosed medical condition that prohibits the use of the pair of eyeglasses that has been dispensed to the member, an exception may be made allowing eyeglasses to be dispensed outside of the limit requirement. Providers are required to submit a service authorization request and document the member's inability to use the eyeglasses that have been dispensed.

## **FRAME SERVICES**

ND Medicaid will only cover lenses and frames purchased through ND Medicaid's eyeglasses contractor. The eyeglass contractor must secure an order (prescription) from the ordering practitioner and include the NPI, taxonomy and name of the ordering practitioner on the claim to ND Medicaid. The eyeglasses 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 eyeglasses contractor will decide if the existing frame can be used for Medicaid covered lenses. If the existing frame cannot be used, the eyeglasses contractor will inform the dispensing provider.
- If the existing frame breaks (after lenses are dispensed to the member), ND Medicaid will pay for a frame covered under the eyeglasses contract, but not new lenses. The member can choose to pay privately for new lenses or choose a contract frame that the lenses will fit.

## **LENS ADD-ONS**

Lens Feature	Covered for Children (Ages 20 and Under)	Covered for Adults (Ages 21 and Older)
Blue Blocking Lenses	Yes – if medically necessary with Service Authorization	Yes – If medically necessary with Service Authorization
Photochromic – plastic (i.e. Transition)	Yes - if medically necessary with Service Authorization	Yes - if medically necessary with Service Authorization
Photochromic – Glass (i.e. photo gray, photo-brown)	Yes - if medically necessary with Service Authorization	Yes - if medically necessary with Service 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	Yes
Tints other than Rose 1 and Rose 2 (applicable to CR-39 and Polycarbonate lenses only)	Yes - if medically necessary with Service Authorization	Yes - if medically necessary with Service Authorization
Ultraviolet	Yes - if medically necessary with Service Authorization	Yes - if medically necessary with Service Authorization
Slab-off and Fresnel prism	Yes - if medically necessary with Service Authorization	Yes - if medically necessary with Service Authorization

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

**LENS STYLES AND MATERIALS**

All lenses fabricated by the eyeglasses contractor for 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.

## **REPAIR AND REFITTING**

Services involving repair and refitting require service authorization.

## **REPLACEMENT LENSES AND FRAMES**

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

If an adult (age 21 and older) loses or breaks their eyeglasses within the 2-year replacement timeframe, ND Medicaid will not cover another pair.

If a child (age 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 365-day replacement timeframe. All replacement requests must be prior authorized.

## **ORDERING EYEGLASSES**

Providers must order eyeglasses from the designated eyeglass contractor, Classic Optical. Eyeglass orders can be submitted on-line at:

[www.classicoptical.com/Orders.asp](http://www.classicoptical.com/Orders.asp)

## **DISPENSING SERVICES**

Ophthalmologists, optometrists, and opticians may provide dispensing services.

**CONTACT LENSES – SERVICE AUTHORIZATION AND INVOICE REQUIRED**

Contact lenses and applicable dispensing fees require service authorization and are covered only when medically necessary and not for cosmetic reasons. 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. The provider dispensing the contact lenses must secure an order (prescription) from the ordering practitioner and include the NPI and taxonomy of the ordering practitioner on the claim to ND Medicaid.

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; or
- Anisometropia of 2 diopters or more.

**NONCOVERED SERVICES**

Noncovered services include:

- 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.