

<b>Division of Medicaid</b>	<b>New:</b>	<b>Date:</b>
<b>State of Mississippi</b>	<b>Revised: X</b>	<b>Date: 11/01/05</b>
<b>Provider Policy Manual</b>	<b>Current:</b>	<b>11/01/06</b>
<b>Section: Vision</b>	<b>Section: 29.01</b>	
	<b>Pages: 1</b>	
<b>Subject: Introduction</b>	<b>Cross Reference:</b>	

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single state agency to administer the Medicaid program in Mississippi.

Vision service is an optional benefit under the state's Medicaid program. Paragraph (11) of Section 43-13-117 of the Mississippi Medical Assistance Act (Medicaid) provides financial assistance as follows:

“Eyeglasses for all Medicaid beneficiaries who have (a) had surgery on the eyeball or ocular muscle that results in a vision change for which eyeglasses is medically indicated within six (6) months of the surgery and is in accordance with policies established by the division, or (b) one (1) pair every five (5) years and in accordance with policies established by the the division. In either instance, the eyeglasses must be prescribed by a physician skilled in diseases of the eye or an optometrist, whichever the beneficiary may select.”

**EXCEPTION:** ~~Beneficiaries in the pregnancy only category (COE 88) and the Family Planning Waiver (COE 29) are not eligible for vision benefits.~~ Beneficiaries in the pregnancy only category (COE 88) and the Healthier Mississippi Waiver category (COE 45) are not eligible for eyeglasses, frames, lenses, or contact lenses. Eye exams are covered. For beneficiaries in the Family Planning Waiver category (COE 29), no vision services are covered. This is inclusive of eye exams, eyeglasses, frames, lenses, and/or contact lenses.

As required by Title XIX of the Social Security Act, Mississippi's Medicaid program provides EPSDT services for Medicaid eligible beneficiaries less than 21 years of age. Eligible beneficiaries may receive one (1) complete pair of eyeglasses per fiscal year. Replacement glasses are covered if medically necessary.

A provider's participation in the Mississippi Medicaid program is entirely voluntary. However, if a provider does choose to participate in Medicaid, the provider must accept the Medicaid payment as payment in full for those services covered by Medicaid. The provider cannot charge the beneficiary the difference between the usual and customary charge and Medicaid's payment. The provider cannot accept payment from the beneficiary, bill Medicaid, and then refund Medicaid's payment to the beneficiary. Services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary.

The Mississippi Medicaid program purchases needed health care services for beneficiaries as determined under the provision of the Mississippi Medical Assistance Act. DOM is responsible for formulating program policy. DOM staff is directly responsible for the administration of the program. Under the direction of DOM, the fiscal agent is responsible for processing claims, issuing payments to providers, and for notifications regarding billing. DOM initiates Medicaid policy as it relates to these factors.

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<b>Section: Vision</b>	<b>Section: 29.04</b>	
<b>Subject: Exclusions</b>	<b>Pages: 2</b>	<b>Cross Reference:</b>

### Category of Eligibility Exclusions

Beneficiaries in the following categories of eligibility are **not** eligible for vision benefits:

- ~~COE 88 – Pregnancy only~~
- ~~COE 29 – Family Planning Waiver~~

Beneficiaries in the pregnancy only category (COE 88) and the Healthier Mississippi Waiver category (COE 45) are not eligible for eyeglasses, frames, lenses, or contact lenses. Eye exams are covered. For beneficiaries in the Family Planning Waiver category (COE 29), no vision services are covered. This is inclusive of eye exams, eyeglasses, frames, lenses, and/or contact lenses.

### General Vision Program Exclusions

Services and items **not** covered by the Division of Medicaid include, but are not limited to, the following:

- Eyeglasses used solely for protective, fashion, cosmetic, sports, occupational or vocational purposes
- Spare pair of eyeglasses
- Single vision eyeglasses in addition to multifocal eyeglasses
- No-line/invisible bifocals
- Hi-index/polycarbonate (high prescription) lenses for beneficiaries age twenty-one (21) and older
- Sunglasses
- Upgraded frames (i.e., Medicaid only covers standard frames)
- Eyeglass cases
- Engraving
- Contact lens supplies/solutions
- Eyeglass or contact lens insurance
- Low vision aids for beneficiaries age twenty-one (21) and older
- Ocular prosthesis (Artificial Eye) for beneficiaries age twenty-one (21) and older
- Lens Coating except as specified in Section 29.07

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- Orthoptics
  - Dispensing fees
  - Contact lenses except as specified in Section 29.08
  - Refractive surgery including, but not limited to, Lasik surgery, radial keratotomy, photorefractive keratectomy, and astigmatic keratotomy
  - Services and items requiring prior authorization for which authorization has been either denied or not requested
  - Replacement of lenses or frames due to provider error in prescribing, frame selection, or measurement
  - Replacement of lenses or frames due to poor workmanship and/or materials
  - Any exclusion listed elsewhere in the Mississippi Medicaid Provider Manual, bulletins, or other Mississippi Medicaid publications

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<b>Section: Vision</b>	<b>Section: 29.05</b>	
<b>Subject: Eye Examinations/Refractions</b>	<b>Pages: 4-2</b> <b>Cross Reference:</b>	

Eye examinations/ refractions must be performed by an Optometrist or Ophthalmologist.

### **Examination for Determination of Refractive State**

Refractive errors generally occur in otherwise healthy eyes. The shape of the eye does not refract light properly causing the visual image to be blurred. There are four basic types of refractive errors: Myopia, Hyperopia, Astigmatism, and Presbyopia.

DOM covers examination for refractive errors as follows:

<b>Benefit</b>	<b>Limitations</b>	<b>Prior Authorization</b>
Exam for Determination of Refractive State (CPT 92015)	<b>Beneficiary Age 21 And Over:</b> <del>Allowed one (1) eye exam every fiscal year. The exam counts toward the twelve (12) office visits.</del> <u>Allowed one (1) refraction every five (5) years.</u>	NO
	<b>Beneficiary Under Age 21:</b> <del>Allowed one (1) eye exam every fiscal year. The exam counts toward the twelve (12) office visits.</del> <u>Allowed up to two (2) refractions every fiscal year without prior authorization. Additional refractions may be allowed with prior authorization based on medical necessity. The second refraction in the fiscal year should be billed only if it was medically necessary for the procedure to be performed again. It is expected that there are instances where eyeglasses, lenses, and/or contact lenses can be replaced due to breakage or loss without another refraction.</u>	NO

Fiscal year is defined as July 1 through June 30.

Providers must use CPT 92015 to bill for examinations performed to determine refractive state.

### **Medically Necessary Diagnostic Services**

Medically necessary diagnostic services that aid in the evaluation, diagnosis, and or treatment of ocular disease or injury are covered for all beneficiaries regardless of age. **Coverage is limited to the eye examination.** The exam counts toward the twelve (12) office visits. Providers must bill using the appropriate ~~Ophthalmology~~ CPT codes for new and established patients.

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### **Screening Services for Children Under Age Twenty-One**

Vision screening services for beneficiaries under age twenty-one (21) are available through the Early and Periodic, Diagnosis and Treatment (EPSDT) Program. Refer to ~~the EPSDT Manual~~ Section 73 of the Provider Policy Manual.