



# Vermont Medicaid Vision Supplement

## Table of Contents

<b>SECTION 1</b>	<b>VISION CARE AND EYEGLASSES.....</b>	<b>3</b>
1.1	Fitting vs. Repair and Refitting .....	3
<b>SECTION 2</b>	<b>ELIGIBILITY.....</b>	<b>4</b>
<b>SECTION 3</b>	<b>PRIOR AUTHORIZATION (PA).....</b>	<b>5</b>
3.1	Cataract Removal .....	6
3.2	Repeat Service or Procedure.....	6
3.3	Non-Reimbursable Items .....	6
<b>SECTION 4</b>	<b>VISION-EYEGLASS FAQ.....</b>	<b>7</b>

## Section 1 Vision Care and Eyeglasses

HCAR 4.214, Eyewear and Vision Care Services can be found on the Agency of Human Services website at: <https://dvha.vermont.gov/budget-legislative-and-rules/rules-and-statutes>. All eyewear and vision services are subject to the requirements of administrative rule. Information contained in the rule will not be repeated in the provider manuals.

In line with current DVHA policy related to dates of service, providers may bill eyeglass fitting fees on the day they order the glasses.

Eyeglasses are provided only under the terms of a contract between the state and the sole source vendor, Classic Optical Laboratories, Inc.

All frames and lenses must be ordered from:

Classic Optical Laboratories, Inc.

P.O. Box 1341

Youngstown, Ohio 44501

Phone: 888.522.2020

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

Business Hours: 8:00 am-8:00 pm EST, Monday through Friday

- Providers submitting requests for lost or broken eyeglasses (lenses and/or frames) are required to include that information on the order form or add the KX modifier to indicate lost or broken.
- Eyeglass cases can be billed only by Classic Optical as part of the sole-source contract.

**Note:** Lenses may be placed in the beneficiary's own frames if the lenses can be incorporated safely and reasonably into those frames, as determined by the sole source contractor. If there is a medical reason for purchasing frames outside of the contract, the lenses will also need to be authorized for beneficiaries under the age of 21.

### 1.1 Fitting vs. Repair and Refitting

Fitting of Spectacles CPT code descriptions should be viewed when fitting a new pair of eyeglasses to the member and if glasses are replaced if lost or broken beyond repair to select the most appropriate billing code. The claim must indicate the circumstance in form locator 19 on the CMS-1500 or electronically in the Notes section regarding replacements. One fitting fee code applies, whether one or both eyes are involved.

Repair and Refitting Spectacles codes are used for the in-office repair of eyeglasses.

Codes for Repair and Refitting Spectacles are not applicable when ordering frames, lenses or eyeglasses or for replacement.

## Section 2 Eligibility

Eligibility verification is the responsibility of the provider and must be verified before an order is sent to Classic Optical. Providers may check eligibility through web access at <http://www.vtmedicaid.com> or call the Voice Response System (VRS) at 800.925.1706 (in-state only) or 802.878.7871.

See the Vermont Medicaid General Provider Manual, Section 4, Member Information.  
<http://www.vtmedicaid.com/#/manuals>

Vision care services, which may include eyeglasses (frames and lenses) may be covered for members:

- Who are covered for beneficiaries under the age of 21
- When provided only under the terms of a contract between the state and the sole source vendor

## Section 3 Prior Authorization (PA)

Medical necessity for special frames or lenses outside of Vermont Medicaid's sole source contract requires that the prescribing optometrist or ophthalmologist seek prior authorization from DVHA. This applies for new lenses when Classic Optical determines that the member's current lenses cannot be incorporated safely and reasonably into the special frames.

The following circumstances require prior authorization:

- Contact lenses for optimum management of ocular conditions such as aphakia, keratinous, or corneal transplant. A single lens and not a pair are considered one unit. When a physician supplies two contact lenses to a member, one for each eye, the procedure code must be billed twice; once with modifier LT and once with modifier RT.
- Some special lenses (Note: the prism lenses feature does not require a prior authorization).
- Progressive lenses will only be covered for a documented diagnosis of Presbyopia.
- Photosensitive lenses.
- More than one comprehensive eye exam and one intermediate eye within the 24-month limit or more than two intermediate eye exams within a two-year period.
- Replacement of frames or lenses, other than those that are broken or lost, within a 24-month period for beneficiaries from the age of 6 to under the age 21 and within a 12-month period for those beneficiaries under the age of 6.

The following benefits require prior authorization (see the fee schedule for additional information, <http://dvha.vermont.gov/for-providers/claims-processing-1>):

- V2025 (deluxe frames)
- V2744 (photochromic lens)
- V2745 (any other tint added to the lens)
- V2762 (polarized lens)
- V2199, V2299, V2399, V2799 (miscellaneous vision service)

The Prior Authorization Form is available from:

- Classicoptical.com or phone 888.522.2020
- <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>

The requesting/dispensing provider's NPI and taxonomy combination must be listed on the Prior Authorization Form and must match the NPI # and corresponding provider name on the CMS-1500 claim form. Per federal regulation, do not use the Vermont Medicaid ID number.

Prior Authorization change requests must come from the original requesting provider. Any requests to change or update an original or an existing prior authorization must be in the form of a detailed letter referencing the PA number, stating the change(s) requested, and explaining why the change is needed. A copy of the existing PA is not necessary.

### **3.1 Cataract Removal**

Cataract procedures are reimbursable and prior authorization is not required.

### **3.2 Repeat Service or Procedure**

Earlier replacement is limited to the following circumstances.

- When eyeglasses (frames or lenses) have been lost, broken beyond repair, or scratched to the extent that visual acuity is compromised. Dispensing providers will make the clinical determination, and document reason, in regard to eyeglasses (frames or lenses) being broken beyond repair or visual acuity being compromised.
- When a change of at least one-half diopter in lens strength is documented in a single vision field (i.e. sphere or cylinder) by the dispensing provider.

### **3.3 Non-Reimbursable Items**

- Eyeglasses (frames and/or lenses) purchased outside of the department's sole-source contract are not covered.
- Transition lenses © Gas permeable bifocal contact lens.
- Eyeglasses or contact lenses for members over the age of 21.

See the Vermont Medicaid General Billing and Forms Manual, Section 5.3.21, Evaluation & Management Services for information on billing non-routine vision office visits.

<http://www.vtmedicaid.com/#/manuals>

## Section 4 Vision-Eyeglass FAQ

**Q: Who is eligible for eyeglasses under the Vermont Medicaid Eyeglass Program?**

A: The Vermont Medicaid Eyeglass Program covers children under the age of 21.

**Q: Are there minimum Rx requirements for an eligible Vermont Medicaid beneficiary to receive eyeglasses?**

A: No. There is no minimum RX requirement for an eligible beneficiary to receive glasses.

**Q: Can an eligible beneficiary use a non-contract frame?**

A: Classic Optical is only authorized to process a non-contract frame for a Vermont beneficiary where the state has prior authorized the non-contact frame.

**Q: How often can an eligible beneficiary get a new pair of eyeglasses?**

A: An eligible beneficiary can receive a new pair of eyeglasses once every 24 months from the initial date of service. Eligible beneficiaries under age six (6) are allowed one pair of glasses every year, when medically necessary, without requiring PA.

**Q: When can an eligible beneficiary get a replacement pair of eyeglasses?**

A: *Broken Frame or Lenses* - Eyeglasses (frame and/or lenses) may be replaced sooner than the 24-month benefit period if the frame or lenses are broken and vision acuity is compromised, as determined by the doctor. Only the broken component(s) will be replaced. Frames sent to Classic Optical for replacement lenses must be sent by traceable means, at the provider's expense. Classic Optical is not responsible for frames that do not arrive, damage done in transit, frame breakage during processing, or warranties on non-contract frames. Classic Optical reserves the right to return frames it determines are not useable for new lenses.  
*Lost Eyeglasses* - Replacement of lost eyeglasses are limited to the same frame and Rx as the lost pair. Note: The benefit period restarts whenever a replacement pair of eyeglasses is issued.

**Q: What lenses are covered under the Vermont Medicaid Eyeglass Program?**

A: All lenses will be polycarbonate, unless medical necessity requires a different material (prior authorization required.)

**Q: Can an eligible beneficiary upgrade his/her contract frame and pay the difference for the upgrade?**

A: No. The Vermont Medicaid Eyeglass Program will not cover the cost of the frame if it is not a contract frame.

**Q: Can an eligible beneficiary upgrade his/her covered lenses and pay the difference for the upgrade?**

A: Yes. Vermont Medicaid beneficiaries may purchase non-covered services at their own expense. Classic Optical will bill the provider directly for the non-covered services.

**Q: How long does it take for a Medicaid order to be completed?**

A: All properly submitted and completed orders will be shipped within six (6) business days. The first of the six (6) business days shall be the workday immediately following receipt of the properly submitted order.

**Q: What is the product warranty?**

A: All frames and lenses are fully guaranteed against manufacturer defects for 90 days from the date of service. Frames and/or lenses determined to be damaged by the patient are not covered under this warranty. Where frames and lenses are defective, the provider shall return the products to the lab within seven (7) business days of the original delivery date. Such circumstances include, but are not limited to:

- Lenses that are broken, scratched, or chipped at time of receipt by the provider.
- Lenses that deviate from the VT Medicaid vision care provider's prescription beyond the deviation standards allowed by the ANSI Z80 Committee on Ophthalmic Standards.

This warranty is voided if the lenses that have been processed, edged, or tinted after delivery unless the provider can clearly demonstrate that the unprocessed lenses were defective.

**Q: Is a copy of the original order required when returning a defective product?**

A: Yes. If the frame and/or lens is defective, a copy of the original order or original invoice must be included for verification of the warranty period.

**Q: When is prior authorization required?**

A: The lab is not permitted to process the following orders until a prior authorization approval is received from Vermont Medicaid. The following require prior authorization:

- 2025 (deluxe frames)
- V2744 (photochromic lens)
- V2745 (any other tint added to the lens)
- V2762 (polarized lens)
- V2199, V2299, V2399, V2799 (miscellaneous vision service)

The following circumstances require prior authorization:

- Frame outgrown, and needs replaced within the 24-month benefit period
- Replacement for a change in Rx (must be at least +/- 0.50 D in at least one eye) within the 24-month benefit period
- Replacement of frames or lenses other than those that are broken or lost within the 24-month benefit period
- Scratched lenses so that visual acuity is compromised

**Q: What is the prior authorization process?**

A: The process is as follows:

1. A completed [Prior Authorization Request Form](#) must be faxed with the medical documentation and the Rx requirements to Vermont Medicaid Prior Authorization Unit (PA Unit).
2. The PA Unit sends a Notice of Decision letter to the provider, the beneficiary, and to Classic Optical.
3. The provider faxes the approval letter with the order to Classic Optical (items requiring prior authorization cannot be ordered online).
4. If the order and approval letter match the approval letter faxed to Classic Optical by the PA Unit, Classic Optical processes the order.
5. If the order does not match the approval letter, the order is denied, and the provider is notified.

**Q: Where can a provider obtain a prior authorization form?**

A: [Prior Authorization Request Forms](#) are available for download from the Classic Optical website on the Vermont Medicaid Eyeglass Program website. Providers may also call Classic Optical Customer Service to request a Prior Authorization Request Form and we will fax or email the form.

**Q: Where can a provider get help with prior authorization issues?**

A: Providers should contact the DXC Technology Helpdesk at 800.925.1706 (in-state only) or 802.878.7871.

**Q: Does Classic Optical verify a beneficiary's eligibility before processing an order?**

A: No. Eligibility verification is the responsibility of the provider before an order is sent to Classic Optical. Providers may check eligibility through a web services account at [www.vtmedicaid.com/#/](http://www.vtmedicaid.com/#/) or call the automated Voice Response System (VRS) at 800.925.1706 (in-state only) or 802.878.7871.

**Q: How can a provider order eyeglasses from Classic Optical?**

A: Orders are accepted online, by fax, and by mail. The best way to place an order is through the secure Vermont Medicaid Eyeglass Program-specific website at [www.classicoptical.com](http://www.classicoptical.com). Online orders reach Classic Optical faster and are therefore processed faster than orders submitted via fax or through the mail. Call Classic Optical Customer Service at 888.522.2020 or submit a request online to obtain a username and password.

**Q: Where can a provider get a paper order form?**

A: Providers can download a [blank order form](#) from the Classic Optical website after logging on to the Vermont Medicaid Eyeglass Program website. Providers may also call Classic Optical Customer Service to request a blank order form and they will fax or email the form to you. Business Hours: 8:00 am-8:00 pm EST, Monday through Friday.

**Q: Is it true that Classic Optical's online order forms are SMART to ensure speedy order processing?**

A: Yes. The online order form has been developed to prevent submission of incorrect ophthalmic combinations and incomplete orders. The online order form is limited to items available under the Vermont Medicaid Eyeglass Program.

The online order process will not allow orders requiring prior authorization to be submitted through the portal. These orders must be faxed to Classic Optical. Orders requiring special handling, such as provider error remake orders are also not permitted to be ordered online.

**Q: Can a provider submit an order over the phone?**

A: No. The State does not allow Classic Optical to accept orders over the phone.

**Q: Can a provider view a beneficiary's previous Rx?**

A: Yes. Providers can view a beneficiary's previous Rx that was processed by Classic Optical. On the "Vision Services Profile" screen, click an exam date to view the specific previous Rx. To access the Vision services Profile, choose the "Place Medicaid Order" option, enter the recipient ID and click search. If Classic Optical has processed orders for this beneficiary a list of orders displays by date of service. Clicking on the exam date displays the order form.

**Q: How can a provider check the status of an order placed with Classic Optical?**

A: Providers can visit the “Track Orders” screen (listed under Doctors Links) on the Vermont Medicaid Eyeglass Program website to confirm an order was received and to track its status. Providers can also call Classic Optical Customer Service at 888.522.2020.

**Q: What are the Customer Service hours of operation?**

A: Classic Optical’s Customer Service representatives are ready to take your call between the hours of 8:00 AM to 8:00 PM EST, Monday through Friday.