

2008 Medica[®] Vision Care at a Glance

	Refractive Exams	Eyeglasses/ Contact Lenses (Refractive)
Prime SolutionSM 70200-70220 (formerly PHP+Medicare)	<ul style="list-style-type: none"> One annual routine eye exam is covered No referral is required to a network optometrist/ ophthalmologist ICD-9 Code V72.0 or 367.0-367.9x (5th digit required) 	One pair of conventional lenses following cataract surgery where intra-ocular lens is inserted, 20 percent co-insurance
Group Prime Solution 70500-70599 (formerly Group PHP+Medicare)	<ul style="list-style-type: none"> One annual routine eye exam is covered No referral is required to a network optometrist/ ophthalmologist ICD-9 Code V72.0 or 367.0-367.9x (5th digit required) 	<ul style="list-style-type: none"> One pair of conventional lenses following cataract surgery with intra-ocular lens insertion, 20 percent co-insurance <i>Also</i>, some groups have a \$75 eyewear credit every two years toward the purchase of lenses or frames
Select SolutionSM 71000-71076 71101-71512 (formerly SeniorCare Secure)	If services are covered by Medicare <i>and</i> received through Medica-contracted providers, Medica supplements Medicare's payment. One routine eye exam is covered annually even if not covered by Medicare.	Coverage for lenses following cataract surgery only when using a Medica-contracted provider; Medica will coordinate benefits with Medicare
DUAL SolutionSM (MSHO) Group 07590, 07592 (formerly SeniorCare Dual)	Medica will pay as a supplement on any eye exams eligible under Medicare and Medicaid	One pair of conventional lenses following cataract surgery where intra-ocular lens is inserted; one new pair of eyeglasses when prescription changes; identical replacement of lost/stolen/damaged eyeglasses; <i>ALL services must be directed and received through Care System</i>
All Medicare Based Plans Group #'s 70200 – 70220 70500 – 70599; 71000 – 71076; 71101 – 71512; 07590, 07592	<p>Each member has a \$125 eyewear credit available every two years. Benefit may be used for eyeglass lenses, frames or contact lenses. Medica contracted eyewear providers should submit a claim to Medica for the \$125 benefit amount using HCPCS code V2799 with "<u>limited eyewear</u>" in the description field on the CMS-1500 form. The member is responsible for all costs above the \$125.</p>	
SelectCareSM / LaborCare[®] *(1)	These are self-funded plans, coverage should be verified with the plan payer (identified on member's ID card)	<i>MOST</i> plans do NOT cover eyeglasses or contacts to correct refractive errors – coverage should be verified with the plan payer (identified on member's ID card)
Medica ChoiceSM Plan	<ul style="list-style-type: none"> Routine eye exam is covered 	NO COVERAGE – some self-funded Medica Choice SM plans may have coverage for this on a group-specific basis
Medica Premier Plan	<ul style="list-style-type: none"> One annual routine eye exam is covered without a referral to a network optometrist/ ophthalmologist. Subsequent exams during the year require a referral from the Primary Care Clinic (PCC). 	NO COVERAGE – some self-funded Premier plans may have coverage for this on a group-specific basis
Medica Elect[®] Plan	<ul style="list-style-type: none"> One annual routine eye exam is covered without a referral from the Primary Care Clinic when received from a network provider. Subsequent exams during the year require a referral from the PCC. 	NO COVERAGE
Claims submission for above products only	When submitting claim for an eye exam, it should be submitted using a 08 or 22 provider number.	When submitting claim for enrollees with eyeglass coverage, claim for eyeglasses should be submitted using 21 provider number.

*(1) Some self-insured plans have negotiated routine vision care coverage with third-party carriers (*i.e.*, VSP) – vision care coverage should always be verified with the payer for any plans identified as SelectCare or LaborCare.

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	Refractive Exams	Eyeglasses/ Contact Lenses (Refractive)
Medica MinnesotaCare Plan – EXPANDED * (2)	Covered for the following Diagnosis Codes - ICD-9 Code V72.0 or 367.0-367.9x (5 th digit required)	Eyeglasses are covered, including identical replacement for lost, stolen, or damaged eyewear – frames <u>must</u> be from MinnesotaCare collection to be covered; no coverage for contact lenses or special coating of lenses <i>unless medically necessary</i> ; no coverage for extra pair of glasses or bifocal lenses without lines; <u>exclusive</u> eyewear supplier is EYEKRAFT OPTICAL
Medica MinnesotaCare Plan – BASIC, BASIC PLUS, BASIC PLUS ONE, BASIC PLUS TWO * (2)	Covered for the following Diagnosis Codes - ICD-9 Code V72.0 or 367.0-367.9x (5 th digit required)	Eyeglasses are covered with \$25 co-payment per pair, including identical replacement for lost, stolen, or damaged eyewear – frames <u>must</u> be from MinnesotaCare collection to be covered; no coverage for contact lenses or special coating of lenses <i>unless medically necessary</i> ; no coverage for extra pair of glasses or bifocal lenses without lines; <u>exclusive</u> eyewear supplier is EYEKRAFT OPTICAL
Medica MinnesotaCare Plan- Limited Benefit * (2)	Not covered	Eyeglasses are not covered.
Medica Choice Care Plan – Prepaid Medical Assistance Program-group number 59117, 59617, 59817, 59165, 59665, and 59865 * (3)	Covered for the following Diagnosis codes - ICD-9 Code V72.0 or 367.0-367.9x (5 th digit required)	Eyeglasses are covered, including identical replacement for lost, stolen, or damaged eyewear – frames <u>must</u> be from Medica Choice Care collection to be covered; no coverage for contact lenses or special coating of lenses <i>unless medically necessary</i> ; no coverage for extra pair of glasses or bifocal lenses without lines; <u>exclusive</u> eyewear supplier is EYEKRAFT OPTICAL
Medica Choice Care Plan – Prepaid Medical Assistance Program-group number 59118, 59618 and 59816 * (3)	Covered for the following Diagnosis Codes - ICD-9 Code V72.0 or 367.0-367.9x (5 th digit required)	Eyeglasses are covered with \$3 co-payment per pair, including identical replacement for lost, stolen, or damaged eyewear – frames <u>must</u> be from Medica Choice Care collection to be covered; no coverage for contact lenses or special coating of lenses <i>unless medically necessary</i> ; no coverage for extra pair of glasses or bifocal lenses without lines; <u>exclusive</u> eyewear supplier is EYEKRAFT OPTICAL
Medica Choice Care Plan – Prepaid General Assistance Medical Care Program * (3) 59119, 59619, and 59819	Covered for the following Diagnosis Codes - ICD-9 Code V72.0 or 367.0-367.9x (5 th digit required)	Eyeglasses are covered with \$25 co-payment per pair, including identical replacement for lost, stolen, or damaged eyewear – frames <u>must</u> be from Medica Choice Care collection to be covered; no coverage for contact lenses or special coating of lenses <i>unless medically necessary</i> ; no coverage for extra pair of glasses or bifocal lenses without lines; <u>exclusive</u> eyewear supplier is EYEKRAFT OPTICAL

* (2) Medica MinnesotaCare ID numbers begin with: 59517, 59518, 59717, 59718, 59818, 59521, 59721, 59522, 59722, 59523, 59524, 59724, 59723, 59821, 59822, 59823, 59824 (underlined plans include the \$25 copay per pair of eyeglasses). There is no coverage for refractive eye exams and eyeglasses for the MinnesotaCare Limited Benefit. They are group numbers 59525, 59725, 59825.

* (3) Medica Choice Care ID numbers begin with: 59117, 59617, 59817, 59165, 59665, 59865, 59118, 59618, 59816, 59119, 59619, and 59819. (underlined plans include the \$3 co-payment per pair of glasses and double underlined plans include the \$25 co-payment per pair of glasses).

Patients covered under plans with routine eyewear benefits should NOT be billed up front (except for any co-payment amount due).

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Situation	Comments
Dilated Retinal Eye Exams for Patients with Diabetes	<p>Recommended Coding: Use the appropriate general ophthalmologic service code in the range 92002-92014. DX Coding: Use V80.2 as the primary diagnosis; secondary diagnosis 250.XX.(diabetes code range) Use of these codes (rather than E/M codes 99201-99215) more accurately reflects the high quality care provided by eye specialists and ensures that the correct reimbursement is made for the services rendered.</p>
Eyekraft Optical	<p>EYEKRAFT OPTICAL is the <u>exclusive</u> provider for eyewear and related supplies for the <i>Medica Choice Care</i> and Minnesota <i>Care</i> plans. Group ID numbers begin with: 59517, 59518, 59717, 59718, 59818, 59521, 59721, 59522, 59722, 59523, 59524, 59724, 59723, 59821, 59822, 59823, 59824, 59117, 59118, 59816, 59119, 59617, 59618, 59619, 59817, 59819, 59165, 59665, and 59865..</p> <p>Regular eyewear benefit for these plans is available every 24 months – eyeglass frames <u>must</u> be chosen from the Medica <i>MinnesotaCare</i> or <i>Choice Care</i> selections. If the member elects frames from outside the designated group, the member is responsible for ALL costs.</p> <p>Contact lenses will be considered as a covered benefit <u>only</u> if one of the following is documented: aphakia (379.31 or 743.55); keratoconus (371.60 – 371.62, 743.41); aniseikonia (367.32); <u>marked</u> increased acuity over eyeglasses, or specialized contact lenses for corneal abrasions (e.g., bandage lenses).</p> <p>The optician may bill a separate fitting fee for eyeglasses (CPT[®] codes 92340-92342).</p>
Refractive Surgery	<p>Refractive surgery is not a covered benefit under any of Medica's Medicare, Medicaid or Commercial/Fully Insured plans. Non-covered refractive procedures include, but are not limited to: LASIK, radial keratotomy, or refractive keratotomy. For self-insured plans (e.g. SelectCare, LaborCare, etc.), refractive surgery is excluded by most groups. However, an employer <u>may</u> elect to offer this benefit, so coverage for all self-insured plans should be verified with the payer (identified on the member's identification card).</p>
Visual Field Testing	<p>CPT codes 92081-92083 (<i>Visual field exam; limited, intermediate, or extended</i>) <u>should not</u> be billed as part of a routine eye exam. These services indicate more comprehensive, quantitative testing than is considered part of a routine screening. Visual field testing should be billed with a symptom or problem-related diagnosis.</p>
Computerized Corneal Topography	<p>This procedure will be covered only for the evaluation and treatment of corneal diseases (e.g., keratoconus). Other uses for corneal topography will be denied as non-covered (e.g., prior to refractive surgery).</p> <p>HCPCS code S0820 (<i>Computerized corneal topography, unilateral</i>) should be billed to report this procedure. Use the –RT and –LT modifiers as necessary. This code may also be submitted with 2 units for bilateral services. For the Medica Medicare products, submit CPT code 92025 (<i>Computerized Corneal Topography</i>), WPS policy# OPTH-014.</p>

Non-Refractive Lenses

Vision / Visual Therapy

ALL Medica Health Plans

Covered as DME: bandage lenses, keratoconus lenses, post-cataract lenses (**only** if no lens implanted during surgery)
Lens coverage only, no frames (for Medicare plans with a separate \$75 refractive eyewear benefit, this amount may be used toward frames for the non-refractive lenses. Submit code V2799 for this service). **Members covered under the Medicaid plans would have their normal eyewear benefit

Coverage is through the DME benefit requiring lenses be obtained from a participating (in-network) ophthalmology or optometry office

Bandage lens coding should be submitted with CPT code **92070** (Fitting of contact lens for treatment of disease, including supply of lens). This is a *unilateral* code. Append the -RT or -LT modifiers or submit with 2 units, as needed. Submission of a separate HCPCS "V" code for the lens will result in a denial as code 92070 already includes the lens.

Bandage lens submission for the Medica Medicare Products is included in the payment for the physician's service per the NCD = *Hydrophilic Contact Lens for Corneal Bandage (MSN 80.1)*

Keratoconus lens and fitting services should be billed with CPT 92310, 92314, or 92070 as appropriate; **all claims for keratoconus lenses must include a copy of the actual manufacturer / vendor lens invoice for proper reimbursement.** If invoice does not accompany the claim, services will deny until the invoice is submitted. Add the charge for the fitting and the manufacturer / vendor **cost** of the lens together and submit as the total charge via 92310, 92314 or 92070. This is for keratoconus lens(es) only.

Diagnosis coding for non-refractive lens claims should be 379.31 (aphakia), 743.35 (congenital aphakia), or 371.60-371.62, 743.41 (keratoconus)

Investigative for treatment of dyslexia and other reading and learning disabilities

Covered benefit under all Medica plans if medically necessary

No prior authorization needed

Office visit co-payment (if any) would apply

PCP referral may be required on gatekeeper plans (e.g., Premier, Elect, Allina Advantage)

Medica DUAL Solution members must stay within the contracted Care System

Orthoptic/pleoptic training code is 92065 (*Orthoptic and/or pleoptic training, with continuing medical direction and evaluation*); Also see <http://provider.medica.com/C1/CoveragePolicies/default.aspx> for Medica's Vision Therapy Policy

Lacrimal Punctum Plugs

CPT code 68761 (Closure of the lacrimal punctum; by plug, each) can be submitted for the temporary collage plug(s) plus the permanent silicone plug(s). Billing is based on the number of plugs inserted. Multiple surgical reduction will apply to the second and subsequent punctal plug insertions, performed the same date. Use the following eye modifiers:

E1 = Upper Left E2 = Lower Left E3 = Upper Right E4 = Lower Right

Procedure(s) Performed	Billing
One plug each lower puncta	CPT 68761-E2 1 unit
	68761-E4 1 unit
One plug each upper puncta	CPT 68761-E1 1 unit
	68761-E3 1 unit
One plug each puncta	CPT 68761-E1 1 unit
	68761-E2 1 unit
	68761-E3 1 unit
	68761-E4 1 unit
One plug lower right puncta <i>plus</i> one plug upper right puncta	CPT 68761-E4 1 unit 68761-E3 1 unit

Questions?

For situations not covered within this document, Medica's Provider Service Center can be reached at 952-992-2232 or toll free at 1-800-458-5512, if calling from outside the Twin Cities metro area.

For any additional claim coding questions, or to verify any changes involving new codes, providers may fax questions to 952-992-2504.

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