MO HealthNet PA Criteria

Medical Procedure Class:	**OPTICAL**
Implementation Date:	**June 15, 2009**
Prepared for:	**MO HealthNet**

☒ **New Criteria** ☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for optical services.

Why this Issue was Selected:	Senate Bill 577 passed by the 94th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Optical Services using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	All Optical services and procedures are accessible through the CyberAccess tool. In some instances there are additional questions that will need to be answered. Please see the following criteria for more information.

Setting & Population:	All MO HealthNet fee-for-service participants.

Approval Criteria

LENSES:
V2750 LT/RT and V2755 LT/RT

- No history of this procedure in the last 24 months;
- History of cataract surgery;
- Submitted CPT Codes as listed:

Submitted CPT Codes
66984, 66982, 66830, 66820, 66821, 66825, 66840, 66850, 66852, 66920, 66930, 66940, 66983, 66985, 66986

V2781 LT/RT

- Participant must currently have progressive lenses;
- Diopter change of 0.50 in one or both eyes.

V2100 LT/RT –V2121 LT/RT; V220 LT/RT - V2221 LT/RT; V2300 LT/RT – V2321 LT/RT; V2410 LT/RT – V2499 LT/RT; V2710 LT/RT - V2745 LT/RT; V2761 LT/RT; V2770 LT/RT and V2780 LT/RT

Initial:

- 0.75 diopter in one or both eyes; or
- Age less than 21 and needed for school; or
- Visual acuity 20/40 or less; or
- Monocular diagnosis (see Appendix C).

Participant history of procedure:

- Change of at least 0.50 diopter in one or both eyes.

V2784 LT/RT

Initial:

- Diopter of +3.00 or -4.00 or over in one or both eyes; or
- Age less than 21 and needed for school; or
- Monocular diagnosis (see Appendix C); or
- History of seizures in past 24 months (see Appendix D).

Participant history of procedure:

- Change of at least 0.50 diopter in one or both eyes.

V2199 LT/RT, V2299 LT/RT, V2399 LT/RT, V2782 LT/RT, V2783 LT/RT

- Requires Optical Consultant review

FRAMES:

V2020

- Diopter of 0.75 in one or both eyes.

V2020 22

- Diopter of 4.00 in one or both eyes; or
- Participant has large face or wide set eyes; or
- Participant has a history of nasal or sinus surgery (See Appendix B).

EXAMS AND SCREENINGS:

92002, 92004, 92012, 92014, 92015

- Submitted diagnosis as listed:

Submitted ICD-9 Diagnoses
366.16, 366.50, 366.51, 366.52, 366.53, 367.0, 367.1, 367.20, 367.21, 367.22, 367.31, 367.32, 367.4, 367.51, 367.52, 367.53, 367.81, 367.89, 367.9, V72.0

CONTACT LENSES:
V2500 LT/RT - V2502 LT/RT; V2510 LT/RT – V2512 LT/RT; V2520 LT/RT – V2522 LT/RT; V2530 LT/RT, V2531 LT/RT, and 92310

- Under age 21; and
- Submitted diagnosis as listed:

Submitted ICD-9 Diagnoses
379.31, 743.35, 371.60, 371.62, 743.41, or 371.61

OR

- Under age 21; and
- Diopter of 4.00 or greater in one or both eyes; and
- Submitted diagnosis as listed:

Submitted ICD-9 Diagnoses
367.31

92070

- Submitted diagnosis as listed:

Submitted ICD-9 Diagnoses
370.00, 370.01, 370.02, 370.03, 370.05, 370.06, 370.07, 370.31, 371.23, 054.42, 017.3, or 694.61

V2599 LT/RT

- Requires Optical Consultant review.

OTHER:
V2797, 99070, 95930

- Requires Optical Consultant review.

Participants must meet the medical category of assistance code (ME) and age requirements for each optical procedure code. Participants must meet policy limitations set as described in the Optical Provider Manual. The Optical Provider Manual can be accessed on the internet at:

http://manuals.momed.com/manuals/hyperlinkPage.render?idLinkParmName=opt

Denial Criteria

Participant does not meet the approval criteria for the requested optical procedure code.

Quantity Limitations

Adults under one of the following categories of assistance : 01, 04, 05, 10, 11, 13, 14, 16, 19, 21, 24, 26, 83, 84, 85 and 86 are eligible for frames, lenses and refractive eye exams every twenty-four (24) months.

Children 20 years of age and under may be eligible to receive refractive eye exams every twelve (12) months.

Orthoptic and/or Pleoptic Training (procedure code 92065) The number of training sessions are limited to 1 per day, 2 per week and a maximum of 20 sessions. If the patient shows significant improvement after the initial 20 sessions, and the optometrist feels that further progress can be made, an additional 20 training sessions may be performed, not to exceed a total of 40 sessions.

Approval Period

Services/procedures that are pre-certified must be performed within thirty (30) days of the date the pre-certification was issued. Services performed outside of the thirty (30) day timeframe of the pre-certification period will be denied.

Appendix A : Possible Questions

****The following questions may be encountered as part of the approval and denial criteria. Depending upon the patient's history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. Is this for a right (RT) lens?
2. Is this for a left (LT) lens?
3. Is this for both a RT and LT lens?
4. Is this request for special frames?
5. Is this the initial frame for the patient?
6. Is this a replacement frame/lens for a patient less than or equal to 20 years of age who has lost or broken their frames/lens?
7. Does patient require special lens(es) of 4.00 diopters for one eye or over 4.00 diopters in each eye and are extra thick and heavy?
8. Has prosthesis been lost, destroyed, cracked or deteriorated?
9. Is this the patient's initial prescription?
10. Is this for protective eyewear for patients with sight in only one eye?
11. Is this for plano lens when there is a refractive error in only one eye?
12. Is this for protective eyewear for monocular patients?
13. Is requested optical procedure code for repair and refitting spectacles; except for aphakia with temples?
14. Are you billing the optical procedure code with the modifier 55?
15. Is the performing provider an Optometrist?

16. Is the performing provider an Optometrist or Optician?

Appendix B : Nasal/Sinus Surgery

CODE	DESCRIPTION
20912	CARTILAGE GRAFT NASAL SEPTUM
2271	CLOSURE OF NASAL SINUS FISTULA
222	INTRANASAL ANTROTOMY
2131	LOCAL EXCISION OR DESTRUCTION INTRANASAL LESION
D5922	NASAL SEPTAL PROSTHESIS
229	OTHER OPERATIONS ON NASAL SINUSES
30120	EXC/SURG PLNING SKN NOSE RHINOPHYMA
30150	RHINECTOMY PRTL
30160	RHINECTOMY TOT
30460	RHINP DFRM W/COLUM LNGTH TIP ONLY
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT
30465	RPR NSL VSTBLR STENOSIS
30520	SEPTOP/SBMCSL RESCJ
30540	RPR CHOANAL ATRESIA INTRANSL
30545	RPR CHOANAL ATRESIA TRANSPALATINE
30560	LSS INTRANSL SYNECHIA
30620	SEPTAL/OTH INTRANSL DERMTP
30630	RPR NSL SEPTAL PRFORATIONS
21210	GRF B1 NSL MAX/MALAR AREAS
21344	OPTX COMP FRNT SINUS FX VIA CORONAL/MLT APPR
21345	CLTX NASOMAX CPLX FX LEFT II TYP W/NTRDNTL FIXJ
21346	OPTX NASOMAX CPLX FX LEFT II TYP W/WIRG&FIXJ
21347	OPTX NASOMAX CPLX FX LEFT II TYP REQ MLT OPN
21348	OPTX NASOMAX CPLX FX LEFT II TYP W/B1 GRFG
214	RESECTION OF NOSE
2188	OTHER SEPTOPLASTY
2189	OTHER REPAIR AND PLASTIC OPERATIONS ON NOSE
31276	NSL/SINUS NDSC W/FRNT SINUS EXPL
31292	NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN
31293	NSL/SINUS NDSC MEDIAL ORB&INF ORB WALL DCMPRN
31294	NSL/SINUS NDSC SURG W/OPTIC NRV DCMPRN
31000	LVG CANNULJ MAX SINUS
31020	SINUSOTOMY MAX ANTRT INTRANSL
31075	SINUSOT FRNT TRANSORB UNI F/MCCL/OSTMA LYNCH TYP
31080	SINUSOT FRNT OBLIT W/O OSTPL FLAP BROW INC
31081	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC
31084	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC
31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC
31086	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC
31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC

Appendix C : Monocular Diagnoses

CODE	DIAGNOSIS
3691	MOD/SEV IMPAIR BETR EYE; PROFND IMPAIR L
36910	PROFND MOD/SEVERE VISION IMPAIR NOT FURT
36911	BETR EYE: SEV IMPAIR; LESR EYE: BLIND NF
36912	BETR EYE: SEV IMPAIR; LESR EYE: TOT IMPA
36913	BETR EYE: SEV IMPAIR; LESR EYE: NEAR-TOT
36914	BETR EYE: SEV IMPAIR; LESR EYE: PROFND I
36915	BETR EYE: MOD IMPAIR; LESR EYE: BLIND NF
36916	BETR EYE: MOD IMPAIR; LESR EYE: TOT IMPA
36917	BETR EYE: MOD IMPAIR; LESR EYE: NEAR-TOT
36918	BETR EYE: MOD IMPAIR; LESR EYE: PROFND I
36921	BETR EYE: SEV IMPAIR; LESR EYE; IMPAIR N
36923	BETR EYE: MOD IMPAIR; LESR EYE: IMPAIR N
3696	PROFOUND VISION IMPAIRMENT, ONE EYE
36960	IMPAIRMENT LEVEL NOT FURTHER SPECIFIED
36961	ONE EYE: TOTAL VISION IMPAIR; OTH EYE: N
36962	ONE EYE: TOT VISN IMPAIR; OTH EYE: NR-NL
36963	ONE EYE: TOTAL VISION IMPAIR; OTH EYE: N
36964	ONE EYE: NEAR-TOT IMPAIR; OTH EYE: NOT S
36965	ONE EYE: NR-TOT VISN IMPAIR; OTH EYE: NR
36966	ONE EYE: NR-TOT VISN IMPAIR; OTH EYE: NL
36967	ONE EYE: PROFND IMPAIR; OTH EYE:NOT SPEC
36968	ONE EYE: PROFND VISN IMPAIR; OTH EYE: NR
36969	ONE EYE: PROFND VISN IMPAIR; OTH EYE: NL
3697	MODERATE OR SEVERE VISION IMPAIRMENT ONE
36970	LOW VISION ONE EYE NOT OTHERWISE SPECIFI
36971	ONE EYE: SEV VISN IMPAIR; OTH EYE: VISN
36972	ONE EYE: SEV VISN IMPAIR; OTH EYE: NR-NL
36973	ONE EYE: SEV VISION IMPAIR; OTH EYE: NL
36974	ONE EYE: MOD VISN IMPAIR; OTH EYE: VISN
36975	ONE EYE: MOD VISN IMPAIR; OTH EYE: NR-NL
36976	ONE EYE: MOD VISION IMPAIR; OTH EYE: NL
3698	UNQUALIFIED VISUAL LOSS, ONE EYE

Appendix D : Seizure Diagnoses

CODE	DIAGNOSIS
345	EPILEPSY AND RECURRENT SEIZURES
34580	OTH FORM EPILEPSY & RECUR SEIZUR NO INTR
34581	OTH FORM EPILEPSY & RECUR SEIZUR W/INTRA
3457	EPILEPSIA PARTIALIS CONTINUA
34571	EPILEPSIA PARTIALIS CONTINUA W/INTRACT E
34570	EPILEPSIA PARTIS CONTINUA W/O INTRACT EP
3453	EPILEPTIC GRAND MAL STATUS
3452	EPILEPTIC PETIT MAL STATUS
34511	GEN CONVUL EPILEPSY W/INTRACTABLE EPILEP
34510	GEN CONVUL EPILEPSY W/O MENTION INTRACT
34501	GEN NONCONVUL EPILEPSY W/INTRACTABLE EPI
34500	GEN NONCONVUL EPILEPSY W/O INTRACT EPILE
3451	GENERALIZED CONVULSIVE EPILEPSY
3450	GENERALIZED NONCONVULSIVE EPILEPSY
34541	LOC-REL EPILEPSY & ES W/CPS W/INTRACTABL
34540	LOC-REL EPILEPSY & ES W/CPS W/O INTRACTA
34551	LOC-REL EPILEPSY & ES W/SPS W/INTRACTABL
34550	LOC-REL EPILEPSY & ES W/SPS W/O INTRACTA
3454	LOCALIZATION-REL EPILEPSY & EPILEPTIC SY
3455	LOCALIZATION-REL EPILEPSY & EPILEPTIC SY
3458	OTHER FORMS OF EPILEPSY AND RECURRENT SE
34590	UNSPEC EPILEPSY WITHOUT MENTION INTRACT
3459	UNSPECIFIED EPILEPSY
34591	UNSPECIFIED EPILEPSY WITH INTRACTABLE EP
7803	CONVULSIONS
78039	OTHER CONVULSIONS
436	ACUTE BUT ILL-DEFINED CEREBROVASCULAR DI
3001	DISSOCIATIVE CONVERSION AND FACTITIOUS D