



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

September 28, 2007

MEMORANDUM

ACS M07-17

TO: Physicians, Opticians, and Optical Suppliers

FROM: Lois Lee, Acting Med-QUEST Division Administrator

SUBJECT: CLARIFICATION AND CHANGES IN PRIOR AUTHORIZATION REQUIREMENTS FOR VISION SERVICES

The Med-QUEST Division (MQD) has reviewed its prior authorization procedures related to the provision of vision services and has determined that it will remove the prior authorization requirements for some of these items and services.

Thus, *effective October 1, 2007*, the following services will no longer require prior authorization when specific requirements, medical necessity, and quantity limits are met and the fee-for-service (FFS) Medicaid program for the aged, blind and disabled (ABD) is the Medicaid recipients' primary insurer or when Medicaid is the secondary insurer and the recipient's primary insurer does not cover these items.

VISION SERVICES:

Reminder: The following professional codes do not require prior authorizations if within stated limits:

| Code | Description | Limits | PA Required |
|-------|--|------------|-------------|
| 92340 | Fitting of spectacles, except for aphakia, monofocal. | 1 per year | No |
| 92341 | Fitting of spectacles, except for aphakia, bifocal. | 1 per year | No |
| 92342 | Fitting of spectacles, except for aphakia, multifocal, other than bifocal. | 1 per year | No |
| 92352 | Fitting of spectacle prosthesis for aphakia, monofocal. | 1 per year | No |
| 92353 | Fitting of spectacle prosthesis for aphakia, multifocal. | 1 per year | No |
| 92354 | Fitting of spectacle mounted low vision aid, single element system. | 1 per year | No |
| 92355 | Fitting of spectacle mounted low vision aid, telescopic or other compound lens system. | 1 per year | No |

| | | | |
|-------|--|------------|----|
| 92358 | Prosthesis service for aphakia, temporary (disposable or loan, including materials). | 1 per year | No |
| 92370 | Repair and refitting spectacles, except for aphakia. | 1 per year | No |
| 92371 | Repair and refitting spectacle prosthesis for aphakia. | 1 per year | No |

EYEGLASSES and CONTACTS:

The following special lenses and contacts no longer require prior authorization under the following circumstances:

- The physician attests to the criteria as cited in HAR 17-1737-76:
 - *Trifocal lenses:*
 - ❖ Covered only for those persons who are currently wearing these lenses satisfactorily and for specific job requirements.
 - *Bilateral plano glasses* shall be covered as safety glasses for persons with one remaining functioning eye.

The following special coatings no longer require prior authorization under the following circumstances:

- The physician attests to the criteria as cited in HAR 17-1737-76:
 - *Tinted or coated corrective lenses* shall be covered in the following circumstances:
 - ❖ Members with aphakia, albinism, glaucoma, or other medical conditions of the eyes exclusive of photophobia not associated with such conditions.
 - Light transmission shall be adequate to permit use of the lenses indoors and at night.
 - Tinted lenses will be covered for those members who have non-surgically corrected cataracts who also have Medicare Part B coverage.

The following contacts of all types do not require prior authorization with the following limitations:

- The physician attests to the criteria as cited in HAR 17-1737-76, (4) (A-G):
 - A. Keratoconus in one or both eyes where corrected vision by glasses is less than 20/40 and the vision is further improved by contact lenses;

- B. Corneal astigmatism in one or both eyes greater than 4.00 diopter and the astigmatism is correctable by contact lenses;
- C. Irregular astigmatism due to corneal imperfection where corrected vision by glasses is less than 20/40 and vision is further improved by contact lenses;
- D. Anisometropia due to aphakia or other causes where the vision corrected by glasses in the non-affected eye is less than 20/50; the problem either will last for at least six months or is permanent, and the person requires binocular vision for educational or job purposes;
- E. Bilateral aphakia when a person becomes ill using spectacle glasses or when the person's occupation makes the wearing of glasses hazardous;
- F. Certain inflammatory conditions of the cornea for which therapeutic contact lenses are indicated with the recommendation of an ophthalmologist; and
- G. Not where there are:
 - (i). Elderly persons beyond the working age with aphakia where the corrected vision in the non-aphakia eye with glasses is 20/50 or better, and the addition of a contact lens will not make the person economically productive; and
 - (ii). Solely cosmetic purposes such as obscuring an opaque pupil.

GENERAL REQUIREMENTS:

- No prior authorization will be required IF the quantity provided and claim do not exceed the limits as reflected in the above table and supplier abides by special circumstances as required in HAR 17-1737-76.

CERTIFICATION FORM TO BE FILED WITH CLAIM:

- Please attach the enclosed certification form which is completed, signed and dated by the treating physician or optometrist to the claim. It is the responsibility of the provider to keep documentation to support medical necessity of the requested service in case of Department of Human Service (DHS) audit of medical records.

Attachment