

PROTOCOLS FOR OPTOMETRY

A Member may access Optometry Services when the Member requires an eye examination or other services provided by the Optometrist and when the service is a Covered Service under CenCal Health. *Please note that most optometry services for Healthy Families (HFP) and Healthy Kids (HK) Members are covered under the Vision Plan which is not administered by CenCal Health.*

The Optometrist will be responsible for first determining the eligibility of members to receive services, for meeting the elements of and documenting services as indicated below, and in order to receive payment, for submitting claim forms to CenCal Health.

“Optometrist” shall mean “a doctor of optometry.” An optometrist shall be licensed by the California Board of Optometry to practice optometry, or be similarly licensed by a comparable agency of the state in which he/she practices.

“Optometric Services” shall mean any services an optometrist may perform under California laws.

“Dispensing Optician” shall mean “an individual or firm which fills prescriptions of physicians for prescription lenses and related products and fits and adjusts such lenses and spectacle frames. A dispensing optician is also authorized to act on the advice, direction and responsibility of a physician or optometrist in connection with the fitting of a contact lens or contact lenses.”

Eligibility

An optometrist must confirm that the member presenting in his/her office is eligible for services under CenCal Health. This can be accomplished by verifying eligibility through one of CenCal Health’s systems. Information regarding eligibility is in the Member Services Section of this Provider Manual.

In the event the member is not eligible under the program(s) administered by CenCal Health, payment for any services provided to the member will not be the responsibility of CenCal Health.

Type of Services Provided

Optometry Services provided, by acting within the scope of their practice as authorized by California law, are covered for Santa Barbara Health Initiative (SBHI), San Luis Obispo Health Initiative (SLOHI), Healthy Families Program (HFP), Healthy Kids (HK), Prenatal Plus 2 (PP2), and In-Home Supportive Services (IHSS) members.

Covered Optometry and Optician Benefits for SBHI & SLOHI Members

Optometry and Optician Services for SBHI and SLOHI Members include an eye examination every two (2) years. Eye glasses are a covered benefit every two (2) years for Members who are exempt from the optional benefit elimination. A referral from the Member’s PCP is not necessary.

Non-Covered Charges

- Orthoptics and pleoptics are not covered for SBHI and SLOHI Members.
- Optometry services for SBHI and SLOHI Members when performed by a physician are not considered a physician service.
- A second eye examination with refraction within twenty-four (24) months is covered for SBHI and SLOHI Members only when a sign or symptom indicates a need for this service. The provider of services shall make a reasonable effort to ascertain the date of any prior eye examination with refraction.

Partial Reinstatement of Benefit – SBHI & SLOHI

CenCal Health eliminated optometry and optician services as a covered benefit for all Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) Members on January 1, 2010. This benefit restriction was in response to the July 1, 2009 elimination of optometry and optician benefits by the Department of Health Care Services (DHCS). Effective July 26, 2010, CenCal Health **reinstated optometry services as a covered benefit** for all SBHI and SLOHI Members. DHCS also reinstated optometry services as a benefit for all members as of July 26, 2010. For both CenCal Health and DHCS Medi-Cal Members, the reinstatement of optometry benefits is retroactive back to the date of the benefit elimination. Optometry services include diagnostic, ancillary and supplemental procedures used for the evaluation of the visual system. Optician services, including eye glasses, eye appliances, and related services such as eyeglass fittings **remain an eliminated optional benefit** for CenCal SBHI and SLOHI Members, as well as for DHCS Medi-Cal Members.

Both member groups and services may, in certain circumstances, be termed 'exempt' from the eyeglass and eye appliance optional benefit exclusion. Members in the following categories **are eligible** for eyeglasses, eye appliances, and related services in addition to optometry services.

1. Members 20 years old and under.
2. Members residing in a skilled nursing facility, i.e., Nursing Facilities Level A [NF-A] and Level B [NF-B]) or intermediate care facility for the developmentally disabled (ICF-DD or ICF-DDH). Services do not need to be physically provided in the nursing facility to be covered. Members identified by an Aid Code of 13, 23, 53 or 63 when checking eligibility.

In addition the following **services are not impacted** and are still covered benefits:

1. Services authorized by the California Children's Services (CCS) Program.
2. Crossover claims for Members also covered by Medicare. If the service is unable to be billed to Medicare, i.e., Medicare non-covered items, then the service will not be covered by CenCal Health.
3. Bandaged contact lenses, HCPCS code V2599.

Covered Optometry and Optician Benefits for HFP and HK Members

Optometry and Optician Services for HFP and HK Members include eye examinations as well as eye refractions to determine the need for corrective lenses and dilated retinal eye examinations. CenCal Health does not administer the Vision portion of the benefits package for these two programs.

Exceptions for HFP and HK Members

Optometry and optician services following cataract surgery may be obtained through CenCal Health's network of optometrists / opticians. Covered Services under this exception include cataract spectacles and lenses, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery. Benefits also include one pair of conventional eyeglasses or conventional contact lenses, if necessary, after cataract surgery with insertion of an intraocular lens.

Covered Optometry and Optician Benefits for PP2 Members

Optometry and optician services for PP2 Members are only covered after cataract surgery. Covered Services include cataract spectacles and lenses, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery. Benefits also include one pair of conventional eyeglasses or conventional contact lenses, if necessary, after cataract surgery with insertion of an intraocular lens.

Covered Optometry and Optician Benefits for IHSS Members

Optometry and optician services for IHSS Members include screening services and are limited to one (1) visit per year by their PCP to determine the need for vision correction. Eyeglasses and contact lenses are covered for IHSS Members if prescribed as necessary following cataract surgery; however, all other services are not covered.

Documentation of Services

The Optometrist shall document services by completing a claim form and submitting the form to CenCal Health. The Optometrist shall also provide documentation to the member's PCP.

Authorizations

Referral Authorization Forms (RAFs) are required for some optometry services under the Health Initiative (SBHI/SLOHI) programs. If billed by an Optometrist, the following services do NOT require a RAF from the member's PCP: 92002, 92004, 92012, 92014, 92015, 92020, 92081, 92082, 92083, 92225, 92226, and 92250. Eye appliance procedure codes do NOT require a RAF. Additionally, some services may require a **Treatment Authorization Request (TAR) or an Authorization Request (AR)** to be approved by CenCal Health for certain procedure codes. Please refer to the RAF and TAR/AR Sections of this Provider Manual for more information.

Billing for Covered Services

The Optometrist bills CenCal Health for the optometry and optician services he or she has provided to the eligible member. In the event the member has other coverage, or third-party liability is involved, the Optometrist shall follow the terms and conditions of his/her Agreement with CenCal Health, or as indicated in "Other Health Coverage" in the Claims Section of this Provider Manual.

Co-payments

No co-payments for optometry services are required for any program, i.e., SBHI, SLOHI, HFP, HK, PP2 and IHSS.

Procedure Codes

Optometrists may bill for services within the range of Optometry and Optician CPT Codes as established by the American Medical Association's most recently published Current Procedural Terminology (CPT) book and the Healthcare Common Procedure Coding System (HCPCS) codes as compiled and published by the Department of Health and Human Services (HHS).

Reimbursement for Optometry and Optician Services

Provider shall be reimbursed by CenCal Health for Covered Services rendered to members as indicated in the Exhibit A of the provider's Allied Health Services Provider Agreement.