PROTOCOLS FOR OPTICIANS

A Member may access Optician Services when the Member requires a prescription to be filled for prescription lenses and related products as well as the fitting and adjusting of such lenses and spectacle frames and when the service is a Covered Service under CenCal Health. Please note that most optometry and optician services for Healthy Families (HFP) and Healthy Kids (HK) Members are covered under the Vision Plan which is not administered by CenCal Health.

The optician 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.

“Diopters” refers to the power of the strongest meridian of the major portion of the lens, the maximum cylindrical power, or the power of the segment addition, as appropriate.

“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.” May also be referred to as Optician.

“Eyeglasses, prosthetic eyes and other eye appliances” shall mean “those items prescribed by a physician or optometrist for medical conditions related to the eye.”

Eligibility
The optician 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
Services provided by dispensing opticians, 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 include filling prescriptions of physicians for prescription lenses and related products and fitting and adjusting 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. A dispensing optician may also be referred to as Optician.

| Optician Services | Includes visits for fitting and adjusting prescribed eye glasses or contact lenses. |

**Covered Dispensing Optician Benefits**
The following procedures are Covered Benefits, as may be indicated below:
- Eye glasses, when necessary and prescribed.
- Contact lenses, when necessary and prescribed.
- Visits for fitting glasses and contact lenses.

**Non-Covered Charges** - Eye glasses or contact lenses that are not necessary or not prescribed after cataract surgery, or are obtained for any other reason than post cataract surgery.

**Covered Optician Benefits for HFP and HK Members**
CenCal Health does not administer the vision portion of the benefits package for these two programs.

**Exceptions for HFP and HK Members**
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 Optician Benefits for PP2 Members**
Optician Services for PP2 Members is 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 Optician Benefits for IHSS Members**
Eyeglasses and contact lenses are covered for IHSS Members if prescribed as necessary following cataract surgery; however, all other optician services are not covered.

**Elimination of Benefit – SBHI & SLOHI Members**
CenCal Health eliminated optician services as a benefit for members of the Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) programs effective January 1, 2010. This benefit restriction was in response to the
July 1, 2009 elimination of the optician benefit by the Department of Health Care Services (DHCS).

Both member groups and services may, in certain circumstances, be termed ‘exempt’ from the optional benefit exclusion. This means that optician services provided to members in the following categories are not impacted by the change and are still covered.

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. Billing requirements are noted below when applicable.

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.

**Documentation of Services**
Opticians shall document services by completing a claim form and submitting the form to CenCal Health. The optician shall also provide documentation to the member’s PCP.

**Authorizations**
Referral Authorization Forms (RAFs) are NOT required for eye appliances; however, some services may require a Treatment Authorization Request (TAR) or an Authorization Request (AR) to be approved by CenCal Health. Please refer to the RAF and TAR/AR Sections of this Provider Manual for more information.

**Billing for Covered Services**
The optician bills CenCal Health for the 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 optician 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.

**Copayments**
No co-payments for Optician Services are required for any program, i.e., SBHI, SLOHI, HFP, HK, PP2 and IHSS.
**Procedure Codes**
Opticians may bill for services within the range of Dispensing Opticians 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 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.