

Docket No. 2012-46316 PA
Decision and Order

5. On [REDACTED] the prior approval request was re-submitted to the Department, but no additional diagnosis was documented. (Exhibit 1, page 5)
6. On [REDACTED] the Department denied the prior authorization request because the only presented diagnosis does not qualify for glasses under the Medicaid Provider Manual policy and Executive Order 2009-22. (Exhibit 1, page 7)
7. On [REDACTED] the Michigan Administrative Hearing System received the Appellant's hearing request. (Exhibit 1, page 4)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

The vision section of the Michigan Department of Community Health (MDCH) Medicaid Provider Manual states:

VISION

As required by Executive Order 2009-22, effective for dates of service on and after 07/01/2009, Vision services (routine eye exams, eyeglasses, contact lenses and other vision supplies and services) are no longer payable for beneficiaries age 21 and older. Eye exams related to eye injury or eye disease will be covered.

Per Public Act 187 of 2010, effective for dates of service on and after 10/01/2010, low-vision services (including low-vision eyeglasses, contact lenses, optical devices, and other related low-vision supplies and services) are payable for beneficiaries age 21 and older.

MDCH Medicaid Provider Manual,
Vision Section
January 1, 2012, page i
(Exhibit 1, page 14)

On October 5, 2010, the Medical Services Administration (MSA) issued Bulletin MSA 10-47 with an effective date of October 1, 2010. This Bulletin, in part, requires claims for low vision services to be supported by one of the specified diagnosis codes. Bulletin 10-47 provides in pertinent part:

3. Low Vision Services

Effective for dates of service on and after October 1, 2010, MDCH is reinstating coverage of low-vision services. This includes: low-vision eyeglasses, contact lenses, optical devices, and other related low-vision supplies and services for Medicaid beneficiaries age 21 and older.

Routine eye exams, eyeglasses, contact lenses and other vision supplies and services will **not** be covered.

Vision services relating to eye trauma and eye disease will continue to be covered.

A \$2.00 co-pay may be required for Medicaid beneficiaries age 21 and older for:

- each separately reimbursable vision service performed by an optometrist.
- each dispensing service for glasses or contact lenses billed by a dispensing ophthalmologist or optometrist.

Claims for low-vision services must be supported by a diagnosis code from Table 1. When billing the codes for low-vision services (as listed in Table 2) one of the diagnosis codes (as listed in Table 1) must be designated as the primary diagnosis code on the claim service line.

Table 1- Diagnosis Codes

Diagnosis Codes for Low-Vision							
368.46	368.47	369.01	369.04	369.06	369.07	369.08	369.12
369.13	369.14	369.16	369.17	369.18	369.22	369.24	369.25

Table 2- Current Procedural Terminology (CPT) Codes

CPT Codes for Low-Vision					
92081	92082		92083	97112	97530

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On December 1, 2011, the Medical Services Administration (MSA) issued Bulletin MSA 11-49 with an effective date of January 1, 2012. This Bulletin, in part, clarifies coverage of vision services for beneficiaries age 21 and older. Bulletin 11-49 provides in pertinent part:

- Services relating to low vision **are covered** for beneficiaries age 21 and older. These services include low vision evaluations, aids (including eyeglasses and contact lenses), and rehabilitative services as outlined in the Medicaid Provider Manual, Vision Chapter, Low Vision Services Section. Covered low vision diagnosis codes are listed in the table below. Diagnosis code 369.03 has been added. When billing for services related to low vision, the applicable low vision diagnosis code must be designated as the primary diagnosis on the claim service line.

Low Vision Diagnosis Codes	
Code	Description
368.46	Homonymous bilateral field defects
368.47	Heteronymous bilateral field defects
369.01	Better eye: total impairment; lesser eye: total impairment
369.03	Better eye: near-total impairment; lesser eye: total impairment
369.04	Better eye: near-total impairment; lesser eye: near-total impairment
369.06	Better eye: profound impairment; lesser eye: total impairment
369.07	Better eye: profound impairment; lesser eye: near-total impairment
369.08	Better eye: profound impairment; lesser eye: profound impairment
369.12	Better eye: severe impairment; lesser eye: total impairment
369.13	Better eye: severe impairment; lesser eye: near-total impairment
369.14	Better eye: severe impairment; lesser eye: profound impairment
369.16	Better eye: moderate impairment; lesser eye: total impairment
369.17	Better eye: moderate impairment; lesser eye: near-total impairment
369.18	Better eye: moderate impairment; lesser eye: profound impairment
369.22	Better eye: severe impairment; lesser eye: severe impairment
369.24	Better eye: moderate impairment; lesser eye: severe impairment
369.25	Better eye: moderate impairment; lesser eye: moderate impairment

MSA 11-49
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(Exhibit 1, page 12)

In the present case, the Department initially received a prior approval request for eyeglasses for the Appellant listing the diagnosis code for pigmentary retinal dystrophy. The Department returned the prior approval request to the provider requesting additional documentation, specifically a qualifying diagnosis. (Department Analyst Testimony, Exhibit 1, page 6)

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On [REDACTED] the prior approval request was re-submitted to the Department, but still only listed diagnosis code 362.74, the code for pigmentary retinal dystrophy. (Exhibit 1, page 5-6) The Medicaid policy is clear; an applicable low vision diagnosis code must be listed as the primary diagnosis code. Accordingly, the Department's determination to deny the Appellant's prior approval request for eyeglasses must be upheld because a qualifying low vision diagnosis was not listed.

As discussed during the hearing proceedings, the Appellant can have a new prior approval request submitted with a supporting diagnosis code.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for eyeglasses based on the available information.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Colleen Lack
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc: [REDACTED]

Date Signed: _____

Date Mailed: _____

***** NOTICE *****

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.