

Mississippi Medicaid Administrative Code

<https://medicaid.ms.gov/providers/administrative-code/>

General Provider Information

<https://medicaid.ms.gov/wp-content/uploads/2022/11/Title-23-Part-200-General-Provider-Information-eff-6.1.22.pdf>

- 5 year record retention minimum, could be longer per state/federal law
- Timely filing: 365 days from date of service or 90 days from recoupment by a coordinated care organization due to patient eligibility change or in 180 days post Medicare payment
- Must following National Correct Coding Initiative (NCCI) edits and rules for coding claims
- Must verify benefits for each patient visit and patient show have their own Medicaid card
- Picture ID of patient required. If no picture ID, verify patient Social Security number and/or DOB

Administrative Code 217: Vision Services

<https://medicaid.ms.gov/wp-content/uploads/2021/07/Title-23-Part-217-Vision-Services-eff-07.01.2021.pdf>

p3: Rule 1.1: Vision Services

Vision service is an optional benefit under the state's Medicaid program and financial assistance is provided as follows:

- A. Eyeglasses for all Medicaid beneficiaries who have had surgery on the eyeball or ocular muscle that results in a vision change for which eyeglasses are medically indicated within six (6) months of the surgery and is in accordance with rules established by Medicaid, or
- B. One (1) pair of eyeglasses every five (5) years and in accordance with rules established by Medicaid. In either instance, the eyeglasses must be prescribed by a physician skilled in diseases of the eye or an optometrist, whichever the beneficiary selects.
- C. Eye exams for all eligible beneficiaries are covered.

p4: Rule 1.3: Reimbursement

- ...statewide uniform fixed fee schedule for the professional services of the optometrist or ophthalmologist plus actual acquisition cost for eyeglass frames and lenses. The provider of eyeglasses must bill the actual acquisition cost (AAC) for the frames and lenses. Medicaid will cover the frames and lenses based on the lower of AAC or the maximum fee as determined by Medicaid.
- ... provider cannot dispense a more expensive frame than is covered under the Medicaid program and collect the difference from the beneficiary
- ...beneficiary may purchase non-covered services, like scratch resistant lens coating. Providers cannot bill Medicaid and hold the eyeglasses or contacts until Medicaid pays the provider

p4: Rule 1.4: Non-Covered Services

Listing of all non-covered services

p5: Rule 1.5: Eye Examinations/Refractions

- Medicaid covers for one (1) refraction every five (5) years. No prior authorization is required. The appropriate procedure code must be billed.
- ...covers medically necessary diagnostic services that aid in the evaluation, diagnosis, and or treatment of ocular disease or injury for all beneficiaries regardless of age. Coverage is limited to the eye examination. The exam counts toward the sixteen (16) physician office visits. Providers must bill using the appropriate procedure codes for new and established patients.

p6: Rule 1.6: Lacrimal Punctum Plugs

- ...medically necessary insertion of collagen and silicone punctum plugs when there is a documented diagnosis consistent with moderately severe to severe dry eye syndrome. A signed treatment/surgical consent form, specific to plug insertion, is required.
- Other rules listed

Part 217 Chapter 2: Contact Lenses

p8: Rule 2.1: Coverage Criteria

- All coverage rules outlined

Part 217 Chapter 3: Eyeglasses Rule

p9 3.1: Coverage Criteria

- Beneficiaries are allowed one (1) complete pair of eyeglasses every five (5) years. Prior authorization is not required unless manually priced codes are used.
- Fitting is a separate service and is covered.
- All coverage rules outlined: non-allowed, allowed and under what circumstances

p12 Rule 3.3: Cataract/Ocular Surgery

- All coverage criteria outlined for vision correction post-surgery, as required

Part 225: Telehealth Services

<https://medicaid.ms.gov/wp-content/uploads/2021/07/Title-23-Part-225-Telemedicine-eff-07.01.21.pdf>

Part 203: Physician Services

<https://medicaid.ms.gov/wp-content/uploads/2022/06/Title-23-Part-203-Physician-Services-eff-07.01.22.pdf>

Other References

Fee Schedules <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>

Mississippi Plan Comparison Chart <https://medicaid.ms.gov/plan-comparison-chart-mississippican/>

Provider Bulletins <https://medicaid.ms.gov/providers/provider-resources/provider-bulletins/>

Late Breaking News <https://medicaid.ms.gov/late-breaking-news/>

News and Notices <https://medicaid.ms.gov/category/news-and-notices/>

MississippiCan Comparison Chart 2020 <https://medicaid.ms.gov/2020-comparison-chart-mississippican/>

CHIP MississippiCan Comparison Chart <https://medicaid.ms.gov/plan-comparison-chart-chip/>

Molina Health Care CHIP <https://www.molinahealthcare.com/providers/ms/chip/home.aspx>

UHC CHIP <https://www.uhccommunityplan.com/ms/chip/chip>

2022 Medicaid/CHIP Beneficiary Presentation <https://medicaid.ms.gov/wp-content/uploads/2022/11/2022-Beneficiary-Workshop.pdf>

Magnolia Health MississippiCan-Involve Vision

Magnolia Health Provider Manual:

<https://www.magnoliahealthplan.com/content/dam/centene/Magnolia/medicaid/pdfs/Prvdr-Manual-AddressUpdate05182023.pdf>

Involve Mississippi:

<https://www.involvevision.com/where-we-are/mississippi.html>

Involve Provider Manual:

<https://www.magnoliahealthplan.com/content/dam/centene/Magnolia/medicaid/pdfs/Involve%20Vision%20Provider%20Manual.pdf>

Benefits:

Eyeglasses	1 per year for adults; 2 per year for children under age 21; provided through Involve Vision. EPSDT-eligible members are eligible for more services if determined to be medically necessary.
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Value-Added Benefits

Provided by Magnolia Include:

Unlimited office visits

Six (6) prescriptions per month (children under 21 are eligible for more prescriptions if determined to be medically necessary)

Adults get one (1) pair of glasses per year and one (1) eye exam per year

Children get two (2) eye exams per year and two (2) pairs of glasses every year (children under 21 are eligible for more services if determined to be medically necessary)

Timely filing: 180 days

Involve Vision Provider Policies: <https://www.involvevision.com/providers/clinical-policies.html>

Involve Clinical Policies: <https://www.involvevision.com/providers/clinical-policies.html>

Including the following:

[Examination Guidelines for Diabetic Patients \(OC.UM.CP.0022\)](#)

[Guidelines for Dilation Protocol during Examination of the Eye \(OC.UM.CP.0024\)](#)

[Medical Eye Examinations \(OC.UM.CP.0041\)](#)

[Medically Necessary Optical Hardware \(OC.UM.CP.0006\)](#)

[New Technologies and New Uses of Existing Technologies \(OC.UM.CP.0042\)](#)

[Pediatric Eye Examinations \(OC.UM.CP.0047\)](#)

[Preventive \(Routine\) Eye Examination \(OC.UM.CP.0013\) \(Attachment A\)](#)

[Refraction \(OC.UM.CP.0035\)](#)

[Telehealth Services \(OC.UM.CP.0084\)](#)

[Teleretinal Screening for Diabetic Retinopathy \(OC.UM.CP.0088\)](#)

Molina Health Care MississippiCan – March Vision

Molina Health Care Provider Manual: https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ms/medicaid/29027HBMDMSEN_MSCANProviderManual_bnm_FNL72620_22_R.pdf

Provider Resources: <https://www.marchvisioncare.com/providerresources.aspx>

Molina Health Care Summary of Benefits: <https://www.molinahealthcare.com/members/ms/en-US/mem/medicaid/overvw/coverd/benefits.aspx>

Eye Care - Vision Services

Adults: 1 eye exam and 1 pair of glasses annually

Children: (under age 21) 2 eye exams per year and 2 pair of glasses. EPSDT- eligible members are eligible for more services if determined medically necessary.

Rewards and Enhanced Services Include, among other benefits:

- Unlimited office visits
- Virtual care
- No copays
- \$100 eyewear allowance for March frames or special lenses

Molina Vision: <https://www.molinahealthcare.com/members/ms/en-us/mem/medicaid/overvw/coverd/vision.aspx>

Vision benefits: Routine eye exams and medically necessary eyeglasses and contact lenses.

In addition to standard Medicaid coverage limit for frames and lenses, we provide an additional \$100 credit per calendar year to be used toward better March Vision Care frames or toward Polycarbonate lenses or contact lenses. (Adults and Children)

Molina March Vision MississippiCan Specifics: Well Vision Coverage Only under March Vision <https://www.marchvisioncare.com/docs/MarchDocuments/StateSpecificPRG/Mississippi.pdf>

Page 8 covered filing and reimbursement

1.1 Covered Benefits – Molina Healthcare of Mississippi – MississippiCAN

Benefit	Benefit Limitations/Criteria
Routine Exam	<ul style="list-style-type: none"> ▪ 2 exams every calendar year beginning July 1st ages 20 and under. ▪ 1 exam every calendar year beginning July 1st ages 21 and older. ▪ Additional exams covered when medically necessary ages 20 and under.
Frame and Lenses	<ul style="list-style-type: none"> ▪ 1 pair of frame and lenses (\$136 value) from the March frame kit and contracted lab every fiscal year beginning July 1st. <ul style="list-style-type: none"> ▪ Single vision, bifocal or trifocallenses. ▪ Polycarbonate and/or reflective coating are also covered at no charge to the member. ▪ Frame must be selected from the March frame kit. ▪ Lenses must be provided by the March lab. Please refer to Exhibit C in the Provider Reference Guide for lab information. ▪ Frame and lenses are in lieu of contactlenses.
Frame and Lens Replacement	<ul style="list-style-type: none"> ▪ 1 pair or frame and lenses every fiscal year beginning July 1st due to vision change, loss or damage ages 20 and under. ▪ Frame must be selected from the March frame kit. ▪ Lenses must be provided by the March lab. Please refer to Exhibit C in the Provider Reference Guide for lab information. ▪ To identify replacement frame and lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frame and lenses.
Contact Lenses	<ul style="list-style-type: none"> ▪ \$100 allowance for contact lenses every fiscal year beginning July 1st. ▪ Contactlenses are in lieu of frame and lenses. ▪ Contactlenses MUST be supplied by the provider.
Eyewear After Cataract Surgery	<ul style="list-style-type: none"> ▪ One pair of eyeglasses (standard frame and lenses) after each surgery on the eyeball or ocular muscle when the following criteria are met: <ul style="list-style-type: none"> ▪ Surgery results in a vision change, ▪ Eyeglasses are medically indicated within six (6) months of the surgery, and ▪ Eyeglasses are prescribed by an optometrist or ophthalmologist. ▪ Frame must be selected from the March frame kit. ▪ Lenses must be provided by the March lab. Please refer to Exhibit C in the Provider Reference Guide for lab information. ▪ To identify eyewear after cataract surgery, please bill with the appropriate diagnosis code for cataract surgery.
Non-Covered Services	<ul style="list-style-type: none"> ▪ Medical eye care. ▪ Surgical eye care.

Molina Healthcare benefits allows the select of eyeglasses using a \$136 allowance that covers one frame from the March frame kit, single vision, bifocal or trifocal lenses and polycarbonate and/or anti-reflective coating **OR** to choose contact lenses in lieu of frame and lenses using a \$100 allowance (MississippiCAN only).

United Healthcare Community Plan- MississippiCan – March Vision

UHC Community Plan Provider Manual: <https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/MS-Care-Provider-Manual-MississippiCAN.pdf>

UHC March Vision Coverage Specifics:

<https://www.marchvisioncare.com/docs/MarchDocuments/StateSpecificPRG/Mississippi.pdf>



1.3 Covered Benefits - UnitedHealthcare Community Plan – MississippiCAN

Benefit	Benefit Limitations/Criteria
Routine Exam	<ul style="list-style-type: none">2 exams every calendar year beginning January 1st ages 20 and under.1 exam every calendar year beginning January 1st ages 21 and older.
Routine Exam Replacement	<ul style="list-style-type: none">Covered as needed ages 20 and under if glasses are lost or stolen and it is not possible to return to or obtain the prescription from the previous provider.
Necessary Medical Services	<ul style="list-style-type: none">Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none">2 units every calendar year beginning January 1st ages 20 and under1 unit every 3 calendar years beginning January 1st ages 21 and older.Documentation must support the following:<ul style="list-style-type: none">Eyeglasses are medically necessary,Eyeglasses are prescribed to significantly improve vision or correct a medical condition, andEyeglasses meet eyeglass program specifications for frames and lenses.Frame must be selected from the March frame kit.No coverage for a non-March frame.Prior confirmation is required after the 1st pair per plan year for ages 20 and under.Frame must be selected from the March frame kit.
Frame Replacement	<ul style="list-style-type: none">Covered as needed if lost or stolen ages 20 and under.The provider should only replace the part that is lost.To identify replacement frames, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frames.

UHC Community Health Plan MississippiCan page 21

<https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/MS-Care-Provider-Manual-MississippiCAN.pdf>

“Vision Routine vision, which includes a comprehensive eye exam and glasses or contacts, is provided through our third-party vendor, MARCH® Vision Care. Additionally, the March® Vision network of ODs and MDs provide primary eyecare services. The vision plan provides supplemental coverage for non-surgical medical eyecare through a March® Vision doctor. Examples of services covered include diagnosis and tests for loss of vision, treatment for conditions such as conjunctivitis (pink eye), and management of glaucoma and diabetic retinopathy. **March® Vision doctors may provide services, if covered, up to the optometry scope of licensure in the state of Mississippi in accordance with the covered benefits. Patients do not need a referral before the initial visit with their selected March® Vision doctor.** Patients may call for an appointment or be seen immediately if you determine urgent care is necessary. Call March® Vision at 844-606-2724 or visit MarchVisionCare.com. Medical eyecare beyond the scope of primary eyecare services, to include surgical care, is provided through UnitedHealthcare Community Plan’s contracted ophthalmologists as listed in the UnitedHealthcare Community Plan Provider Directory. If medical eyecare is needed, please refer patients to a participating ophthalmologist.”