

SPECIAL REMINDER FOR ALL MEDICAID VISION PROVIDERS:

The new Medicaid Information Technology System (MITS) was implemented on August 2, 2011. With MITS, providers have access to many functions via a new web portal. One key function is the new paperless prior authorization process. Although the way providers submit Prior Authorizations (PA) has changed from a paper process to submitting PAs electronically via the MITS web portal, the policy and coverage for vision services remains the same, including when and how to submit a PA request.

According to OAC Chapter 6 Vision Services, Ohio Medicaid has the responsibility to review and approve or deny PAs for vision services requiring PA such as contacts, certain eyeglasses and services beyond normal program limits. Vision vendors and other providers cannot provide or be paid for Medicaid services beyond the normal limits without a valid PA. ***Vision lab vendors cannot review or enter PAs into the MITS web portal. Providers must continue to submit all PA requests to Ohio Medicaid via the MITS web portal. Providers should not send PA requests to any other entity other than Ohio Medicaid.***

Reminder: When the PA request is submitted via the MITS web portal, the PA request will be given a ***“tracking/PA number”***. It is important to understand the electronic notification that a PA has been successfully submitted and a ***tracking/PA number*** assigned, this does not mean the PA request has been approved (or denied). Be sure to carefully read the complete information in the notification. The status of the PA can be found by using the Search function and entering the ***tracking/PA number***. In addition, the submitting provider **must** add at least one page as an attachment to complete the PA submission process. (Example: Rx or Summary/Progress Note describing medical necessity).

Here is some basic coverage information regarding vision services:

Ohio Medicaid reimburses for covered vision services and ophthalmic materials delivered by eligible providers to eligible consumers. The range of covered vision care professional services includes examinations, fittings, and dispensing of ophthalmic materials (including eyeglasses, contact lenses, low vision aids, etc.).

Coverage of comprehensive vision examinations is determined in part by a consumer's age. Each consumer age twenty-one and older but younger than age sixty is limited to one comprehensive vision examination and one complete frame and pair of lenses per twenty-four-month period. Each consumer age twenty and younger or age sixty and older is limited

to one comprehensive vision examination and one complete frame and pair of lenses per twelve-month period.

Certain vision services such as contacts or replacement lenses or frames beyond coverage limits require prior authorization (PA). Prior authorization is the process whereby a provider submits documentation of a consumer's medical need for such services for review by Medicaid to determine whether the program will cover the additional expense of this service.

Some covered services may or may not require PA. For example, if a consumer wishes to have new lenses put into their existing frames or new frames for their existing lenses, PA is not required if the new lenses or frames are included in the eyeglass laboratory contract and have not been previously provided within program limits. If the new lenses or frames are not included in the eyeglass laboratory contract or have been previously provided within program limits, a PA request and subsequent approval would be required before Medicaid would cover them.

For more information about the new MITS web portal and how to submit electronic Prior Authorizations via the new MITS web portal please visit the MITS website at:
<http://jfs.ohio.gov/mits/index.stm>.

For more information about Ohio Medicaid policy, coverage and billing rules please visit:
<http://jfs.ohio.gov/OHP/provider.stm>.