

Visual Services Provider Guide

Use this guide as a supplement to the Visual Services Oregon Administrative Rules ([Chapter 410 Division 140](#)). See current Visual Services rules for official policies regarding billing.

Contents (last updated May 14, 2018)

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Client eligibility and enrollment

Refer to [General Rules](#) and [OHP Rules](#) for information about the service coverage according to OHP benefit plans and the [Prioritized List of Health Services](#).

The [OHP eligibility verification page](#) explains how to verify eligibility using the Provider Web Portal, Automated Voice Response, or electronic data interchange (EDI) 270/271 transaction.

How to verify eligibility for OHP Plus vision benefits

Remember that medical vision services are covered for all OHP Plus clients. Only OHP Plus children, and adults with the *OHP Plus - Supplemental Benefits* plan (BMP) are eligible for services to improve visual acuity (e.g., glasses or exams to prescribe glasses). Refer to the [Visual Services administrative rules](#) and [Covered/Non-Covered Services document](#) for the services affected.

To verify eligibility for OHP Plus vision services:

- **Clients under age 21:** Verify the client’s date of birth and client has the BMM, BMD or BMH benefit plan.
- **Clients age 21 or older:** Verify the client has the BMP benefit plan and the BMM, BMD or BMH benefit plan.

Prior authorization

Refer to the Vision Services administrative rules for services that require PA. For complete instructions on how to submit PA requests to the division, see the [Prior Authorization Handbook](#).

For OHP coordinated care organization (CCO) members, contact the CCO for PA instructions.

Information needed to request PA

Submit prior authorization (PA) requests to the division using the [Provider Web Portal \(instructions\)](#) or the [MSC 3971 \(instructions\)](#).

The division may automatically deny requests that do not include one or more of the following pieces of information.

- Information in **bold** is required for correct processing.
- If using the **MSC 3971** to submit the request, fax the completed form to 503-378-5814 for routine requests or 503-378-3435 for immediate/urgent requests.

| MSC 3971 section | Information needed |
|------------------------|---|
| EDMS Coversheet | <ul style="list-style-type: none"> ■ From (contact name) ■ Phone Number ■ Date ■ No. of pages ■ PA Processing Time Frame ■ Provider ID ■ Recipient ID ■ Prior Authorization Number (for updates to existing requests) |
| Box I | <ul style="list-style-type: none"> ■ Client Name, Client ID, DOB ■ Requesting Provider NPI ■ Performing Provider NPI ■ Referring Provider NPI ■ PA Assignment - “Vision” ■ Length of treatment ■ Frequency ■ Time per session ■ Primary diagnosis code - Diagnosis Code – obtained from the treating practitioner – The diagnosis code must be the reason chiefly responsible for the service being provided as shown in the medical records. <ul style="list-style-type: none"> ○ Use ICD-9 codes for dates of service on or before 9/30/2015. ○ Use ICD-10 codes for dates of service on or after 10/1/2015. ■ Dates of service |
| Box II | <ul style="list-style-type: none"> ■ Service Type Code (CPT Code) ■ Procedure codes - Required ■ Modifiers (if applicable) ■ Description – Describe the needed item or service. ■ Units of service – Required ■ Usual and customary charge (U&C) - Enter the acquisition cost of the item (if applicable) |
| Notes | A statement of medical appropriateness showing the need for the item or service and why other options are inappropriate. Include diopter information and appropriate diagnosis codes. |
| Attachments | Describe and attach any clinical data or evidence, including medical history, which provides additional information or may simplify the review process. |

Billing for vision services

Use the Provider Web Portal professional claim, 837P or CMS-1500.

- **Opticians:** Bill OHP only. Opticians cannot bill Medicare.
- **Optometrists and ophthalmologists:** For clients who have Medicare-Medicaid coverage, use the OHP 505 form or web claim.

Billing instructions are available on the [OHP provider billing tips page](#).

For information about electronic billing, go to the [Electronic Business Practices page](#).

Claim status and adjustments

For information about the paper remittance advice and other ways to get claim status information via the Provider Web Portal, AVR or EDI 835 (Electronic Remittance Advice), go to the [OHP remittance advice page](#).

For information about how to adjust a claim, refer to the [Claim Adjustment Handbook](#).

Ordering glasses and frames – See [OAR 410-140-0260 or OAR 410-140-0400](#)

SWEEP Optical Laboratories is the Oregon Health Authority's (OHA) visual supply contractor.

- See [OAR 410-140-0260](#) for covered material, non-covered material, prior authorization and limitation information. **Any changes to the state's contract with SWEEP Optical supersede the rules for the visual supply contractor.**
- All frames come with eyeglass cases.
- Cases are not included in orders for eyeglass parts or pieces such as lenses, temples, or frame fronts.
- SWEEP Optical does not supply contact lenses.

Available frames are at www.sweepoptical.com (click on "Frame Catalog"). Clients may choose any frame regardless of category listed (e.g., women may choose "Girls" frames).

You can order online at www.sweepoptical.com (click on "Ordering," then "Order from lab") or fax orders to 800-383-1828. Order forms can be obtained directly from SWEEP Optical.

Verify client eligibility before submitting orders. SWEEP Optical will bill OHA for the member's eyeglasses.

To create an ordering account:

Complete and submit SWEEP's [New Providers form](#). SWEEP will email you account set up information within two business days of approving your application.

To order display frames:

Providers can order display frames for \$21.00 each. SWEEP will provide display frames at a cost to the ordering provider not to exceed the contract cost. All frames come pre-assembled.

To order glasses:

Go to www.sweepoptical.com, then click “PROVIDER LOG IN” at the top of the page. After login click “ORDERING,” then “ORDER FROM LAB.” Fill out the form as follows, then click “Submit.”

| | |
|---------------------|--|
| Patient Data | Enter the member’s information correctly. If SWEEP Optical discovers a data entry error, SWEEP will cancel the order, then notify you of the cancellation, the reason for cancellation and ask you to submit a new order. |
| Frame Data | Under “Model,” click on drop down arrow. <ul style="list-style-type: none">■ Select frame■ Select color The rest of the frame information will auto-fill. |
| Rx Data | Self-explanatory |
| Lens Data | Self-explanatory |

To follow-up on orders or general inquiries

For issues such as orders not filled to specifications, order inquiries or general information, you can call or email SWEEP Optical: 800-984-3204 or 541-683-3044, orders@laurel.org.

Neither SWEEP nor OHA are responsible for expenses incurred due to “doctor’s error” or “re-do’s.”

Delivery

SWEEP delivers materials within ten calendar days of receiving the order. If there is a delay, SWEEP will call the referring provider within two days of receiving the order to explain the delay.

If your order is damaged or incorrect:

- Let SWEEP know of the problem and ask them to remake the order. SWEEP will begin remaking the product before receiving the returned order.
- Mail the incorrect order back to SWEEP. Include a note stating the problem; the date you contacted SWEEP about the problem; the client’s name and Medicaid ID number; and the original order date. SWEEP will pay for the return mail postage.