

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.

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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 DMAP, see the [Prior Authorization Handbook](#).

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

Information needed to request PA

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

DMAP 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.

DHS 3971 section	Information needed
Section I	<ul style="list-style-type: none">■ Requesting Provider Name - The referring provider's name.■ Provider number - Required - The referring provider's Oregon Medicaid provider number.
Section II	Type of PA request - Required - Mark the "Vision" box.
Section III	<ul style="list-style-type: none">■ Client ID - Required - The 8-digit Medicaid ID number.■ Client's name
Section IV	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.
Section V	<ul style="list-style-type: none">■ 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)
Section IX	<ul style="list-style-type: none">■ Date of request - Required■ Expected service begin date Required - Beginning date of service■ Expected service end date - Required - Ending date of service
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 DMAP only. Opticians cannot bill Medicare.
- **Optometrists and ophthalmologists:** For clients who have Medicare-Medicaid coverage, use the DMAP 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 Web 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](#).

Visual supplies contractor information

SWEEP Optical Laboratories is DMAP's 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.**

For initial orders

Verify client eligibility before submitting orders. Complete the SWEEP order form, located at the end of this supplement. Order forms can be obtained directly from SWEEP Optical. Send orders to:

SWEEP Optical Laboratories
PO Box 10288
Eugene, OR 97440
Fax: 541-345-9218

For 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 e-mail SWEEP Optical: 800-984-3204 or 541-683-3044, orders@laurel.org.

For Web-based services

Oregon Medicaid providers can register at the SWEEP Optical Web site to submit orders online. You can also review the SWEEP frames catalog and update your contact information online. For more information, go to the [SWEEP Optical Web site](#)

Contractor services - See [OAR 410-140-0260](#) or [OAR 410-140-0400](#)

SWEEP's frames catalog is available online at www.sweepoptical.com (click on "Frame Catalog"). Clients may choose any frame regardless of category listed (*e.g.*, women may choose "Girls" frames).

SWEEP will provide display frames at a cost to the ordering provider not to exceed the contract cost. All frames come pre-assembled.

SWEEP Optical does not supply contact lenses.

SWEEP is contracted to deliver materials within seven calendar days of receiving the order. If there is a delay, SWEEP must contact the referring provider within two days of receiving the order to explain the delay.

All frames come with eyeglass cases. Cases are not included in orders for eyeglass parts or pieces such as lenses, temples, or frame fronts.

If you receive an order that is damaged in shipping or not made to the specifications of the order:

- Call, e-mail or fax SWEEP to let them know of the problem and request to remake the order. SWEEP will begin remaking the product before receiving the returned order.
- Return the order to SWEEP via US mail or UPS surface mail. Include a note stating the problem, and the date you contacted SWEEP about the problem. Also include the client's name, Medicaid ID number, and original order date. SWEEP will pay the returned mail postage.
- Neither SWEEP nor DMAP are responsible for expenses incurred due to "doctor's error" or "re-do's."