

Fast Facts

SPECIAL EDITION #2

FEBRUARY 2019

News for Providers from HealthPartners Professional Services and Hospital Network Management

Administrative

Minnesota Health Care Programs – Eyeglasses Benefit

Effective April 1, 2019, HealthPartners will require medical necessity for replacement eyeglasses provided to Minnesota Health Care Programs (Medicaid) members with an eyewear benefit. Medical necessity will be required regardless of when the first pair of eyeglasses was originally dispensed.

As outlined in the HealthPartners **coverage criteria*** and the Minnesota Department of Human Services **policy****, vision providers may dispense a new pair of eyeglasses when one or more of the following reasons for medical necessity are met:

1. There is a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye.
2. There is a shift in axis of greater than 10 degrees in either eye.
3. A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary.
4. A change in the member's head size warrants a new pair of eyeglasses.
5. The member has had an allergic reaction to the previous pair of eyeglasses.
6. The original pair is lost, broken, or irreparably damaged; the dispensing provider must obtain a written statement explaining this from the member (or the member's caretaker), and must include the reason for replacement on the eyeglass order. If the original pair is lost, broken or damaged beyond repair, the eyeglasses will be replaced with an identical pair of eyeglasses, unless the identical frame is not available through the contract vendor. If a previous pair was ordered through the contract vendor, the contract vendor will notify the dispensing vendor that the eyeglasses will be replaced with an identical pair.

Documentation of medical necessity for the above situations must be kept in the member's medical record. The reason for the replacement must be included on the order when new eyeglasses are ordered from the contract vendor.

If medical necessity is not met, providers will need to follow the HealthPartners "Use of GA Modifier on Claims Submission" Policy* and obtain a member's written consent for a non-covered service.**

If you have questions regarding this change in administration of replacement eyewear claims, please contact your Service Specialist.

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*Coverage Criteria: www.healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_045918

**Policy: www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008954

***Policy: <https://www.healthpartners.com/provider-public/administrative-policies/>

New Provider Portal Application for Authorizations and Referrals

GOING LIVE THIS FRIDAY, 2/15

We are excited to introduce a new tool called Authorizations and Referrals—a one-stop resource for making prior authorization requests, in-network benefit requests and entering or looking up referrals. This new tool replaces several provider portal applications: Prior Auth Request, Referral Inquiry and Referral Maintenance.

- If you think you need a prior authorization or in-network benefit request, simply use the create button to begin the process.
- If you exclusively enter and update referrals, there is a link to take you directly to the referral application (when applicable).
- If you are unsure, you may use the create button for any task and let the system help direct you.

This experience will continue to evolve with new functions added throughout the year.

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

Fast Facts Editors: Mary Jones and David Ohmann