



**Louisiana Department of Health
Informational Bulletin 22-34
November 1, 2022**

Vision (Eyewear) Same Day or Subsequent Day Follow-Up Office Visit Policy

Louisiana Medicaid is revising the “Same Day or Subsequent Day Follow-up Office Visit Policy” in the Vision (Eyewear) provider manual to better reflect the services provided when a beneficiary returns for the “fitting of spectacles.”

Effective for dates of service on or after November 1, 2022, claims submitted for the “fitting of spectacles” shall be reported using the most appropriate and inclusive Current Procedural Terminology (CPT) code that best describes the service provided.

The Professional Services fee schedule will be updated with the appropriate procedure codes for the “fitting of spectacles.” The fee schedule is available on the Medicaid website located [here](#).

The Vision (Eyewear) provider manual will be updated with the language below:

Reimbursement for Fitting of Spectacles

Medicaid provides separate reimbursement for the “fitting of spectacles” on the same day or subsequent day as an optometrist or ophthalmologist office visit. Use the most appropriate and inclusive Current Procedural Terminology (CPT) code for the “fitting of spectacles.” These relevant codes are located on the Professional Services fee schedule.

*Reimbursement covers delivery and final adjustment to the visual axis and anatomical topography of Medicaid covered eyewear. If final adjustments to the visual axes and anatomical topography are **NOT** performed during the beneficiary’s return, the provider must **NOT** bill for the “fitting of spectacles.” For example, if the beneficiary returns to the office only to pick up eyewear, billing of the procedure code for fitting of spectacles is considered inappropriate billing.*

For questions related to this information as it pertains to Fee-for-Service Medicaid claims processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225)

924-5040.

Questions regarding managed care claims should be directed to the appropriate managed care organization (MCO).

Each MCO shall update their procedure file to include the new CPT codes and corresponding rate within 30 days of the published Medicaid fee schedule changes.

MCOs shall also notify providers of their process and timeline for implementing the file changes as well as their plan to recycle impacted claims.