

Iowa Specific Information

This document contains information specific to the State of Iowa. Please refer to the Provider Reference Guide for general information regarding plan administration.

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1.1 Notice of Updates

Notice of updates published August 10, 2023.

- Added coverage for Eyeglass Cases for Medicaid and Hawki retro-effective to 07/01/2023.

1.2 Covered Benefits – Molina Healthcare of Iowa (Medicaid)

Benefit Plan(s): M-IA-M

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> ▪ 1 service date every year.
Exam Replacement	<ul style="list-style-type: none"> ▪ Covered in accordance with frame and lens replacement benefit frequencies when the member is unable to return to or obtain the prescription from the previous provider AND criteria for replacements have been met.
Necessary Medical Services	<ul style="list-style-type: none"> ▪ Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none"> ▪ 3 units every year ages 0-12 months. ▪ 4 units every year ages 1-3. ▪ 1 unit every year ages 4-7. ▪ 1 unit every 2 years ages 8 and older. ▪ Safety frames are covered for children up to seven years of age. ▪ Deluxe (wrap-around) frames are covered for children up to two years of age. ▪ Multiple pairs may be obtained on the same date of service when necessary and available.
Frame Replacement	<ul style="list-style-type: none"> ▪ Covered as needed ages 8 and older when the member's vision has at least a 0.50 diopter change in sphere or cylinder or a 10 degree change in axis in either eye. New frames are permitted only when new lenses cannot be inserted into the existing frame. ▪ 1 unit when lost or damaged beyond repair for adults ages 21 and older. ▪ Covered as needed when lost or damaged beyond repair for ages 20 and under. ▪ Covered as needed when lost or damaged beyond for adults ages 21 and older when the member has a mental or physical disability, such as a seizure disorder or mobility problems. Use modifier code KX in addition RA. Documentation of the disability must be included in the provider records. ▪ To identify replacement frames, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frames.
Lenses	<ul style="list-style-type: none"> ▪ 6 units (3 pair) every year ages 0-12 months. ▪ 8 units (4 pair) every year ages 1-3. ▪ 2 units (1pair) every year ages 4-7. ▪ 2 units (1 pair) every 2 years ages 8 and older. ▪ Single vision and multifocal lenses are covered. ▪ Polycarbonate or equivalent is covered for: <ul style="list-style-type: none"> ▪ Children up to seven years of age. ▪ Members with adequate vision in only one eye. ▪ Members with a diagnosis related illness or disability where regular lenses would pose a safety risk. ▪ Prisms are covered as follows: <ul style="list-style-type: none"> ▪ Slab off prism (V2710) when necessary to adequately correct vision. ▪ Other prisms (V2715) when vision cannot adequately be corrected with slab off prisms. ▪ Press on prisms (V2718) when vision cannot adequately be corrected with other prisms. ▪ Rose tints I and II are covered. ▪ Photochromatic tint is covered for members who have a documented medical condition that causes photosensitivity and less costly alternatives, such as clip-ons or a visor, are inadequate. ▪ Multiple pairs may be obtained on the same date of service when necessary and available.

Benefit	Benefit Limitations/Criteria
Lens Replacement	<ul style="list-style-type: none"> ▪ Covered as needed ages 8 and older when the member’s vision has at least a 0.50 diopter change in sphere or cylinder or a 10 degree change in axis in either eye. ▪ 2 units when lost or damaged beyond repair for adults ages 21 and older. ▪ Covered as needed when lost or damaged beyond repair for ages 20 and under. ▪ Covered as needed when lost or damaged beyond for adults ages 21 and older when the member has a mental or physical disability, such as a seizure disorder or mobility problems. Use modifier code KX in addition RA. Documentation of the disability must be included in the provider records. ▪ To identify replacement lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for frames.
Necessary Contact Lenses	<ul style="list-style-type: none"> ▪ 16 units (8 pair) gas permeable contact lenses every year ages 0-12 months. ▪ 8 units (6 pair) gas permeable contact lenses every year ages 1-3. ▪ 6 units (3 pair) gas permeable contact lenses every year ages 4-7. ▪ 2 units (1 pair) gas permeable lenses every 2 years ages 8 and older. ▪ Contact lenses are in lieu of frame and lenses. Preparation and fitting of contact lenses are covered when: <ul style="list-style-type: none"> ▪ Required following cataract surgery, for documented keratoconus, documented aphakia, high myopia, anisometropia, trauma, Severe ocular disease, irregular astigmatism, or for treatment of acute or chronic eye disease ▪ Vision cannot be corrected with glasses. ▪ Soft contact lenses are covered when medically necessary. ▪ Multiple pairs may be obtained on the same date of service when necessary and available.
Necessary Contact Lens Replacement	<ul style="list-style-type: none"> ▪ Covered as needed when medically necessary. ▪ To identify replacement contact lenses, please bill using modifier code RA in conjunction with the current and appropriate HCPCS code(s) for contact lenses.
Repairs	<ul style="list-style-type: none"> ▪ Covered as needed. Consider the repair of existing frames before dispensing new frames when: <ul style="list-style-type: none"> ▪ It is evident that the repair of existing frames is less costly than providing a new frame, and ▪ Such repairs would again provide a serviceable frame for the use of the member.
Interpreter Services	<ul style="list-style-type: none"> ▪ Oral or sign language interpretation services are covered when the following criteria is met: <ul style="list-style-type: none"> ▪ Provided by interpreters who provide only interpretative services. ▪ Interpreters may be employed or contracted by the billing provider. ▪ The interpretive services must facilitate access to Medicaid covered services. ▪ Providers may only bill for these services if offered in conjunction with a Medicaid covered service. Medicare staff that are bilingual are not reimbursed for the interpretation, but only for medical services. ▪ The billing provider must document in the member’s record the: <ul style="list-style-type: none"> ▪ Interpreter’s name or company, ▪ Date and time of the interpretation ▪ Service duration (time in and time out), and ▪ Cost of providing the service. ▪ Sign language interpreters should be licensed pursuant to 645 Iowa Administrative Code (IAC) Chapter 361. ▪ Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care. ▪ Bill code T1013 with modifier ‘UC’ for telephonic interpretative services provided by an outside commercial translation service to indicate that the payment should be made at a per minute unit. ▪ The lack of a the ‘UC’ modifier will indicate that the charge is being made for the 15 minute face-to-face unit. ▪ Enter the number of minutes actually used for the provision of the service. The 15 minute unit should be rounded up if the service is provided for 8 minutes or more.

Benefit	Benefit Limitations/Criteria
Eyeglass Case	<ul style="list-style-type: none"> ▪ 3 units every year ages 0-12 months. ▪ 4 units every year ages 1-3. ▪ 1 unit every year ages 4-7. ▪ 1 unit every 2 years ages 8 and older.
Non-Covered Services	<ul style="list-style-type: none"> ▪ Surgical eye care.

1.3 Covered Benefits – Molina Healthcare of Iowa Health & Wellness Plan (Medicaid)

Benefit Plan(s): M-IA-HW

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every year.
Necessary Medical Services	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.

1.4 Covered Benefits – Molina Healthcare of Iowa Hawki (CHIP)

Benefit Plan(s): M-IA-P

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every year.
Necessary Medical Services	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Eyeglasses	<ul style="list-style-type: none"> \$100 allowance every year. Allowance can be applied to frames, lenses, contact lenses, or lens options. Includes professional fees associated with contact lens fitting. Contact lenses are in lieu of eyeglasses.
Eyeglass Case	<ul style="list-style-type: none"> 1 unit every 12 months. Covered under allowance.
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.