

OPTOMETRIC CARE TECHNICAL ADVISORY COMMITTEE MEETING

February 3, 2022
1:00 p.m.

TAC members in attendance via Zoom: Dr. Karoline Munson, Dr. Steve Compton, Dr. Gary Upchurch and Dr. James Sawyer.

Medicaid staff in attendance via Zoom: Judy Theriot, Lee Guice, Sharley Hughes, Jonathan Scott and Steve Bechtel.

MCOs in attendance: At the request of DMS, MCO participants appearing via Zoom or telephonically will not be listed under Appearances.

Others in attendance: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.

ESTABLISHMENT OF QUORUM: The meeting was called to order by the Co-Chair Dr. Karoline Munson, and a quorum was present.

REVIEW AND APPROVAL OF NOVEMBER 4, 2021 MINUTES: A motion was made by Dr. Compton and seconded by Dr. Upchurch to approve the meeting minutes. The motion passed.

OLD BUSINESS:

March Vision:

- OD and OMD Billing Discussion: Dr. Scott Edmonds stated that Dr. James Jaco, a Kentucky-licensed optometrist, is now a part of March Vision's Peer Review Team and he will be reviewing optometric claims. Dr. Compton clarified that the issue was with OMD's being credentialed through United Healthcare and OD's being credentialed through March Vision and, by statute, it should be the same. He also noted that there should be equity and no discrimination in the fees paid. Dr. Edmonds stated that March Vision is contractually limited to optometry and the scope of optometry, and it would be up to the payers to delegate the ophthalmology services to March Vision, in which case March Vision would step up and be able to do that. Dr. Edmonds stated March Vision would be happy to push for this and Dr. Compton stated that March Vision would have to because this is the law.

Dr. Munson summarized the discussion by stating that OMD's and OD's either are credentialed through United Healthcare or OMD's and OD's are credentialed through March and that it cannot be a mix and match unless it is the same opportunity for credentialing for each provider type because, as defined by Medicare, OD's are physicians. She stated that this topic would be placed on the May agenda in order to get more clarity to ensure that the Kentucky statutes are being followed by both March Vision and United Healthcare.

- UHC Discussion on Co-Management of Cataract Surgery: Dr. Munson stated that if the OMD's are billing United Healthcare for their cataract surgery and, then, there is co-management and that is co-managed by an optometrist, then, that flips over to the March Vision side, and she asked Dr. Edmonds to explain how this is handled. Dr. Edmonds stated March Vision pays co-management just like Medicare, and, so, it is 20% based on time and the 55 modifier is used but the checks come from a different place. Dr. Compton noted that he had brought this topic up because his cataract surgeon had been told by United Healthcare that they did not co-manage cataract surgery, and Dr. Edmonds stated that the capacity to do this is on the March Vision side and the optometrists will get paid through March Vision.
- Policy on Medical Refraction Per Year: Dr. Edmonds stated that he believes the doctor would have to code the refraction with a diagnosis that Dr. Jaco would approve as medically necessary for that procedure and, then, the doctor would tag the refractive 92015 with whatever reason for doing that procedure. Tonya Kling with March Vision stated she would have to check with the Claims Department to seek clarification and report back to the TAC.
- Office Help/LCD References Only: Dr. Edmonds stated that if an optometrist sees Medicare patients, the LCD would be set up by the payer, and for Medicaid patients, Dr. Jaco would be tasked with setting up the LCD.

Avesis:

- Revisit the Refraction Being Paid on 92 Codes with a Medical Diagnosis: This was an item that Dr. Burchett had brought up at the last meeting; and since he was unable to attend the meeting, he asked that this be tabled until the May 5th TAC meeting.

DMS:

- Code 66982 emailed to Justin Dearing. Update if it will be added to vision fee schedule: Mr. Dearing was not at the meeting to respond to this item, but Ms. Guice stated that if this is an additional service that DMS has not covered before, there will have to be a review and it likely could not be added in time for the updated fee schedules for January. However, she noted that if it is a service that has been covered before, it would be added as soon as DMS is able to determine a rate for it. MCOs would have to be given notice of the change and they have thirty days before they are responsible for it, and DMS would make it effective January 1st, 2022. Dr. Munson asked Ms. Guice to communicate with Mr. Dearing to get a response from him and report back to the TAC through Sharley Hughes.

Ms. Hughes pointed out that the TAC needs to get the agendas to DMS at least ten days in advance of the scheduled TAC meetings in order for DMS to line up the appropriate staff and/or requested data to have for the meetings. Ms. Guice suggested adding Sarah Unger to the distribution list if she is assisting with putting agendas together for the TAC.

NEW BUSINESS:

- Vision Fee Schedule Rates: Nicole Allen asked Ms. Guice when DMS anticipates having the 2022 procedure codes available and out on the DMS website, and she noted that providers are attempting to bill the new 2022 codes, and because these codes are not in the DMS system, the encounters are going to deny. Ms. Guice stated that this would be a question that should be taken up during the MCO/DMS technical phone call/meeting, and Ms. Allen asked Stuart Owen to add this item to the next technical meeting agenda. Ms. Allen will also send Ms. Guice an email providing examples of the new 2022 codes that have not been able to be processed.

Dr. Munson stated that this topic would be tabled to see if further explanation can be provided at the next TAC meeting, and in the meantime, the MCOs could push out to providers that the 2022 fee schedules have been released and where they can be found on the various portals.

- Quality Based/Outcome Review discussed at MAC Meeting: Dr. Compton stated that Dr. Burchett as Chair of the TAC would be interviewed by DMS concerning the Quality Strategy that gets updated every three years, and he noted that he did not want the TAC to be limited to just vision outcomes but to discuss diabetic outcomes, cataract surgery outcomes, glaucoma outcomes, etcetera.
- How many KY optometrists participate in Medicaid? How many KY dentists participate in Medicaid? Ms. Guice stated that this information will be provided to the TAC and she asked for a time frame, and Dr. Munson suggested the most up-to-date numbers and Ms. Guice suggested the numbers would be provided for the end of January, 2022.
- Are there any rules about putting Medicaid patients on a waiting list to be seen? (Only Medicaid patients vs. non-Medicaid patients) Only see so many Medicaid patients per day: Ms. Allen asked that providers treat the Medicaid recipients the same as the commercial and Medicare population. She also stated that if there is a wait list that providers have in place for other lines of business that they participate in, it is fine that the Medicaid recipients are held to that same standard. Dr. Davis with EyeQuest stated that this is blatantly against the law or at least Medicaid regulation and it would be quickly halted if this were done by any EyeQuest provider.

2022 TAC Dates: The following are the 2022 TAC meeting dates: May 5th, August 4th and November 10th. The May 5th meeting will be held via Zoom and there will be discussion at that meeting as to the format of future meetings.

A motion was made, seconded and approved to adjourn the meeting.