
CHAPTER 46: VISION (EYE WEAR) SERVICES

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PROVIDER REQUIREMENTS

An optometrist, ophthalmologist, physician and optical supplier must enroll as a Louisiana Medicaid vision provider in order to receive reimbursement for vision services performed on eligible Medicaid beneficiaries. Individual optometrists, ophthalmologists, and opticians not enrolled in the Louisiana Medicaid program may not use the name and/or provider number of an enrolled provider in order to bill Medicaid for services rendered.

Providers must meet all Louisiana Medicaid provider enrollment requirements. Additionally, providers must be licensed by the appropriate governmental authority and licensing boards when applicable.

Optical Groups

For Louisiana Medicaid purposes, an optical group consists of two or more optometrists, ophthalmologists, or optical suppliers offering vision services to the Louisiana Medicaid beneficiary population. Optical groups must be enrolled in the Louisiana Medicaid program prior to rendering services to a Medicaid beneficiary.

Individual Providers

The Louisiana Medicaid Program will assign only one provider number per individual provider type. For this reason, an individual optical provider may have only one “Pay To” address regardless of the number of locations where individual services are rendered. For example, if an individual optical provider practices at multiple locations, Medicaid payments will be sent to only one address for all services provided.

However, if an individual optical provider practices with an enrolled group and maintains a private practice, the group must bill for services performed in the group setting and the individual optical provider must bill individual services rendered in the private practice. This is the only situation in which payment for services provided by one optical provider would be made to more than one address. Payment would be made to the group at its address and to the individual optical provider at the private address.

NOTE: All changes of address, group affiliation, contact information, etc. must be reported in writing to Provider Enrollment (see Contact/Referral Information, Appendix E).