

101 CMR 315.00: VISION CARE SERVICES AND OPHTHALMIC MATERIALS

Section

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315.01: General Provisions

- (1) Scope, Purpose and Effective Date. 101 CMR 315.00 shall govern the determination of payment rates effective October 1, 2012, to be used by all governmental units and purchasers under M.G.L. c. 152, § 1 (the Workers' Compensation Act) for vision-care services and ophthalmic materials provided to publicly aided and industrial accident patients.
 - (2) Disclaimer of Authorization of Services. 101 CMR 315.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 315.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services provided to publicly aided clients.
 - (3) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify provisions of 101 CMR 315.00, or to issue coding updates and corrections under 101 CMR 315.01(4).
 - (4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections by administrative bulletin, which will list
 - (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
 - (b) deleted codes for which there are no corresponding new codes; and
 - (c) codes for entirely new services that require pricing. For these new services, EOHHS will designate the pricing as individual consideration (I.C.) until appropriate rates are established under 101 CMR 315.00.
- (4) Authority. 101 CMR 315.00 is adopted pursuant to M.G.L. c. 118E.

315.02: General Definitions

The terms used in 101 CMR 315.00 shall have the meanings ascribed in 101 CMR 315.02 and in the *CPT Coding Handbook*. The descriptions and five-digit procedure codes included in 101 CMR 315.00 are obtained from the *Physicians' Current Procedural Terminology (CPT)*, copyright 2012, by the American Medical Association, or the *2013 Healthcare Common Procedure Coding System Level II (HCPCS)* unless otherwise specified. Both sources provide a listing of descriptive terms and alpha-numeric identifying codes and modifiers for reporting medical services and procedures performed by health-care providers.

Consultation - a type of service provided by a physician or ophthalmologist or optometrist whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or ophthalmologist or optometrist or other appropriate source. A physician consultant may initiate diagnostic and/or therapeutic services. The request for a consultation from the attending physician or ophthalmologist or optometrist or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source. Any specifically identifiable procedure (*i.e.* identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately. If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

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Eligible Provider (Provider) - ophthalmologists, optometrists, and dispensing opticians who are registered by an appropriate board of registration in accordance with the provision of M.G.L. c. 112; are not under contractual arrangement with a hospital or affiliated teaching institution for professional services; and who also meet such conditions of participation as may be required by a governmental unit purchasing vision care services and ophthalmic materials or by purchasers under M.G.L. c. 152.

EOHHS - the Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Patient - a patient who has received professional services from the physician or ophthalmologist or optometrists within the past three years.

Governmental Unit - the Commonwealth, any department, agency, board or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Individual Consideration (I.C.) - for service codes for which no rate is listed, the purchaser determines the payment amount on an individual consideration basis upon receipt of a bill that describes the services rendered. The purchaser shall determine the appropriate payment in accordance with the following criteria:

- (a) time required to perform the procedure;
- (b) degree of skill required for the procedure rendered;
- (c) severity and complexity of the patient's disorder or disability;
- (d) cost of goods supplied in rendering the service, including catalogue prices of major supplies; and
- (e) policies, procedures, and practices of other third party purchasers of care, governmental and private.

Level I Optometrist - an optometrist who is not qualified to apply topical agents.

Level II Optometrist - an optometrist who has completed the required course of study and passed the examination necessary to obtain certification to apply topical agents.

Low-vision - any pathological, traumatic or congenital condition of the eye or brain that results in reduced visual acuity or reduction of visual field, and that is not amenable to medical, surgical, or ordinary optical correction.

Low-vision Aids - includes, but is not limited to, microscopic and telescopic lenses to correct low vision.

Low-vision Evaluation - a series of evaluative vision tests to measure the degree of low vision and the corrective lenses or aids required.

Modifiers - listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters placed after the usual procedure number from which it is separated by a hyphen.

New Patient - a patient who has not received any professional services from the physician or ophthalmologist or optometrist within the past three years.

Ocular Prosthetic Services - the dispensing and adjustment of false eyes.

Publicly Aided Individual - a person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Vision-care Services and Ophthalmic Materials - professional care of the eye for the purpose of diagnosing and correcting refractive errors and includes the measurement, specification, formulation, construction, and dispensing of eyeglasses and related eye care appliances.

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315.03: General Rate Provisions

- (1) Rate Determination. The rates for authorized vision care services and ophthalmic materials under 101 CMR 315.00 are the lower of
 - (a) the provider's usual fee to patients other than publicly aided or industrial accident patients; or
 - (b) the schedule of allowable fees set forth in 101 CMR 315.04.

- (2) Reimbursement As Full Payment. The rates established by 101 CMR 315.00 are full compensation for vision services provided to publicly aided and industrial accident patients as well as for any related administrative or supervisory duties in connection with the provision of vision-care services without regard to where the services are provided.

- (3) Bulk Purchase Contract. If the provider is required by the purchasing governmental unit to order material from designated suppliers under a bulk purchase contract, the provider shall bill the purchasing agency only for the relevant dispensing fee.

315.04: Allowable Fees for Vision Care Services

- (1) Modifiers. The following modifiers are used to adjust payments under the circumstances noted in 101 CMR 315.04(1)(a) and (b):
 - (a) -52 Reduced Services. Modifier -52 is used to describe circumstances in which services provided were reduced in comparison to the full description of the service. When a provider does not complete a procedure in its entirety, such as a provider electing to partially reduce or eliminate a service, the procedure must be billed by appending modifier -52 to the service code. The rate for services billed with modifier -52 is 86% of the rate listed in 101 CMR 315.04(2). For example, modifier -52 would be used for a procedure that includes administration of eyedrops when a Level I optometrist, not certified to distribute eyedrops, performs the procedure.
 - (b) Provider Preventable Conditions. The following modifiers are used to report provider-preventable conditions in accordance with 42 C.F.R. 447.26 and result in nonpayment for services.

| Modifier | Description |
|----------|---|
| PA | Surgical or other invasive procedure performed on the wrong body part |
| PB | Surgical or other invasive procedure performed on the wrong patient |
| PC | Wrong surgical or other invasive procedure performed on a patient |

- (2) Services and Payments Covered Under Other Regulations. Payments for some services performed by ophthalmologists are governed by other EOHHS regulations, including 101 CMR 16.00: *Surgery and Anesthesia*; 101 CMR 17.00: *Medicine*; and 101 CMR 18.00: *Radiology*. The following codes are included in 101 CMR 17.00: 92132, 92133, 92134, 92227, 92228, and 92250.

| PROCEDURE CODE | Rates Effective Oct. 1, 2012 - Sept. 30, 2013 | Rates Effective Oct. 1, 2013 | DESCRIPTION |
|----------------|---|------------------------------|---|
| 67820 | \$38.47 | \$38.65 | Correction of trichiasis; epilation, by forceps only |
| 76512 | \$95.16 | \$95.62 | Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) (level II optometrist) |
| 76513 | \$95.16 | \$95.62 | Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) (B-scan or high resolution biomicroscopy level II optometrist) |
| 76514 | \$8.82 | \$8.86 | Ophthalmic ultrasound, diagnostic, corneal pachymetry, unilateral or bilateral (determination of corneal thickness) |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|--|
| 92002 | \$52.32 | \$52.57 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient |
| 92004 | \$67.72 | \$68.04 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits |
| 92012 | \$43.82 | \$44.03 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient |
| 92014 | \$49.79 | \$50.03 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits |
| 92015 | \$12.45 | \$12.51 | Determination of refractive state |
| 92020 | \$20.38 | \$20.47 | Gonioscopy (separate procedure) |
| 92065 | \$27.82 | \$27.95 | Orthoptic and/or pleoptic training, with continuing medical direction and evaluation |
| 92081 | \$21.50 | \$21.60 | Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g. tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent) |
| 92082 | \$56.61 | \$56.88 | Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g. at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33) |
| 92083 | \$83.16 | \$83.56 | Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g. Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) |
| 92100 | \$30.51 | \$30.66 | Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (e.g. diurnal curve or medical treatment of acute elevation of intraocular pressure) |
| 92140 | \$20.99 | \$21.09 | Provocative tests for glaucoma, with interpretation and report, without tonography |
| 92225 | \$47.11 | \$47.33 | Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial |
| 92226 | \$42.70 | \$42.90 | Ophthalmoscopy, extended, with retinal drawing (e.g. for retinal detachment, melanoma), with interpretation and report; subsequent |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|-------------------|---|---------------------------------|---|
| 92230 | \$72.72 | \$73.06 | Fluorescein angiography with interpretation and report |
| 92260 | \$25.78 | \$25.90 | Ophthalmodynamometry |
| 92275 | \$90.32 | \$90.75 | Electroretinography with interpretation and report |
| 92285 | \$38.09 | \$38.27 | External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniphotography, stereo-photography) |
| 92310 | I.C. | I.C. | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia (for prescription and fitting of one eye, add modifier '-52') |
| 92326 | \$48.34 | \$48.57 | Replacement of contact lens |
| 92340 | \$28.06 | \$28.19 | Fitting of spectacles, except for aphakia; monofocal |
| 92340 RB | \$8.63 | \$8.67 | Fitting of spectacles, except for aphakia; monofocal (replacement and repair) (per lens) |
| 92341 | \$34.64 | \$34.80 | Fitting of spectacles, except for aphakia; bi-focal |
| 92341 RB | \$12.92 | \$12.98 | Fitting of spectacles, except for aphakia; bi-focal (replacement and repair) (per lens) |
| 92342 | \$34.64 | \$34.80 | Fitting of spectacles, except for aphakia; multi-focal other than bi-focal |
| 92342 RB | \$12.92 | \$12.98 | Fitting of spectacles, except for aphakia; multi-focal other than bi-focal (replacement and repair) (per lens) |
| 92370 | \$11.14 | \$11.19 | Repair and refitting spectacles, except for aphakia |
| 92392 | I.C. | I.C. | Supply of low vision aids (a low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Includes reading additions up to 4D.) |
| 92395 | I.C. | I.C. | Supply of permanent prosthesis for aphakia; spectacles |
| 92396 | I.C. | I.C. | Supply of permanent prosthesis for aphakia; contact lenses |
| 92499 | I.C. | I.C. | Unlisted ophthalmological service or procedure |
| 92541 | \$43.61 | \$43.82 | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording |
| 92542 | \$38.30 | \$38.48 | Positional nystagmus test, minimum of 4 positions, with recording |
| 92544 | \$29.64 | \$29.79 | Optokinetic nystagmus test, bi-directional, foveal or peripheral stimulation, with recording |
| 99173 | \$22.40 | \$22.51 | Screening test of visual acuity, quantitative, bilateral |
| 99201 | \$27.79 | \$27.92 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family. |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|-------------------|---|---------------------------------|--|
| 99202 | \$49.83 | \$50.07 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| 99203 | \$74.29 | \$74.65 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| 99204 | \$105.33 | \$105.83 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| 99205 | \$133.45 | \$134.08 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| 99211 | \$16.14 | \$16.22 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professionals. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|---|
| 99212 | \$29.71 | \$29.86 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically 10 minutes are spent face-to-face with the patient and/or family. |
| 99213 | \$41.07 | \$41.26 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically 15 minutes are spent face-to-face with the patient and/or family. |
| 99214 | \$64.28 | \$64.59 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically 25 minutes are spent face-to-face with the patient and/or family. |
| 99215 | \$93.57 | \$94.02 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|--|
| 99241 | \$36.59 | \$36.77 | Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. |
| 99242 | \$56.53 | \$56.79 | Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| 99243 | \$72.94 | \$73.29 | Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. |
| 99244 | \$101.71 | \$102.19 | Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| 99245 | \$137.54 | \$138.20 | Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family. |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|--|
| 99251 | \$36.19 | \$36.36 | Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99252 | \$58.63 | \$58.91 | Inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99253 | \$86.99 | \$87.40 | Inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99254 | \$125.32 | \$125.92 | Inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| 99304 | \$47.33 | \$47.55 | Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|--|
| 99305 | \$63.26 | \$63.56 | Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit. Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit. |
| 99306 | \$80.68 | \$81.07 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.. |
| 99307 | \$26.08 | \$26.21 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit. |
| 99308 | \$40.87 | \$41.06 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit. |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|--|
| 99309 | \$56.27 | \$56.54 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit. |
| 99310 | \$56.27 | \$56.54 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit. |
| 99328 | \$67.41 | \$67.74 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver. |
| 99337 | \$47.04 | \$47.26 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver. |

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| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|--|
| 99341 | \$43.56 | \$43.77 | Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| 99342 | \$63.91 | \$64.21 | Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| 99343 | \$92.57 | \$93.01 | Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family. |
| 99344 | I.C. | I.C. | Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. |

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

315.04: continued

| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|---|
| 99347 | \$34.00 | \$34.16 | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. |
| 99348 | \$53.44 | \$53.69 | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. |
| 99349 | \$82.06 | \$82.45 | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. |
| T2002 | \$9.22 | \$9.26 | Non-emergency transportation; <i>per diem</i> |

FRAMES

| | | | |
|-------|---------|---------|-------------------|
| V2020 | \$55.66 | \$55.92 | Frames, purchases |
| V2025 | I.C. | I.C. | Deluxe frame |

SINGLE VISION, GLASS OR PLASTIC

If procedure code 92395 is reported, recode with specific lens type below

| | | | |
|-------|---------|---------|--|
| V2100 | \$30.76 | \$30.91 | Sphere, single vision, plano to plus or minus 4.00, per lens |
| V2101 | \$32.44 | \$32.59 | Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens |
| V2102 | \$45.62 | \$45.83 | Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens |
| V2103 | \$26.73 | \$26.86 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

315.04: continued

| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|---|
| V2104 | \$29.58 | \$29.72 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2105 | \$32.23 | \$32.38 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2106 | \$38.40 | \$38.58 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2107 | \$33.99 | \$34.15 | Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens |
| V2108 | \$35.19 | \$35.36 | Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2109 | \$38.97 | \$39.16 | Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2110 | \$39.18 | \$39.37 | Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens |
| V2111 | \$40.08 | \$40.27 | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2112 | \$43.74 | \$43.95 | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens |
| V2113 | \$50.56 | \$50.80 | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2114 | \$53.40 | \$53.65 | Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens |
| V2115 | \$58.12 | \$58.40 | Lenticular (myodisc), per lens, single vision |
| V2118 | \$76.81 | \$77.18 | Aniseikonic lens, single vision |
| V2121 | \$66.42 | \$66.73 | Lenticular lens, per lens, single |
| V2199 | I.C. | I.C. | Not otherwise classified, single vision lens |

BIFOCAL, GLASS OR PLASTIC

| | | | |
|-------|---------|---------|---|
| V2200 | \$43.45 | \$43.65 | Sphere, bifocal, plano to plus or minus 4.00d, per lens |
| V2201 | \$46.45 | \$46.67 | Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens |
| V2202 | \$52.96 | \$53.21 | Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens |
| V2203 | \$43.15 | \$43.35 | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2204 | \$45.54 | \$45.76 | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2205 | \$48.44 | \$48.67 | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2206 | \$50.53 | \$50.77 | Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2207 | \$48.97 | \$49.21 | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2208 | \$49.92 | \$50.16 | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

315.04: continued

| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|--|
| V2209 | \$56.55 | \$56.81 | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2210 | \$56.61 | \$56.88 | Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens |
| V2211 | \$63.47 | \$63.77 | Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2212 | \$69.04 | \$69.37 | Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2213 | \$66.54 | \$66.85 | Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2214 | \$65.78 | \$66.09 | Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens |
| V2215 | \$66.78 | \$67.10 | Lenticular (myodisc), per lens, bifocal |
| V2218 | \$105.94 | \$106.45 | Aniseikonic, per lens, bifocal |
| V2219 | \$34.99 | \$35.15 | Bifocal seg width over 28mm |
| V2220 | \$28.36 | \$28.50 | Bifocal add over 3.25d |
| V2221 | \$82.72 | \$83.11 | Lenticular lens, per lens, bifocal |
| V2299 | I.C. | I.C. | Specialty bifocal (by report) |

TRIFOCAL, GLASS OR PLASTIC

| | | | |
|-------|---------|---------|---|
| V2300 | \$56.82 | \$57.09 | Sphere, trifocal, plano to plus or minus 4.00d, per lens |
| V2301 | \$77.25 | \$77.61 | Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens |
| V2302 | \$85.89 | \$86.30 | Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens |
| V2303 | \$57.28 | \$57.55 | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2304 | \$58.78 | \$59.06 | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2305 | \$73.24 | \$73.59 | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens |
| V2306 | \$70.88 | \$71.22 | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2307 | \$77.19 | \$77.55 | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2308 | \$79.50 | \$79.88 | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2309 | \$90.79 | \$91.22 | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2310 | \$76.86 | \$77.23 | Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder per lens |
| V2311 | \$88.27 | \$88.69 | Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2312 | \$93.85 | \$94.30 | Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens |

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

315.04: continued

| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|----------------|---|------------------------------|---|
| V2313 | \$102.28 | \$102.77 | Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2314 | \$84.45 | \$84.85 | Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens |
| V2315 | \$124.99 | \$125.58 | Lenticular, (myodisc), per lens, trifocal |
| V2318 | \$153.66 | \$154.40 | Aniseikonic lens, trifocal |
| V2319 | \$41.80 | \$42.00 | Trifocal seg width over 28 mm |
| V2320 | \$41.16 | \$41.35 | Trifocal add over 3.25d |
| V2321 | \$122.04 | \$122.63 | Lenticular lens, per lens, trifocal |
| V2399 | I.C. | I.C. | Specialty trifocal (by report) |

VARIABLE ASPHERICITY

| | | | |
|-------|---------|---------|--|
| V2410 | \$70.43 | \$70.77 | Variable asphericity lens, single vision, full field, glass or plastic, per lens |
| V2430 | \$86.57 | \$86.98 | Variable asphericity lens, bifocal, full field, glass or plastic, per lens |
| V2499 | I.C. | I.C. | Variable sphericity lens, other type |

CONTACT LENSES

If procedure code 92396 is reported, recode with specific lens type listed below (per lens)

| | | | |
|-------|----------|----------|--|
| V2500 | \$66.96 | \$67.28 | Contact lens, PMMA, spherical, per lens |
| V2501 | \$129.70 | \$130.32 | Contact lens, PMMA, toric or prism ballast, per lens |
| V2502 | \$157.30 | \$158.05 | Contact lens PMMA, bifocal, per lens |
| V2503 | \$147.15 | \$147.85 | Contact lens PMMA, color vision deficiency, per lens |
| V2510 | \$99.51 | \$99.98 | Contact lens, gas permeable, spherical, per lens |
| V2511 | \$167.01 | \$167.81 | Contact lens, gas permeable, toric, prism ballast, per lens |
| V2512 | \$175.01 | \$175.84 | Contact lens, gas permeable, bifocal, per lens |
| V2513 | \$141.80 | \$142.47 | Contact lens, gas permeable, extended wear, per lens |
| V2520 | \$96.45 | \$96.91 | Contact lens hydrophilic, spherical, per lens |
| V2521 | \$148.16 | \$148.86 | Contact lens hydrophilic, toric, or prism ballast, per lens |
| V2522 | \$181.90 | \$182.76 | Contact lens hydrophilic, bifocal, per lens |
| V2523 | \$152.87 | \$153.60 | Contact lens hydrophilic, extended wear, per lens |
| V2530 | \$233.62 | \$234.74 | Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see CPT Level I code 92325) |
| V2531 | I.C. | I.C. | Contact lens, scleral, gas permeable, per lens (for contact lens modification, see CPT Level I code 92325) |
| V2599 | I.C. | I.C. | Contact lens, other type |

LOW VISION AIDS

If procedure code 92392 is reported, recode with specific systems listed below

| | | | |
|-------|------|------|--|
| V2600 | I.C. | I.C. | Hand held low vision aids and other non-spectacle mounted aids |
| V2610 | I.C. | I.C. | Single lens spectacle mounted low vision aids |
| V2615 | I.C. | I.C. | Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system |

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

315.04: continued

| PROCEDURE CODE | Rates effective Oct. 1, 2012 - Sept. 30, 2013 | Rates effective Oct. 1, 2013 | DESCRIPTION (continued) |
|-----------------------|---|---------------------------------|---|
| PROSTHETIC EYE | | | |
| V2623 | I.C. | I.C. | Prosthetic eye, plastic, custom |
| V2624 | I.C. | I.C. | Polishing/resurfacing of ocular prosthesis |
| V2625 | I.C. | I.C. | Enlargement of ocular prosthesis |
| V2626 | I.C. | I.C. | Reduction of ocular prosthesis |
| V2627 | I.C. | I.C. | Scleral cover shell |
| V2628 | I.C. | I.C. | Fabrication and fitting of ocular conformer |
| V2629 | I.C. | I.C. | Prosthetic eye, other type |

INTRAOCULAR LENSES

| | | | |
|-------|------|------|------------------------------------|
| V2630 | I.C. | I.C. | Anterior chamber intraocular lens |
| V2631 | I.C. | I.C. | Iris supported intraocular lens |
| V2632 | I.C. | I.C. | Posterior chamber intraocular lens |

MISCELLANEOUS

| | | | |
|-------|---------|---------|---|
| V2700 | \$36.07 | \$36.24 | Balance lens, per lens |
| V2710 | \$50.36 | \$50.60 | Slab off prism, glass or plastic, per lens |
| V2715 | \$9.12 | \$9.16 | Prism, per lens |
| V2718 | \$29.01 | \$29.15 | Press on lens, fresnell prism, per lens |
| V2730 | \$16.98 | \$17.06 | Special base curve, glass or plastic, per lens |
| V2744 | \$12.89 | \$12.95 | Tint, photochromatic, per lens |
| V2745 | \$8.01 | \$8.04 | Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens |
| V2750 | \$14.99 | \$15.06 | Anti reflective coating, per lens |
| V2755 | \$17.38 | \$17.47 | U V lens, per lens |
| V2760 | \$13.25 | \$13.31 | Scratch resistant coating, per lens |
| V2770 | \$20.45 | \$20.55 | Occluder lens, per lens |
| V2780 | \$10.78 | \$10.83 | Oversize lens, per lens |
| V2781 | I.C. | I.C. | Progressive lens, per lens |
| V2785 | I.C. | I.C. | Processing, preserving and transporting corneal tissue |
| V2788 | I.C. | I.C. | Presbyopia correcting function of intraocular lens |
| V2799 | I.C. | I.C. | Vision service, miscellaneous |

315.05: Severability

The provisions of 101 CMR 315.00 are severable, and if any provision of 101 CMR 315.00 or application of such provision to any eligible provider of vision care services and ophthalmic materials or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 315.00 or application of such provisions to eligible providers of vision care services and ophthalmic materials or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 315.00: M.G.L. c. 118E.

NON-TEXT PAGE