Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER OPD-49
December 2002

TO: Outpatient Hospitals Participating in MassHealth

FROM: Wendy E. Warring, Commissioner

RE: *Outpatient Hospital Manual* (Age Limitations for Certain Vision Care Services and Dentures)

Beginning January 1, 2003, age restrictions have been added to certain services. The Division's current budget appropriation requires these changes, at a minimum, to cover expected deficiencies.

The attached regulations, which describe these changes, are effective January 1, 2003.

I. Age Limitations for Certain Vision Care Services and Dentures

Effective January 1, 2003, the Division will no longer cover the following services for MassHealth members who are aged 21 and older:

- eyeglasses, eyeglass parts, eyeglass dispensing, contact lenses, and other visual aids, except for visual magnifying aids used by members who are both diabetic and legally blind (Visual magnifying aids do not include eyeglasses or contact lenses.)
- dentures and related services, except for members who qualify for special circumstances under Division regulations at 130 CMR 420.410(D)

As of January 1, 2003, you should inform MassHealth members aged 21 and older that MassHealth no longer covers these services. **The changes to the regulations do not alter vision care services for members under age 21.**

II. Service-Specific Prior Authorizations Approved or Appealed Prior to January 1, 2003

If MassHealth approved a prior-authorization (PA) request for a member aged 21 and older on or before October 25, 2002, and the request was for any of the services listed above, MassHealth will continue to pay for those services through the authorized period. Until December 31, 2002, MassHealth will approve medically necessary PA requests for members aged 21 and older for a 90-day period from the date the PA request is approved or changed. After December 31, 2002, MassHealth will no longer approve PA requests for members aged 21 and older for the services listed above.

If a member appeals any prior-authorization decision made prior to January 1, 2003, the Division will pay for the service if the Board of Hearings or a court does not uphold the Division's decision.

III. Claims for Custom-Made Goods

The Division will pay for custom-made goods in the following circumstances for dates of service after January 1, 2003:

- custom-made goods started before January 1, 2003, but not completed until after; and
- custom-made goods where the prior-authorization expiration date is after January 1, 2003.

As stated in 130 CMR 450.231(B), "the 'date of service' is the date on which a medical service is furnished to a member or, if the medical service consists principally of custom-made goods such as eyeglasses, dentures, or durable medical equipment, the date on which the goods are delivered to a member. If a provider delivers medical goods to a member, which goods had to be ordered, fitted, or altered for the member, and that member ceases to be eligible for such MassHealth services on a date prior to the final delivery of the goods, the Division will reimburse the provider for the goods…"

Providers must submit paper claims for these services with all applicable documentation as outlined in 130 CMR 450.231(B) to the following address.

Division of Medical Assistance
Claims Operations Unit
Attention: After Cancel Unit
600 Washington Street
Boston, MA 02111

IV. Prior-Authorization Requests for Visual Magnifying Aids for Members Aged 21 and Older

As of January 1, 2003, visual magnifying aids for MassHealth members aged 21 and older who are both diabetic and legally blind can be billed using Service Codes V2600, V2610, V2615, and V2799. These service codes require prior authorization.

Prior-authorization requests for visual magnifying aids for members aged 21 and older must clearly state that the member is diabetic and legally blind.

Effective for dates of service on or after January 1, 2003, any claims for visual magnifying aids for members aged 21 and older who are both diabetic and legally blind must contain the ICD-9-CM diagnosis code. To ensure that your claims for visual magnifying aids for these members are appropriately identified, enter an ICD-9-CM diagnosis code that accurately describes the member's condition in Items 21 and 23 of claim form no. 9, and the corresponding diagnosis name in Items 22 and 24.

V. Web Site Access and Questions

This transmittal letter and the revised regulations are available on the Division's Web site at www.mass.gov/dma.

If you have any questions, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL
(The pages listed here contain new or revised language.)

Outpatient Hospital Manual

Pages 4-53 and 4-54

OBSOLETE MATERIAL
(The pages listed here are no longer in effect.)

Outpatient Hospital Manual

Pages 4-53 and 4-54 — transmitted by Transmittal Letter OPD-35

(J) Home Visits.

(1) The Division will pay for intermittent home visits. Payment will also be made for home visits made for diagnostic purposes.

(2) Home visits are reimbursable on the same basis as comparable services provided at the hospital outpatient department. Travel time to and from the recipient's home is not reimbursable.

(3) A report of the home visit must be entered into the recipient's record.

(K) Multiple Therapies. The Division will pay for more than one mode of therapy used for a recipient during one week only if clinically justified; that is, when any single approach has been shown to be necessary but insufficient. The need for additional modes of treatment should be documented in the recipient's record.

(L) Outreach Services Provided in Nursing Facilities. The Division will pay for diagnostic and treatment services provided in a nursing facility to a recipient who resides in that nursing facility only in the following circumstances:

(1) the nursing facility specifically requests treatment and the recipient's record at the nursing facility documents this request;

(2) the treatment provided does not duplicate services usually provided in the nursing facility;

(3) such services are generally available through the hospital outpatient department to recipients not residing in that nursing facility; and

(4) the recipient either cannot leave the nursing facility or is sufficiently mentally or physically incapacitated to be unable to come to the hospital outpatient department alone.

(130 CMR 410.480 Reserved)

410.481: Vision Care Services: General Requirements

(A) Introduction.

(1) The regulations in 130 CMR 410.481 through 410.489 establish the requirements and procedures for vision care services provided by hospital outpatient departments. Vision care services are the professional care of the eyes for purposes of diagnosing and correcting refractive errors, analyzing muscular anomalies, and determining pathological conditions. They include eye examinations, vision training, and the prescription and dispensing of ophthalmic materials. Professional and technical services shall be provided in accordance with the established standards of quality and health care necessity recognized by the vision care industry and licensing agencies in Massachusetts.

(2) The Division covers the following services only when provided to eligible MassHealth members under age 21: ophthalmic materials, specifically including, but not limited to, complete eyeglasses or eyeglass parts; the dispensing of ophthalmic materials; contact lenses; and other visual aids, except that this age limitation does not apply to visual magnifying aids for use by members who are both diabetic and legally blind. Visual magnifying aids do not include eyeglasses or contact lenses.

(B) Definitions. The following terms used in 130 CMR 410.481 through 410.489 shall have the meanings given in 130 CMR 410.481 unless the context clearly requires a different meaning.

(1) Dispensing Practitioner -- any optician, optometrist, ophthalmologist, or other participating provider authorized by the Division to dispense eyeglass frames, lenses, and other vision care materials to recipients.

(2) Optical Supplier -- the optical laboratory contracted by the Division to supply the following ophthalmic materials and services:

(a) eyeglass frames;
(b) eyeglass lenses;
(c) frame cases;
(d) tints, coatings, ground-on prisms, and prisms by decentration; and
(e) repair parts.

(3) Order -- the process by which a dispensing practitioner requests ophthalmic materials (completed eyeglasses, repair parts, and other services) from the optical supplier.

(4) Order Form -- the form used by the dispensing practitioner to request ophthalmic materials (completed eyeglasses, repair parts, and other services) from the optical supplier. The required form is specified in the billing instructions in Subchapter 5 of the *Outpatient Hospital Manual*.

(5) Prescriber -- any optometrist, ophthalmologist, or other practitioner licensed and authorized to write prescriptions for eyeglass frames, lenses, and other vision care services.

(C) Nonreimbursable Circumstances. Vision care services are not reimbursable to a vision care provider when the services were furnished in a state institution, in an inpatient hospital, or in a hospital-affiliated teaching institution, and when the services are among those for which the provider is compensated by the state or institution.

(D) Prior Authorization.

(1) For certain vision care services specified in 130 CMR 410.484 through 410.487, the Division requires the provider to obtain prior authorization as a prerequisite to payment.

(2) All prior authorization requests must be submitted in accordance with the instructions in Subchapter 5 of the *Outpatient Hospital Manual*.