



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
 600 Washington Street  
 Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MASSHEALTH  
 TRANSMITTAL LETTER VIS-34  
 April 2006

**TO:** Vision Care Providers Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** *Vision Care Manual* (Changes to Service Codes and Descriptions)

This letter transmits revisions to the service codes and descriptions in the *Vision Care Manual*. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2006. The revised Subchapter 6 is effective for dates of service on or after January 1, 2006.

Nine codes have been added and eight codes have been deleted. The new codes replace the deleted codes as described on the following chart.

Deleted Codes	Replacement Codes
99301	99304
99302	99305
99303	99306
99311	99307
99312	99308
99313	99309 and 99310
99323	99328
99333	99337

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or directly from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for vision care services is  
 114.3 CMR 15.00: Vision Care Services and Ophthalmic Materials.

Massachusetts State Bookstore  
 State House, Room 116  
 Boston, MA 02133  
 Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
 Two Boylston Street  
 Boston, MA 02116  
 Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Vision Care Manual

Pages vi and 6-1 through 6-10

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Vision Care Manual

Pages vi and 6-5 through 6-8 — transmitted by Transmittal Letter VIS-33

Pages 6-1 through 6-4, 6-9, and 6-10 — transmitted by Transmittal Letter VIS-32

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## 6. SERVICE CODES AND DESCRIPTIONS

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601 Definitions

The following terms used in Subchapter 6 shall have the meanings given below.

(A) Consultation — a type of service provided by a physician or an optometrist whose opinion or advice about the evaluation or management of a specific problem is requested by a physician, optometrist, or other appropriate source.

- (1) A consultant may initiate diagnostic or therapeutic services, or both.
- (2) The request for a consultation from the attending physician, 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.
- (3) Any procedure identified with a specific CPT code and 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 conditions, the consultation codes should not be used.

(B) Established Patient — a patient who has received professional services from the physician or optometrist within the past three years.

(C) New Patient — a patient who has not received any professional services from the physician or optometrist within the past three years.

(D) Ophthalmological Service Levels

(1) Intermediate Services — a level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination, and other diagnostic procedures as indicated; may include the use of mydriasis. Intermediate services do not usually include determination of the refractive state but may do so in an established patient who is under continuing active treatment. For example:

- (a) review of history, external examination, ophthalmoscopy, biomicroscopy for an acute complicated condition (for example, iritis) not requiring comprehensive ophthalmological services; and
- (b) review of interval history, external examination, ophthalmoscopy, biomicroscopy, and tonometry in an established patient with a known cataract not requiring comprehensive ophthalmological services.

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601 Definitions (cont.)

(2) Extended Services — a level of service requiring an unusual amount of effort or judgment, including a detailed history, review of medical records, examination, and a formal conference with patient, family, or staff, or a comparable medical diagnostic and/or therapeutic service.

(3) Comprehensive Services — a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields, and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis, and tonometry. It always includes initiation of diagnostic and treatment programs as indicated. For example: the comprehensive services required for diagnosis and treatment of a patient with symptoms indicating possible disease of the visual system, such as glaucoma, cataract or retinal disease, or to rule out disease of the visual system, new or established patient.

602 Explanation of Abbreviations

The following abbreviations are used in Subchapter 6.

(A) “I.C.” indicates that the claim will receive individual consideration to determine payment. (See 130 CMR 402.407.)

(B) “P.A.” indicates that prior authorization is required. (See 130 CMR 402.408.)

(C) “S.P.” is an abbreviation for separate procedure, and indicates that the procedure is commonly performed as an integral part of a total service and, as such, does not usually warrant a separate fee. The procedure must be performed alone for a specific purpose to receive the separate fee. (See 130 CMR 402.409.)

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603 Service Codes and Descriptions: Visual Analysis

When billing for eye examinations performed without cycloplegic or mydriatic drops or for additional patients seen in a nursing facility, use the modifier 52 (reduced services).

Service

Code      Service Description

**EVALUATION AND MANAGEMENT (E/M) SERVICES**

**Office or Other Outpatient E/M Visits: New Patient**

- 99201      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; and
  - straightforward medical decision making
- 99202      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; and
  - straightforward medical decision making
- 99203      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; and
  - medical decision making of low complexity
- 99204      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; and
  - medical decision making of moderate complexity
- 99205      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; and
  - medical decision making of high complexity

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603 Service Codes and Descriptions: Visual Analysis (cont.)

Service

Code      Service Description

**Office or Other Outpatient E/M Visits: Established Patient**

- 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician
- 99212 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
- 99213 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
- 99214 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
- 99215 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

**Nursing Facility E/M Visits: New or Established Patient**

- 99304 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
- 99305 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

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603 Service Codes and Descriptions: Visual Analysis (cont.)

Service

Code      Service Description

- 99306      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
- 99307      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
- 99308      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
- 99309      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
- 99310      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
- 99328      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
- 99337      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



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603 Service Codes and Descriptions: Visual Analysis (cont.)

Service

Code      Service Description

**Ophthalmological Services Provided During an E/M Visit, New or Established Patient**

- 92002      Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
- 92004      comprehensive, new patient, one or more visits
- 92012      Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
- 92014      comprehensive, established patient, one or more visits
- 92015      Determination of refractive state

**CONSULTATIONS**

- 99241      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
- 99242      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
- 99243      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
- 99244      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
- 99245      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
- 99251      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

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604 Service Codes and Descriptions: Supplementary Testing

Service

Code      Service Description

**SUPPLEMENTARY TESTING – ALL PROVIDERS**

- 92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation (P.A.)
- 92081 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 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 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 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) (S.P.)
- 92135 Scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report, unilateral
- 99173 Screening test of visual acuity, quantitative, bilateral (use for titmus vision test)

**SUPPLEMENTARY TESTING –LEVEL II OPTOMETRISTS ONLY**

- 76512 Ophthalmic ultrasound, diagnostic; contact B-scan (with or without simultaneous A-scan)
- 76513 anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
- 76514 corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
- 92020 Gonioscopy (separate procedure) (S.P.)
- 92120 Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
- 92130 Tonography with water provocation
- 92140 Provocative tests for glaucoma, with interpretation and report, without tonography
- 92225 Ophthalmoscopy, extended with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial
- 92226 subsequent
- 92250 Fundus photography with interpretation and report (P.A.) (Both eyes equal one unit.)
- 92260 Ophthalmodynamometry
- 92275 Electroretinography with interpretation and report
- 92285 External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo-photography)
- 92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
- 92542 Positional nystagmus test, minimum of four positions, with recording
- 92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

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605 Service Codes and Descriptions: Contact Lenses

Service

Code    Service Description

- V2500    Contact lens, PMMA, spherical, per lens
- V2501    Contact lens, PMMA, toric or prism ballast, per lens
- V2503    Contact lens, PMMA, color vision deficiency, per lens (P.A.)
- V2510    Contact lens, gas permeable, spherical, per lens
- V2511    Contact lens, gas permeable, toric, prism ballast, per lens (P.A.)
- V2512    Contact lens, gas permeable, bifocal, per lens (P.A.)
- V2520    Contact lens, hydrophilic, spherical, per lens
- V2521    Contact lens, hydrophilic, toric or prism ballast, per lens (P.A.)
- V2522    Contact lens, hydrophilic, bifocal, per lens (P.A.)
- V2599    Contact lens, other type (P.A.) (I.C.)

606 Service Codes and Descriptions: Contact Lens Services

Service

Code    Service Description

- 92310    Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia (I.C.)
- 92326    Replacement of contact lens

607 Service Codes and Descriptions: Fitting of Prescription Spectacles, Glass/Plastic Lenses

Service

Code    Service Description

- 92340    Fitting of spectacles, except for aphakia; monofocal (use for dispensing entire new initial eyeglasses, or entire new replacement eyeglasses, frame with lenses)
- 92341    bifocal (use for dispensing entire new initial eyeglasses, or entire new replacement eyeglasses, frame with lenses)
- 92342    multifocal, other than bifocal (use for dispensing entire new initial eyeglasses, or entire new replacement eyeglasses, frame with lenses)

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608 Service Codes and Descriptions: Repairs and Replacement Parts

Service

<u>Code-Modifier</u>	<u>Service Description</u>
92340-RP	Fitting of spectacles, except for aphakia; monofocal – <b>Replacement and repair</b> (use for dispensing replacement single vision lens, glass or plastic, including cataract lenses, per lens)
92341-RP	bifocal – <b>Replacement and repair</b> (use for dispensing replacement bifocal lens, glass or plastic, including cataract lenses, per lens)
92342-RP	multifocal, other than bifocal – <b>Replacement and repair</b> (use for dispensing replacement multifocal lens, other than bifocal, glass or plastic, including cataract lenses, per lens)
92370	Repair and refitting spectacles; except for aphakia (use for dispensing a replacement frame only, or any replacement frame components such as hinges or temples)

609 Service Codes and Descriptions: Miscellaneous

Service

<u>Code</u>	<u>Service Description</u>
V2600	Hand-held low-vision aids and other nonspectacle-mounted aids (P.A.) (I.C.)
V2610	Single-lens spectacle-mounted low-vision aids (P.A.) (I.C.)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes, and compound microscopic lens system (P.A.) (I.C.)
V2623	Prosthetic eye, plastic, custom (I.C.)
V2624	Polishing/resurfacing of ocular prosthesis (I.C.)
V2625	Enlargement of ocular prosthesis (I.C.)
V2626	Reduction of ocular prosthesis (I.C.)
V2627	Scleral cover shell (I.C.)
V2628	Fabrication and fitting of ocular conformer (I.C.)
V2629	Prosthetic eye, other type (P.A.) (I.C.)
V2799	Vision service, miscellaneous (P.A.) (I.C.)

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