




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Vision Care Bulletin 15
May 2009

TO: Vision Care Providers Participating in MassHealth
FROM: Tom Dehner, Medicaid Director 
RE: **New Vision Care Materials Order Form (VIS-1)**

Background

In preparation for NewMMIS, MassHealth has updated its Vision Care Materials Order Form (VIS-1). Beginning May 26, 2009, providers must begin using the updated VIS-1 form when submitting vision care material order requests.

New Format

The VIS-1 Form has been edited to conform to the new 12-digit member and 10-digit provider identification numbers introduced as part of NewMMIS. To simplify the vision care form ordering process, the VIS-1 form will no longer be printed on noncarbon reproduction paper. Beginning May 26, 2009, providers can simply copy the attached VIS-1 form or download a copy from the MassHealth Web site at www.mass.gov/masshealth by clicking on the link titled Information for MassHealth Providers, then MassHealth Provider Forms. This new format also allows providers to directly enter data into certain fields before printing the form off of the MassHealth Web site. Providers must remember to maintain a copy of their completed VIS-1 Form requests for their own records before mailing the original completed forms to MassCor/Massachusetts Correctional Industries (mailing address appears on the form).

Questions and Requests

If you have any questions about the information in this bulletin, or would like to order copies of the VIS-1 form, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

Vision Care Material Order Form



THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

Mail this form to:

MassCor/Massachusetts Correctional Industries
P.O. Box 466
Gardner, MA 01440

Homeless Person

Inquiry Telephone: 1-888-482-7331

Orders Fax: 1-888-698-2020 and 1-888-420-2047

Provider No.: _____ Group Practice No.: _____

Provider Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Signature: _____ Telephone No.: _____

Member's Name: _____ Gender: _____ Date of birth: _____
Last First MI

Member's MassHealth ID No.: _____ Coverage Type: _____ TPL: Y N

Prior Authorization No.: _____ Date sent: _____

Frame Name: _____ No.: _____ Frame Color: _____ No.: _____ Alternate Color: _____ No.: _____

Eye Size: _____ Bridge Size: _____ Temple Length: _____

LENS TYPE – Please check Plastic Poly-C Other (Non-contract material)

single vision

bifocal

lenticular aspheric

rd seg

sv

flat top 28

rd seg

Color	
pink 1	C1
pink 2	C2
Other	C3
<small>(See regulations 130 CMR 402.000 available at www.mass.gov/masshealth.)</small>	

COMPLETE IN MINUS CYLINDER

		SPH	CYL	AXIS	PRISMS	BASE	DECENTER IN OUT	
DIST RX	R							
	L							
		Segment Height		Inset		Total Inset		PD
Add for near	R			R		R	Far	
	L			L		L	Near	

Date Shipped: _____ Date Received: _____

Special Instructions: _____

Send original to MassCor. Keep a copy for your records.