Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Vision Care Bulletin 16
February 2012

TO: Vision Care Providers Participating in MassHealth

FROM: Julian J. Harris, M.D., Medicaid Director

RE: **Updated Vision Care Material Order Form**

Background

In accordance with newly established 5010 HIPAA transaction standards, all MassHealth claim submissions must include a valid diagnosis code, effective January 1, 2012. This requirement also applies to the Vision Care Material Order form (VIS-1).

Updated VIS-1 Order Form

For MassHealth's vision care contractor (MassCor) to comply with these new HIPAA claim standards, VIS-1 order forms must now include a valid diagnosis code. The VIS-1 has been revised to reflect the new requirement. You can copy the attached VIS-1 form or download a copy from the MassHealth Web site at www.mass.gov/masshealth. In the Publications panel on the lower right side of the home page, click on MassHealth Provider Forms. You must make a copy of your completed VIS-1 form before mailing or faxing the original form to MassCor and keep it in your records. (The mailing address and fax number appear on the form.)

Duplicate VIS-1 Requests

Duplicate VIS-1 form submissions are unnecessary and hinder the processing of all requests. Once you have submitted a VIS-1 form to MassCor, please do not submit duplicate orders. Please allow MassCor at least one week to complete the original order before you contact them to check the status of your request. To check the status of an already-submitted request, call 1-888-482-7331.

Updated Vision Care Materials Catalog

MassCor and MassHealth are pleased to announce that the available eyewear frame models will be updated effective January 1, 2012. Contact MassCor at 1-888-482-7331 to request copies of the new MassHealth Vision Care Materials Catalog.

Questions

If you have any questions about the information in this bulletin, 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

MassHealth

THE COMMONWEALTH OF MASSACHUSETTS

Executive Office of Health and Human Services

☐ Homeless Person

Mail this form to:

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

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: _____

Telephone No.: _____

Member's Name: _____ Date of Birth: _____
Last   First   MI

Member's MassHealth ID No.: _____ Gender: ☐ M ☐ F

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   ☐ rd seg   ☐ flat top 28 (   )

   ☐ lenticular aspheric   ☐ sv   ☐ rd seg

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

Color

pink 1 ☐		C1 ☐
pink 2 ☐		C2 ☐
Other ☐		C3 ☐

(See regulations at 130 CMR 402.000, accessible at www.mass.gov/masshealth.)

Diagnosis Code
☐ 367.0 – Hypermetropia
☐ 367.1 – Myopia
☐ 367.20 – Astigmatism
☐ 367.4 – Presbyopia

Date Shipped: _____ Date Received: _____

Special Instructions: _____

I certify that the information on this form, and any attached statement that I have provided, has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Signature: _____ Date: _____

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

VIS-1 (Rev. 01/12)