4. Program Regulations

130 CMR 402.000: *Vision Care Services*

402.401: Introduction

(A) 130 CMR 402.000 states the requirements and procedures for vision care services under MassHealth. Professional and technical services must 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.

(B) All vision care providers participating in MassHealth must comply with MassHealth regulations, including but not limited to 130 CMR 402.000 and 130 450.000: *Administrative and Billing Regulations*.

402.402: Definitions

The following terms used in 130 CMR 402.000 have the meanings given in 130 CMR 402.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 402.402 is not determined by these definitions, but by the application of regulations elsewhere in 130 CMR 402.000 and in 130 CMR 450.000: *Administrative and Billing Regulations*.

Date of Service – the date of service for dispensing vision care materials is the date on which the vision care materials are delivered to the member. The date of service for fitting vision care materials is the date that the order for materials was placed. The date of service for all other vision care services is the date on which the service is provided to the member.

Dispensing Practitioner – any licensed optician, licensed optometrist, licensed ophthalmologist, or other licensed participating provider authorized by the MassHealth agency to dispense eyeglass frames, lenses, and other ophthalmic materials to members.

Optical Supplier – the optical laboratory contracted by the MassHealth agency to supply the following ophthalmic materials and services:

(1) eyeglass frames;
(2) eyeglass lenses;
(3) frame cases;
(4) tints, coatings, ground-on prisms, and prisms by decentration; and
(5) repair or replacement parts.

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

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

Vision Care Provider – a health care practitioner or facility licensed to perform and provide appropriate vision care services in compliance with 130 CMR 402.000 and 450.000: *Administrative and Billing Regulations*.

Vision Care Services – the professional care of the eyes to examine, diagnose, treat, and manage diseases and disorders of the visual system, the eye, and associated structures. These services include eye examinations, vision training, managing and treating complex eye and vision problems, and the prescription and dispensing of ophthalmic materials.

402.403: Eligible Members

(A) (1) MassHealth Members. The MassHealth agency pays for vision care services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. 130 CMR 450.105: *Coverage Types* specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, *see* 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled, and Children Program*.

(B) For information on verifying member eligibility and coverage type, *see* 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

402.404: Provider Eligibility

Payment for services described in 130 CMR 402.000 will be made only to providers of vision care services who are participating in MassHealth on the date of service. The eligibility requirements for providers of vision care services are as follows.

(A) In State.

(1) Optometrists. A Massachusetts optometrist is eligible to participate in MassHealth only if licensed to practice by the Massachusetts Board of Registration in Optometry.

(a) A Level I optometrist is one who is not qualified to apply topical agents.

(b) A Level II optometrist is one who has obtained a Certificate of Qualification for the Use of Diagnostic Pharmaceutical Agents (DPAs) from the Board of Registration in Optometry.

(c) A Level III optometrist is one who has obtained a Certificate of Qualification for the Use of Therapeutic Pharmaceutical Agents (TPAs) from the Board of Registration in Optometry.

(2) Opticians. A Massachusetts optician is eligible to participate in MassHealth only if licensed to practice by the Massachusetts Board of Registration of Opticians.

(3) Ophthalmologists. A Massachusetts ophthalmologist is eligible to participate in MassHealth only if licensed to practice by the Massachusetts Board of Registration in Medicine. An ophthalmologist is governed by 130 CMR 402.000 only with respect to the dispensing of ophthalmic materials. All other vision care services provided by an ophthalmologist must be in compliance with 130 CMR 433.000: *Physician Services*.

(4) Ocularists. A Massachusetts ocularist is eligible to participate in MassHealth only if certified by the National Examining Board of Ocularists.

(5) Acute Hospital Outpatient Departments and Hospital-licensed Health Centers and Other Satellite Clinics. An acute hospital outpatient department or hospital-licensed health center or other satellite clinic that participates in MassHealth pursuant to the Executive Office of Health and Human Services (EOHHS) Acute Hospital Request for Applications (RFA) and contract is eligible to provide services under 130 CMR 402.000. Acute hospital outpatient departments and hospital-licensed health centers or other satellite clinics are paid pursuant to 130 CMR 402.000 for services described as ophthalmic materials dispensing in Subchapter 6 of the *Vision Care Manual*. All other vision care services provided by an acute hospital outpatient department or hospital-licensed health center or other satellite clinic are paid in accordance with the RFA and contract.

(6) Community Health Center. A community health center with a current provider agreement with EOHHS for the provision of community health center services is eligible to provide services under 130 CMR 402.000. Community health centers are paid pursuant to 130 CMR 402.000 for services described as ophthalmic materials dispensing in Subchapter 6 of the *Vision Care Manual*. All other vision care services provided by a community health center are paid in accordance with the community health center regulations at 130 CMR 405.000: *Community Health Center Services*.

(B) Out of State.

(1) Optometrists. An optometrist located outside of Massachusetts is eligible to receive payment for vision care services provided to MassHealth members only if the optometrist is licensed to practice by the appropriate state's board of registration.

(2) Opticians. An optician located outside of Massachusetts is eligible to receive payment for vision care services provided to MassHealth members only if the optician is licensed to practice by the appropriate state's board of registration.

(3) Ophthalmologists. An ophthalmologist located outside of Massachusetts is eligible to receive payment for vision care services provided to MassHealth members only if the ophthalmologist is licensed to practice by the appropriate state's board of registration. An ophthalmologist is governed by 130 CMR 402.000 only with respect to the dispensing of ophthalmic materials. All other vision care services provided by ophthalmologists must be in compliance with 130 CMR 433.000: *Physician Services*.

(4) Ocularists. An ocularist located outside of Massachusetts is eligible to receive payment for vision care services provided to MassHealth members only if the ocularist has been certified by the National Examining Board of Ocularists.

402.405: Nonreimbursable Circumstances

With the exception of the dispensing of ophthalmic materials, vision care services are not reimbursable to a vision care provider under 130 CMR 402.000 when the services are furnished in a state institution, in an acute inpatient hospital setting, or when the services are among those for which the provider is otherwise compensated by the state or institution.

402.406: Maximum Allowable Fees

The Executive Office of Health and Human Services (EOHHS) determines the maximum allowable fees for all vision care services and ophthalmic materials, except for those ophthalmic materials purchased through the optical supplier where the basis for the rates is set by the terms of the contract. Payment is always subject to the conditions, exclusions, and limitations set forth in 130 CMR 402.000 and 130 CMR 450.000: *Administrative and Billing Regulations*. Payment for vision care services and ophthalmic materials will be made pursuant to 101 CMR 315.00: *Rates for Vision Care Services and Ophthalmic Materials*.

402.407: Individual Consideration

MassHealth has designated certain services in Subchapter 6 of the *Vision Care Manual* as requiring individual consideration. This means that the MassHealth agency will establish the appropriate rate for these services based on the standards and criteria set forth in 130 CMR 402.407(B). Providers claiming payment for any service requiring individual consideration must submit with such claim a report that includes a detailed description of the service, and is accompanied by supporting documentation that may include, but is not limited to, a descriptive report, or in the case of a purchase, a copy of the supplier's invoice. The MassHealth agency does not pay claims for services requiring individual consideration unless it is satisfied that the report and documentation submitted by the provider are adequate to support the claim.

(A) The MassHealth agency determines the appropriate payment for a service requiring individual consideration in accordance with the following standards and criteria:

(1) the amount of time required to perform the service;
(2) the degree of skill required to perform the service;
(3) the severity and complexity of the member's disease, disorder, or disability;
(4) any applicable relative-value studies;
(5) any complications or other circumstances that the MassHealth agency deems relevant;
(6) the policies, procedures, and practices of other third-party insurers; and
(7) for ophthalmic materials or supplies, a copy of the invoice from the supplier showing the actual acquisition cost.

402.408: Prior Authorization

(A) For certain services specified in 130 CMR 402.426 through 402.434, the MassHealth agency requires that the provider of the service obtain prior authorization as a prerequisite to payment. In addition, services that are designated in Subchapter 6 of the *Vision Care Manual* with the abbreviation “P.A.” require prior authorization. These services include but are not limited to the following:

(1) certain contact lenses;
(2) low-vision aids;
(3) unlisted services;
(4) high-index lenses;
(5) special-needs glasses;

(6) polycarbonate lenses for members aged 21 years of age or older, except for members who are amblyopic or monocular; and
(7) vision training.

(B) All prior-authorization requests must be submitted in accordance with the instructions in Subchapter 5 of the *Vision Care Manual*. Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility or resort to health insurance payment.

402.409: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

The MassHealth agency pays for all medically necessary vision care services for EPSDT-eligible members in accordance with 130 CMR 450.140: *Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services: Introduction*, without regard to service limitations described in 130 CMR 402.000, and with prior authorization.

(130 CMR 402.410 through 402.415 Reserved)

402.416: Prescription and Dispensing Requirements

(A) Eyeglasses and other visual aids may be dispensed only upon a written and dated prescription. The prescription must be based upon the results of a vision examination performed by the prescriber. The prescription must include all information that is necessary to enable a dispensing practitioner to order the prescription.

(B) The prescriber must provide the member with a signed copy of the prescription without extra charge. The date or dates on which the prescription is filled or refilled must be recorded in the member's medical record.

(C) The prescriber may order the prescription eyeglasses or other visual aids or may refer the member to another provider to order and dispense eyeglasses or other visual aids.

(D) A practitioner may be paid for either fitting or dispensing an eyeglass prescription involving ophthalmic materials and services, but not both.

(E) For a vision care provider to be paid for fitting or dispensing an eyeglass prescription involving ophthalmic materials and services available through the optical supplier, all such materials and services must be ordered from the optical supplier, with a copy of the order form kept in the patient records. These ophthalmic materials include a specific selection of eyeglass frames for men, women, and children. Members must choose from this selection of frames. Information describing all of the ophthalmic materials and services furnished by the optical supplier is published by the optical supplier and is distributed to vision care providers by the MassHealth agency.

(F) In order to receive payment for fitting or dispensing an item, the practitioner must take all necessary measurements, verify lens characteristics, and adjust the completed appliance to the individual. At no additional charge, the dispensing practitioner must continue to make necessary adjustments to the completed appliance for six months after the dispensing date.

(G) The optical supplier must replace free of charge any lens containing any defect or error caused by the optical supplier. Such defects or errors include lenses that are broken, scratched, or chipped at the time of receipt by the dispensing practitioner, or lenses that deviate from the dispensing practitioner's prescription beyond the deviation standards permitted in the American National Standards Institute Z80 rulings. This provision is effective only if the defective or incorrect lens is received by the optical supplier from the dispensing practitioner within seven working days after the date on which the optical supplier sent the completed order to the dispensing practitioner, and only if it is accompanied by a copy of the original order form containing a notation of the defect or error. In the event of a dispute between the optical supplier and a dispensing practitioner about lens deviation, the MassHealth agency determines whether the lens in dispute exceeds deviation standards.

(H) Although contractual arrangements are in effect between the MassHealth agency and the optical supplier, all regulations about reimbursable and nonreimbursable services, including prior authorization requirements, are applicable to all dispensing practitioners.

(I) An order to the optical supplier for prescribed items constitutes a representation by the dispensing practitioner that the person for whom the prescribed item is ordered is an eligible member as of the date of the order.

402.417: Recordkeeping Requirements

(A) A vision care provider must maintain a suitable medical record for each member for a period of as long as the minimum period required by 130 CMR 450.205(G). The record must fully disclose all pertinent information about the services furnished, including the date of service, the dates on which materials were ordered and dispensed, and a description of materials ordered and dispensed (including the frame style and the manufacturer's name). All findings resulting from vision care services, whether they are normal or abnormal, must be recorded. When extenuating circumstances prevent the use of one or more procedures normally performed in vision care services, the record must contain the reasons that the tests were not performed.

(B) For comprehensive vision care examinations and diagnoses performed in the office, a nursing facility, a hospital, or the member's home, the record must contain the following information or test results:

(1) case history;
(2) visual acuity testing;
(3) ophthalmoscopy and external eye health examination;
(4) ocular mobility testing, heterophoria testing, and fusion testing;
(5) pupillary reflex testing;
(6) refraction (objective, subjective refraction, and keratometry);
(7) confrontation fields or other screening tests;
(8) tonometry;
(9) case analysis and disposition; and
(10) biomicroscopy.

(C) All consultation services must be fully documented in the record. A record for a consultation must contain the following information:

(1) the member's complaints and symptoms;
(2) the condition of the eye; and
(3) if applicable, the name of the person to whom a referral was made.

(D) All screening services must be fully documented in the member’s record. A record for a screening service must note the chief complaint and must contain all findings of two or more of the following tests:

(1) distance vision and near vision;
(2) cover test;
(3) visual skills;
(4) tonometry;
(5) biomicroscopy.

402.418: Services Provided outside the Office

(A) Member's Home. The MassHealth agency pays for vision care services provided to a member in the member's home. A medical record must be kept on file at the provider's office.

(B) Nursing Facility. The MassHealth agency pays for vision care services for a member residing in a nursing facility only when the service is specifically requested by the medical director, the nursing director, or responsible staff member at the facility, or by the member's personal physician. The request must be documented in the member's record at the facility. If eyeglasses or other visual aids are to be dispensed to a member in the facility, the facility must document in the member's record that a consultation has occurred between the facility's staff member and the vision care provider, and that they have determined that the member is able to benefit from eyeglasses or other visual aids. A copy of the eye examination results, including the prescription, must be filed in the member's record at the facility and at the vision care provider's primary office location.

(C) Other Facilities. The MassHealth agency pays for vision care services provided to a member residing in a public or private facility, if payment for these services is not included in the facility's rate. A medical record must be kept on file at the provider's office.

(D) Other Locations of Service. The MassHealth agency pays for vision care services provided to eligible members at other places of service as approved by the MassHealth agency.

(E) Claims for Payment.

(1) A vision care examination performed for a member outside of the office must be claimed using the appropriate service codes. (*See* Subchapter 6 of the *Vision Care Manual.*)

(2) The MassHealth agency pays separately for transportation once per member per date of service for each member for whom the provider delivered or picked up eyeglasses, or to whom vision care services were provided out of the office in accordance with 130 CMR 402.418(A) through (D).

(130 CMR 402.419 through 402.425 Reserved)

402.426: Service Limitations: Eye Examinations

(A)(1) The MassHealth agency does not pay for a comprehensive eye examination in an optometrist's office or a visual analysis in a home or nursing facility if a comprehensive eye examination or a visual analysis has been furnished:

(a) within the preceding 12 months, for a member younger than 21 years old; or
(b) within the preceding 24 months, for a member 21 years of age or older.

(2) These restrictions do not apply if there is a referral from the member's physician or if one of the following complaints or conditions is documented in the member's record:

(a) blurred vision;
(b) evidence of headaches;
(c) systemic diseases such as diabetes, hyperthyroidism, or HIV;
(d) cataracts;
(e) eye pain;
(f) eye redness;
(g) eye infection;
(h) double vision; or
(i) members receiving long-term therapeutic drugs which may cause ocular side effects.

(B) The MassHealth agency pays for a consultation service only if it is provided independently of a comprehensive eye examination.

(C) The MassHealth agency does not pay for more than two screening services per 12-month period.

(D) A comprehensive eye examination includes a screening service. The provider cannot bill separately for both a screening service and a comprehensive eye examination for the same member. The MassHealth agency pays for only the comprehensive eye exam.

(E) The MassHealth agency does not pay for a tonometry as a separate service when it is performed as part of a comprehensive eye examination, a consultation, or a screening service. When a tonometry is performed as a separate service to monitor a member who has glaucoma, the provider must use the appropriate service code (*see* Subchapter 6 of the *Vision Care Manual*).

402.427: Service Limitations: Dispensing Eyeglasses

(A) The MassHealth agency pays for only one initial pair of eyeglasses and only if there is a corrective power of at least ±.75D sphere or ±.50D cylinder. (*See* 130 CMR 402.431 for an exception which permits two pairs of eyeglasses instead of bifocals and 130 CMR 402.434 regarding spare eyeglasses.)

(B) The MassHealth agency pays for new eyeglasses for a member younger than 21 years old every 12 months and for a member 21 years of age or older every 24 months with a prescription that meets the standards set at 130 CMR 402.427(A).

402.428: Service Limitations: Replacement Eyeglasses

(A) Broken Eyeglasses. The MassHealth agency pays for the repair of broken eyeglasses, including the replacement of broken parts, subject to the following limitations.

1) If a broken frame can be repaired and replacement parts are available from the optical supplier, the MassHealth agency pays for repair rather than replacement. If replacement parts are not available from the optical supplier, the MassHealth agency pays for an entire replacement frame.

(2) Except for members younger than 21 years old, the MassHealth agency does not pay without prior authorization for the replacement of broken frames and lenses if a repair of either broken frames or lenses was furnished within the preceding 24 months.

(3) Dispensing practitioners must order replacement eyeglass frames, lenses, and repair parts from the optical supplier. Dispensing practitioners must use the order form to obtain replacement parts.

(4) Payment for dispensing replacement lenses may be claimed under the appropriate service code (*see* Subchapter 6 of the *Vision Care Manual*) where applicable for the lens being dispensed, but only if each broken lens meets the minimum power criteria for an initial pair of eyeglasses as described in 130 CMR 402.427(A).

(B) Lost Eyeglasses (Child). The MassHealth agency pays for the replacement of lost or stolen eyeglasses within the preceding 12 months of the previous eyeglass dispensing for members younger than 21 years old without PA.

(C) Lost Eyeglasses (Adult). The MassHealth agency pays for one replacement of lost or stolen eyeglasses within the preceding 24 months for member 21 years of age or older without PA. Subsequent replacement of a pair of lost or stolen eyeglasses within the 24-month period requires prior authorization.

(D) Prescription Changes. The MassHealth agency pays for new eyeglasses with a different prescription prior to the standard frequency service limitation at 130 CMR 402.427, only if there is a change from the current prescription of at least +.50D sphere or cylinder; or an axis change of at least 3º for a +1.00D cylinder or over, 5º for a +.75D cylinder, or 10º for a +.50D cylinder. Prior authorization is not required.

(E) Plano. MassHealth pays for a plano lens (no correction required) for a member who is Monocular. Prior authorization is not required.

(F) Appropriate Service Codes. The appropriate service codes (*see* Subchapter 6 of the *Vision Care Manual*) must be used when submitting claims for dispensing replacement frames or parts of frames.

402.429: Service Limitations: Tinted Lenses

(A) The MassHealth agency pays for "pink l" and "pink 2" colored lenses, up to 25% absorption or equal-density tint, if at least one of the following conditions applies:

(1) the member has a pathological or other abnormal condition such as aphakia; or

(2) the member has habitually worn tinted lenses of this nature, and the prescriber concludes that the member should continue to wear them. The MassHealth agency does not pay for tinted lenses prescribed only because the member complains of photophobia.

(B) Any condition that warrants the use of tinted lenses must be fully documented in the member's medical record.

(C) In some situations, other tints (available for plastic lenses only) may be medically justified. Any condition that warrants the use of tinted lenses of this nature must be fully documented in the member's medical record, and may be ordered from the optical supplier only after the provider has received prior authorization from the MassHealth agency.

(130 CMR 402.430 Reserved)

402.431: Service Limitations: Two Pairs of Eyeglasses Instead of Bifocals

The MassHealth agency pays for two pairs of eyeglasses instead of bifocals if one or more of the following conditions exists. Any condition listed below that warrants the use of two pairs of eyeglasses instead of bifocals must be fully documented in the member's medical record.

(A) The member's prescription cannot satisfactorily be made into bifocal lenses.

(B) The member has shown an inability to adjust to bifocals.

(C) The member has a physical disability or medical condition (for example, severe arthritis) that would preclude or impede adjustment to bifocals.

(D) The member's advanced age would make adjustment to bifocals unduly difficult.

(E) The member's occupation would make bifocals hazardous.

(F) The member has a marked facial asymmetry.

(130 CMR 402.432 Reserved)

402.433: Service Limitations: Contact Lenses

(A) The MassHealth agency pays for hard, soft, or gas-permeable contact lenses if one or more of the following conditions exists:
(1) postoperative cataract extraction;
(2) keratoconus;
(3) anisometropia of more than 3.00D; or
(4) more than 7.00D of myopia or hyperopia.

(B) The MassHealth agency pays for therapeutic contact lenses when medically necessary.

(C) Any condition that warrants the use of hard, soft, gas-permeable, or therapeutic contact lenses must be fully documented in the member's medical record.

402.434: Service Limitations: Extra or Spare Eyeglasses

The MassHealth agency pays for an extra or spare pair of eyeglasses on a prior authorization basis only. Any condition that warrants the use of an extra or spare pair of eyeglasses must be fully documented in the member's medical record. The MassHealth agency grants a prior authorization request for extra or spare eyeglasses only if one or more of the following conditions exists:

(A) aphakia;

(B) more than 7.00D of myopia or hyperopia; or

(C) more than 3.00D of astigma.

402.435: Service Exclusions

(A) The MassHealth agency does not pay for any of the following services or materials:
(1) absorptive lenses of greater than 25% absorption;
(2) prisms obtained by decentration;
(3) non-medical interventions;
(4) routine adjustments or follow-up visits to check visual acuity and ocular comfort (payment for such visits is included in the dispensing fee for six months after the date on which the eyeglasses were dispensed);
(5) contact lenses for extended-wear use;
(6) invisible bifocals/no line progressive lenses; and
(7) substitutions.

(B) (1) If a member desires a substitute for, or a modification of, a reimbursable item, such as designer frames, the member must pay for the entire cost of the eyeglasses, including dispensing fees. The MassHealth agency does not pay for a portion of the cost of the eyeglasses. In all such instances, the provider must inform the member of the availability of reimbursable items before dispensing nonreimbursable items.

(2) It is unlawful (M.G.L. c. 6A, § 35) for a provider to accept any payment from a member for a service or item for which payment is available under MassHealth. If a member claims to have been misinformed about the availability of reimbursable items, it will be the responsibility of the provider to prove that the member was offered a reimbursable item, refused it, and chose instead to accept and pay for a nonreimbursable item.

REGULATORY AUTHORITY

130 CMR 402.000: M.G.L. c. 118E, §§ 7 and 12.