

## Reimbursement Policy

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# Vision Services

**Policy Number:** 4.38

**Version Number:** 8

**Version Effective Date:** 08/01/2021

### Product Applicability

**All Plan+ Products**

#### Well Sense Health Plan

Well Sense Health Plan

#### Boston Medical Center HealthNet Plan

MassHealth MCO

MassHealth ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Policy Summary

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The Plan reimburses covered vision services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

This policy does not apply to vision hardware extras for QHP members. This service is managed by Vision Services Plan (VSP). Providers may contact VSP at 888-566-0008, or for hearing impaired members contact VSP at 711.

## Prior-Authorization

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Please refer to the Plan's Prior Authorization Requirements Matrix at [www.bmchp.org](http://www.bmchp.org).

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## Definitions

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**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.

## Provider Reimbursement

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### ***Non-Routine Exams***

Medically indicated eye examinations for all members are reimbursed by the Plan (i.e., annual screenings for glaucoma in the diabetic population).

### ***Routine Exams***

The Plan reimburses for routine comprehensive eye exams in an optometrist's office up to the benefit limit as follows:

#### **Qualified Health Plans/ConnectorCare/Employer Choice Direct Members:**

- One comprehensive eye exam every 12 months, for members under the age of 22
- One comprehensive eye exam every 24 months for members aged 22 and over

#### **MassHealth ACO and MCO Members:**

- One comprehensive eye exam every 12 months, for members under the age of 21
- One comprehensive eye exam every 24 months for members aged 21 and over

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 Plan reimburses for only the comprehensive eye exam.

The Plan does not reimburse providers for more than two screening services (99173) per 12 month period.

The Plan pays for a consultation service only if it is provided independently of a comprehensive eye examination.

The Plan does not reimburse for a tonometry (92100) 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.

When evaluation and management services are reported, general ophthalmologic examination services should not be reported separately on the same date of service.

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## ***Vision Therapy***

The Plan reimburses medically necessary vision therapy when such services meet the criteria established in the Plan's Vision Therapy Medical Policy, OCA 3.40 for the following conditions:

### **Qualified Health Plans/ConnectorCare/Employer Choice Direct Members:**

- Accommodative insufficiency
- Amblyopia
- Convergence insufficiency
- Esotropia, acquired (prior to surgery)

### **MassHealth ACO and MCO Members:**

- Symptomatic convergence insufficiency

## ***Eyeglasses and Contact Lenses***

For replacement of contact lenses please see guidelines outlined in the Plan's medical policy, Contact Lens and Scleral Lens, OCA 3.28.

Contact lenses will be dispensed monthly in a quantity consistent with a single month's supply. Providers must bill the Plan monthly for a quantity consistent with a single month's supply.

### **Qualified Health Plans/ConnectorCare/Employer Choice Direct Members:**

For members under the age of 22, the Plan reimburses covered vision hardware up to the benefit limit.

For members 22 years of age or older the Plan will reimburse providers for contact lenses or eyeglasses (one pair per prescription change) if one of the following conditions exists:

- Cataract extraction (postoperative)
- Keratoconus
- Anisometropia of more than 3.00 diopters (D)
- More than 7.00D of myopia or hyperopia

For Qualified Health Plan members 22 years of age or older with a condition not listed above, the Plan's contracted vendor - Vision Service Provider (VSP) - provides discounts on vision hardware.

### **MassHealth ACO and MCO Members:**

The Plan does not reimburse for eyeglasses, frames or lenses. These services are administered by MassHealth.

The Plan may reimburse for contact lenses if one of the following medical conditions exists:

- Cataract extraction (postoperative)
- Keratoconus
- Anisometropia of more than 3.00 diopters (D)
- More than 7.00D of myopia or hyperopia

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## Service Limitations

The Plan does not provide reimbursement for the following:

- Progressive lenses
- Absorptive lenses of greater than 25 percent absorption
- Prisms obtained by decentration
- Photochromatic lenses, sunglasses, or fashion tints
- Treatment of congenital dyslexia
- 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)
- Invisible bifocals
- The Welsh 4-Drop lens; and Substitutions
- Contact lenses for extended-wear use
- Services 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

## Policy History

| Original Approval Date | Original Effective Date | Policy Owner   | Approved by              |
|------------------------|-------------------------|----------------|--------------------------|
| 10/28/2011             | 01/01/2012              | Payment Policy | Payment Policy Committee |

| Policy Revisions History |   |                         |                          |
|--------------------------|---|-------------------------|--------------------------|
| Review Date              | Summary of Revisions  | Revision Effective Date | Approved by              |
| 02/02/2012               | Updated coding  | 02/02/2012              | Payment Policy Committee |
| 12/24/2012               | Updated Service Limitations and Service Reimbursement language                                    | 10/24/2012              | Payment Policy Committee |
| 12/02/2013               | Updated template  | 12/02/2013              | Payment Policy Committee |
| 05/28/2015               | Annual review, new template, removed Commonwealth Choice, Commonwealth Care, removed coding table | 07/01/2015              | Payment Policy Committee |
| 10/12/2016               | Updated QHP eyeglass/contact lens section with new age requirements.                              | 01/01/2017              | Payment Policy Committee |

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| <b>Policy Revisions History</b> |  |                                |                          |
|---------------------------------|--|--------------------------------|--------------------------|
| <b>Review Date</b>              | <b>Summary of Revisions</b>  | <b>Revision Effective Date</b> | <b>Approved by</b>       |
| 02/19/2019                      | Annual Review; Update to QHP age limit for pediatric members                         | 04/01/2019                     | Payment Policy Committee |
| 07/20/2021                      | Annual review, updated to age limits for MH members, detail added for routine exams. | 08/01/2021                     | Payment Policy Committee |

## **Other Applicable Policies**

### ***Reimbursement Policies***

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Outpatient Hospital, 4.17
- Physician and Non Physician Practitioner Services, 4.608
- Modifiers, 4.23

### ***Medical Policies***

- Contact Lens and Scleral lens, OCA 3.28
- Vision Therapy, OCA 3.40

## **References**

- 130 CMR 402.000: Vision Care Regulations
- MassHealth – Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- 101 CMR 315.00: Vision Care Services and Ophthalmic Materials
- MassHealth Administrative Bulletin 17-03 MassHealth Administrative Bulletin 21-03

### **Disclaimer Information**

This Policy provides information about the Plan’s reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member’s benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan’s discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan’s audit policies, refer to the Provider Manual.

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