



bmchp.org | 888-566-0008



wellsense.org | 877-957-1300

## Reimbursement Policy

---

# Vision Services

**Policy Number:** 4.38

**Version Number:** 5

**Version Effective Date:** 07/01/2015

### Product Applicability

All Plan<sup>+</sup> Products

#### Well Sense Health Plan

- New Hampshire Medicaid
- NH Health Protection Program

#### Boston Medical Center HealthNet Plan

- MassHealth
- Qualified Health Plans/ConnectorCare/Employer Choice Direct

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

## Policy Summary

---

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.

## Prior-Authorization

---

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

<sup>+</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

## **Comprehensive Eye Exam Reimbursement**

---

### ***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***

For MassHealth and Qualified Health Plans/ConnectorCare/Employer Choice Direct members: The Plan reimburses for routine comprehensive eye exams up to the benefit limit.

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

## **Vision Therapy Reimbursement**

---

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:

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

## **Reimbursement of Eyeglasses and Contact Lenses**

---

For replacement of contact lenses please see guidelines outlined in the Plan's medical policy, Contact 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:***

The plan will reimburse providers for contact lenses or eyeglasses (one pair per prescription change) if one of the following conditions exists:

- Postoperative cataract extraction
- Keratoconus
- Anisometropia of more than 3.00D
- More than 7.00D of myopia or hyperopia

### ***MassHealth Members:***

The Plan does not reimburse for eyeglasses, frames or lenses. These services are administered by either MassHealth or a contracted Vision Service Provider depending on the member's plan.

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

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

- Postoperative cataract extraction
- Keratoconus
- Anisometropia of more than 3.00D
- More than 7.00D of myopia or hyperopia

## Service Exclusions

---

The Plan does not provide reimbursement for the following services:

- Vision therapy for certain diagnoses where there is not adequate authoritative evidence of effectiveness
- Vision therapy services for patients with learning disabilities including dyslexia and strabismus (with the exception of acquired esotropia)
- Treatments provided purely to correct a refractive error (For example, intraocular lenses correcting presbyopia)
- 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

## 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

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

## Policy Revisions History

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

## Next Review Date

---

2016

## 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

### ***Medical Policies***

- Contact Lens, OCA 3.28
- Vision Therapy, OCA 3.40

## References

---

- MassHealth Vision Regulations 130 CMR 402.000
- MassHealth – Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth

## 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.

<sup>†</sup> Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

<sup>†</sup> *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.