



STATE OF NEW JERSEY,

DEPARTMENT OF INSTITUTIONS AND AGENCIES,

DIVISION OF MEDICAL ASSISTANCE

AND

HEALTH SERVICES,

HEALTH SERVICES PROGRAM;

DO NOT CIRCULATE

OPTICAL APPLIANCE
MANUAL.

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1971

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THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

NEW JERSEY HEALTH SERVICES PROGRAM

Governmental Health Programs Department, P.O. Box 1900, Millville, N. J. 08332

March 5, 1973

TO: ALL PROVIDERS OF OPTICAL APPLIANCES

URGENT NOTICE !!

The release dated March 1, 1973 advising you to insert new pages 17, 18, and 22 in your Optical Appliance and Services Manual was issued in error.

Please destroy the notice and ALL THREE PAGES WHICH ARE MARKED "REV 3/73" IN THE LOWER LEFT HAND CORNER.

The correct pages are those which are marked "Rev. 10/1/71 in the lower left hand corner.

If you have already destroyed pages 17, 18, and 22 dated 10/1/71 please make the following changes to the pages dated 3/73. This procedure will ensure that your manual reflects present Medicaid Policy.

Page 17 - LINE OUT the bracketed material

Page 18 - Section 301.2 - LINE OUT the entire bracketed paragraph and ADD THE FOLLOWING IN ITS PLACE: "Within the restrictions of their licensure, the following are eligible providers of optical appliances."

Page 22 - Section 306.3 - LINE OUT the entire bracketed paragraph.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

NEW JERSEY HEALTH SERVICES PROGRAM

Governmental Health Programs Department, P.O. Box 1900, Millville, N. J. 08332

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December 21, 1970

ATTENTION: Providers of Optical Appliances

The procedures to be followed in submitting optical appliance claims to the New Jersey Health Services Program will be changed for all such services rendered on or after January 1, 1971. The major change consists of the elimination of the requirement for prior authorization for all items except those outlined in Section 302.2 of the attached revised pages of the optical appliance manual. Requests for prior authorization for those items should still be forwarded to the Vision Care Unit, Division of Medical Assistance and Health Services, P.O. Box 2485, Trenton, New Jersey 08625. However, claims for all other eligible items should be submitted directly to the Prudential Insurance Company of America, P.O. Box 1900, Millville, New Jersey 08332.

Please remove and destroy Chapters II through IV and replace them with the attached Chapters III through V which have been revised to clarify the services covered under the Program and to explain the new billing procedures. Chapter V lists the optical appliance codes and contains a new section pertaining to frames. The listing of frames will be updated periodically, but only those frames listed may be dispensed. Most of the material previously found in Chapter II has been incorporated into Chapter III. A revised edition of Chapter II, containing provider definitions, will be released to you shortly.

We are enclosing fifty revised claim forms to be used for billing services provided on or after January 1, 1971. Please use the present 1-70 edition through this year and continue to mail them to the Vision Care Unit for authorization.

PROPERTY OF RECEIVED

AUG 7 1972

Division of State Library Archives and History Trenton, N. J.

LATER REVISION:

10/1/71 CHAPTERS II, III, IV + V

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STATE OF NEW JERSEY
Department of Human Services
Division of Medical Assistance and Health Services

New Jersey Health Services Program NEWSLETTER

VolumeP-210.....

November 1, 1977

TO: ALL OPHTHALMOLOGISTS, OPTOMETRISTS, OPTICIANS

SUBJECT: REVISED OPTICAL APPLIANCES CLAIM FORM (MC-9-C3), EFFECTIVE NOVEMBER 1, 1977

Please refer to Newsletter Volume P-195 dated September 12, 1977 which announces a January 1, 1978 implementation date for the Medicaid Management Information System (MMIS). In order to incorporate federally required MMIS information, the MC-9 Claim Form has been redesigned.

Enclosed is a supply of the revised MC-9 Claim Form, which should be adequate for your current needs. For your convenience, and to expedite a reorder of claims, please use the attached reorder form.

In order that we may have operational data by the MMIS implementation date, the effective date for use of the revised claim form is November 1, 1977. If you receive your MC-9-C3 claim supply after November 1, begin using the new claim form immediately in accordance with the following instructions. Destroy all of your old claim forms.

The major changes to the form, (items 10, 11, 14, 18, 19 and 23), are highlighted below, followed by billing instructions and a sample claim form.

HIGHLIGHTS OF THE REVISIONS TO THE MC-9 CLAIM FORM

Item 10: EPSDT Program Referral - Complete this item for recipients under age 21.

Early Periodic Screening, Diagnosis and Treatment (EPSDT), is an aspect of the Medicaid Program which ensures that recipients under 21 years of age receive early detection of disease and illness, as well as diagnostic and treatment services. If an EPSDT screening uncovers a health problem or defect, the patient may be referred to another practitioner for further diagnosis and/or treatment.

It is essential that the Medicaid Program be able to relate diagnostic and/or treatment services to the original screening. Therefore, when a patient under 21 visits your office, a reasonable effort should be made to determine whether it is as a result of an EPSDT Program referral by asking the referring physician, clinic or the patient. If you are unable to obtain the information, check "NO".

Item 11: Diagnosis

A diagnosis is required. Where possible, indicate both a primary and secondary diagnosis. (Opticians: Obtain diagnosis from the prescribing practitioner.)

You may use the codes for diagnosis listed in the International Classification of Diseases (Adapted for use in the United States), as published by the Department of Health, Education and Welfare. (Do not confuse the diagnosis with the patient's complaint or symptoms.)

Item 14: Treated Glass

For glass lenses, indicate the process used, chemical or heat, by placing an X in the appropriate block.

(Continued)

Item 19: FDA Standards

This applies to requirements established by the FDA with reference to treatment of glass lenses, chemical or heat process.

Utilize the appropriate code numbers listed as case hardening in Chapter V of your Medicaid Vision Care Manual. Itemize the laboratory cost for the process which must reflect the actual charge specified on the laboratory invoice.

IMP Number: One of the most significant changes to the claim form is the requirement to identify practitioners by an Individual Medicaid Practitioner (IMP) Number. Items 18 and 23 on the revised claim refer to an IMP Number. Each Medicaid Practitioner has been assigned a unique IMP Number and has been advised of the requirement to make it available to other Medicaid practitioners and providers.

Item 18: Prescribing Practitioner

Enter the name and Individual Medicaid Practitioner (IMP) Number of the practitioner who prescribed the optical appliance.

In the event that you are unable to obtain the IMP Number directly from the practitioner, you may call (800) 322-8051 or (800) 322-8052 toll-free for the information. You will need the name and address of the practitioner in order to obtain the IMP Number.

If the practitioner does not have an IMP Number, insert the name only and write "NON-PAR" next to the practitioner's name. You are cautioned that the term "NON-PAR" is used only when an IMP Number has not been assigned and is unavailable through the toll-free numbers mentioned above.

If the practitioner who prescribed the optical appliance is also the practitioner who provides the appliance and signs the Provider Certification (item 23), you may write "same as item 23" instead of writing the name and IMP Number in item 18.

Item 23: Provider Certification

The provider who personally performed or supervised the service(s) described on the claim is always required to sign the Provider Certification, item 23.

If a practitioner (ophthalmologist or optometrist) rendered the service, he/she is required to enter his/her unique IMP Number in item 23. If the IMP Number of the practitioner who performed the service is identical to the preprinted Medicaid Provider Number in item 9, the block may be checked in lieu of writing out the IMP Number.

Opticians have not been assigned IMP Numbers. The optician performing the service is required to sign the claim and check the block labelled "optician".

NOTE: The provider who signs the MC-9 is attesting to having personally rendered or supervised the services reported on the claim. If a claim covers services performed by more than one provider, the provider who performed the last procedure shall sign item 23.

Continue to follow the procedures for submitting claims as outlined in Chapter IV of your Medicaid Vision Care Manual.

BILLING PROCEDURES FOR OPTICAL APPLIANCES

Instructions for Completion of Form MC-9

1. - 4. -Copy the Patient's Name, Health Services Program (HSP) Case Number, and Person Number **EXACTLY** as it appears on the Validation Form or Medicaid Eligibility Identification Card.
-For additional information, see Section 101 of your Medicaid Vision Care Manual.
5. -Indicate patient's age.
6. -Check appropriate block to identify patient's sex.
7. -Check appropriate block to indicate whether the patient has other health insurance, liability coverage or No Fault Auto Coverage.
-If yes, you must attach a copy of the decline notice or a copy of the explanation of payment from carrier.
-When the recipient is covered by both Medicare and Medicaid, see Section 404 of your Medicaid Vision Care Manual.
8. -Check as appropriate.
-If patient's illness or injury is work related, enter name and address of employer.
-Indicate whether injury resulted from auto accident.
9. -This information is usually preprinted.
-If not preprinted, write in provider name, address, and provider number.
-Enter telephone number, including area code.
10. -Complete this item for recipients under 21 years of age.
-Ask the patient, referring physician or clinic if this visit is a result of an EPSDT screening.
-Indicate if this patient is such a referral by checking the appropriate block.
11. -Enter diagnosis. (Opticians: Obtain diagnosis from prescribing practitioner.)
- 12.A. -Indicate the date of the last examination prior to the one which initiated this request.
- 12.B. -Indicate the date of the most current eye examination. This would most likely be the examination which generated the prescription in item 13.
- 12.C. -Indicate the date on which the appliance was dispensed.
NOTE: When requesting replacement of frame and/or lens(es), indicate the date of the examination during which lenses were last prescribed in item 12A, since there is no current examination date.
13. -A prescription for new glasses **MUST ALWAYS** be given in **MINUS CYLINDER**.
-Place prescription in appropriate space, indicating whether it will be for constant wear (distance) or for near points (reading).
14. -Place an X in the appropriate box to indicate either single, bifocal or trifocal.
-If tint, specify the particular tint.
-Indicate the type of treated glass, chemical or heat process, by placing an X in the appropriate block.
-If this is a plastic lens indicate by marking an X under plastic.
-Specify any other details under "other".
15. -Check the item which appropriately describes the circumstances.
16. -Indicate the manufacturer's name, brand identification, and fabricating lab name.
-Describe type and style of appliance to be furnished.
-When dealing with multi-focal lens, identify the type of multi-focal lens.

17. -Describe frame, giving manufacturers name, size, color, model or style.
18. -Enter the name and Individual Medicaid Practitioner (IMP) Number of the practitioner who prescribed the optical appliance.
-If the practitioner who prescribed the optical appliance is also the practitioner who provides the appliance and signs item 23 (Provider Certification), you may write "same as item 23".
19. **Column I:**
-Identify each item provided by Item Code as listed in Chapter V of your Medicaid Vision Care Manual.

Column II:
-Indicate charge, reflecting actual lab invoice cost, for each item provided.

-Do not write in columns labeled "Authorized Amount, Amount B, Code, Jam".
20. -When Prior Authorization is required, obtain the authorizing signature from the Vision Care Unit, Division of Medical Assistance and Health Services, P.O. Box 2485, Trenton, New Jersey 08625.
21. -Use this Section to enter additional information which may assist in the evaluation of an authorization request.
-Describe any repairs to be made to existing appliances.
22. -Under ordinary circumstances, the patient must sign the claim form when services have been received.
-The claim form must indicate services rendered, prior to presenting it to the patient for signature.
-If the patient's signature is unobtainable, see Chapter IV, Section 405.1 of your Medicaid Vision Care Manual (e.g., illiteracy, etc.)
23. -Read the Provider Certification carefully.
Ophthalmologists and Optometrists:
-The individual practitioner who personally performed or supervised the service(s) represented on the claim must put his/her signature and Individual Medicaid Practitioner (IMP) Number on each claim before submitting for payment.
-If the IMP Number of the practitioner performing the service is identical to the preprinted Medicaid Provider Number in item 9, you may check the block in lieu of writing out the IMP Number.
-Indicate your degree by checking the appropriate block.
Opticians:
-The optician, who personally performed or supervised the service(s) described on the claim, must sign item 23.
-Check the block labelled "optician".
-Indicate the billing date which is the date the claim is mailed.

FOREWORD

The New Jersey Medical Assistance and Health Services Act (Chapter 413, Laws of 1968) established a program of assistance and services for defined groups of persons to enable them to secure quality medical care. This is the New Jersey version of a program commonly known as "Medicaid" or "Title XIX". In identifying persons eligible for such assistance and services this will be known as the New Jersey Health Services Program.

This manual is designed for use by providers billing for services furnished under the Program. It contains informational and procedural material needed to assist the provider in prompt and efficient payment of claims and to answer questions which patients may ask about the program. The procedures described in this manual have been devised to achieve the goals of the Program with due consideration to the needs of the covered persons and effective relationships with providers.

A careful effort has been made to insure that the provisions of the law and the regulations are accurately reflected. This issuance should help to assure that the law is uniformly applied without regard to where covered services are furnished.

The manual is designed to accommodate new pages as administrative changes in procedure are made. Accordingly, revised sections, pages, or chapters will be issued as the need presents itself.

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CHAPTER I

GENERAL INFORMATION ABOUT THE PROGRAM

100. WHO IS ELIGIBLE

In general, Medical Assistance will be available to the following individuals:

All individuals receiving financial assistance under the State programs of Old Age Assistance, Assistance for Dependent Children, Aid to the Blind and Assistance to the Permanently and Totally Disabled. (These are referred to as "categorical assistance" programs.)

Persons who would be eligible for financial assistance under one of the above programs except for a requirement that is specifically prohibited by Federal law or regulations, such as execution of a reimbursement agreement.

Persons who meet the standard of need applicable to their circumstances under one of the categorical assistance programs, but who are not receiving and do not apply for such assistance.

Children between 18 and 21 who, except for school attendance requirements, would be eligible for the State program of Assistance for Dependent Children.

Children under 21 years of age in foster placement under supervision of the Bureau of Children's Services for whom maintenance is being paid in whole or in part from public funds.

The spouse of a recipient of old age assistance, assistance for the permanently and totally disabled, or assistance for the blind who is living with such recipient and whose needs are taken into account in determining the amount of financial assistance for the recipient.

GENERAL INFORMATION

101. HOW TO IDENTIFY A COVERED PERSON

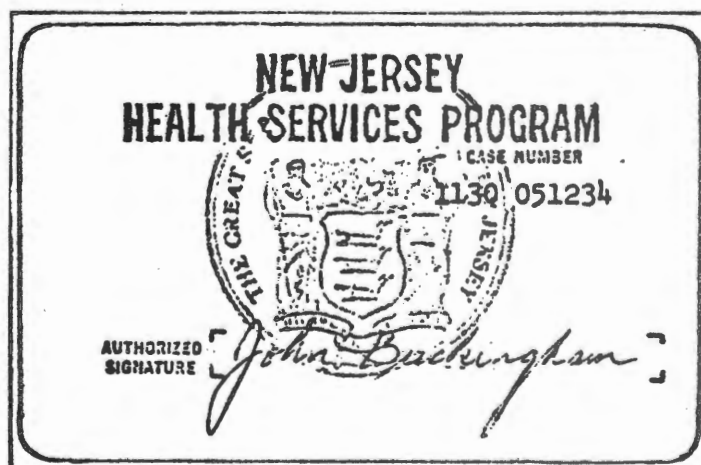
101.1 Plastic Identification Card (Exhibit I)

This card identifies an individual or head of a family group found eligible for payment for authorized health services under the New Jersey Health Services Program administered by the Division of Medical Assistance and Health Services, Department of Institutions and Agencies. It will contain the name of the individual or head of the household and the Health Services Program Case Number. This card is issued by the Division of Medical Assistance and Health Services. It will serve as an identification card only.

NOTE: THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, BUT MUST BE ACCOMPANIED BY A CURRENT MONTH VALIDATION FORM ISSUED BY A COUNTY WELFARE BOARD OF THE STATE OF NEW JERSEY (SEE SECTION 101.2).

A plastic identification card must be retained by the person to whom it is issued, and no provider shall retain an identification card for the purpose of rendering a service in the future.

Exhibit I



101.2 Validation Form (Exhibit II)

This validation for health services form is issued by the appropriate County or State Agency monthly and indicates the individual is currently eligible for coverage.

NOTE: THIS FORM IS THE SOLE INDICATOR OF ELIGIBILITY. THE PLASTIC IDENTIFICATION CARD ALONE IS NOT SUFFICIENT. The validation form must be retained by the person to whom it is issued, and no provider shall retain the form for the purpose of rendering a service in the future.

The sample shown contains all of the required information. However, the form itself may vary from county to county.

IMPORTANT: Be sure to enter name, H.S.P. Case Number, and Person Number, EXACTLY as it appears on the Validation form on all Requests for Authorization and claim forms.

GENERAL INFORMATION

102. AUTHORIZED SERVICES FOR COVERED PERSONS

The items and services provided to covered persons will not normally be limited in duration or amount. Any limitations imposed will be consistent with the medical necessity of the patient's condition, as determined by the attending physician or other practitioner, in accordance with standards generally recognized by health professionals and promulgated through the Division of Medical Assistance and Health Services. The following items and services, more specifically defined in subsequent sections of the appropriate manual, are authorized under the Program:

- (a) Inpatient hospital services, other than services in an institution for tuberculosis or mental diseases;
- (b) Inpatient hospital services for persons 65 and older in a public institution for tuberculosis or mental diseases;
- (c) Outpatient hospital services;
- (d) Clinic services, i.e., health services provided by an outpatient facility not administered or operated by a hospital;
- (e) Laboratory and x-ray services;
- (f) Skilled nursing home services;
- (g) Physicians' services, whether furnished in the office, patient's home, hospital, skilled nursing home or elsewhere;
- (h) Other practitioners' services, limited by State law to podiatrists and optometrists;
- (i) Dental services, including dentures;
- (j) Home health care services;
- (k) Pharmaceutical services - prescribed drugs (legend and non-legend)
- (l) Prosthetic devices and appliances, medical supplies and equipment; eyeglasses and hearing aids;
- (m) Rehabilitation services;
- (n) Transportation, i.e., ambulance service to and from a medical facility when the patient's condition precludes the use of other means of transportation.

GENERAL INFORMATION

103. ELIGIBLE PROVIDERS

Providers of services means any individual, partnership, association, corporation, institution, or public agency designated below, meeting applicable requirements and standards for participation in the Program:

Medical and Surgical Supply Dealers;
Certified Independent Clinical laboratories;
Dentists;
Hearing Aid Dealers;
Home Health Agencies;
Hospitals;
Skilled Nursing Homes;
Opticians;
Optometrists;
Approved Clinics (Independent Outpatient Health Facilities);
Certified Orthotists;
Pharmacies;
Physicians;
Podiatrists;
Certified Prosthetists; (excluding dental)
Providers of Medical Transportation.

104. FREE CHOICE BY COVERED PERSONS

A covered person is free to choose qualified facilities, practitioners and providers of service which meet the Program standards. In the event that the patient has no personal practitioner, or none is available, the Local Medical Assistance Unit may assist in obtaining an appropriate practitioner or health resource.

GENERAL INFORMATION

105. CONTRACTORS

The Division of Medical Assistance and Health Services will process and make payment of claims for services by skilled nursing homes and eligible state and county mental and tuberculosis hospitals.

Contracts have been negotiated on behalf of the State of New Jersey with the Hospital Service Plan of New Jersey and the Prudential Insurance Company of America to function as its contractors.

The Hospital Service Plan of New Jersey will be responsible for the processing and payment of hospital inpatient, hospital outpatient, and home health agency claims for those providers who have selected the Plan as their intermediary under Title XVIII (MEDICARE). In addition, the Hospital Service Plan of New Jersey will process and pay all pharmaceutical services claims (i.e., legend and non-legend drugs), and claims for out of state hospitals and home health agencies. Hospitals who have not participated in Title XVIII are assigned to the Hospital Service Plan.

The Prudential Insurance Company of America will handle the processing and payment of hospital inpatient, outpatient and home health agency claims for those providers who have selected Prudential as their intermediary under Title XVIII (MEDICARE). In addition, the Prudential Insurance Company will process and make payment for all other health services covered by the program.

106. PRIOR AUTHORIZATION

Under the Program, payment for certain services will require prior authorization from the Local Medical Assistance Unit, except in an emergency. It is the responsibility of the specified person or institution providing such service to obtain prior authorization before furnishing or rendering service. Specific instructions are detailed in the appropriate manual sections.

107. POLICY ON OUT OF STATE MEDICAL CARE AND SERVICES

Prior approval of the Local Medical Assistance Unit shall be required for medical care and services which are to be provided outside New Jersey, except in the following situations:

1. Where necessary medical care is provided to a patient who is temporarily absent from the state.

GENERAL INFORMATION

2. When it is customary for persons in the area generally to use medical care resources and facilities outside the State of New Jersey.
3. When out of state care was provided in an emergency.

108. GENERAL EXCLUSIONS

The items listed here are general exclusions. There are certain additional specific exclusions and limitations which are detailed in the appropriate manual sections.

Payment is not made for:

1. Any service, admission or item which is not medically required for diagnosis or treatment of a disease, injury or condition;
2. Any services or items furnished in connection with elective cosmetic procedures;

Note: There are certain exceptions to this rule.

A written certification of medical necessity and a treatment plan must be submitted by the practitioner to the Local Medical Assistance Unit for consideration, and Prior Authorization is required.

3. Private duty nursing service;
4. Services or items furnished for any sickness or injury occurring while the Covered Person is on active duty in the military;
5. Services or items furnished for any condition or accidental injury arising out of and in the course of employment, for which any benefits are available under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law or similar legislation, whether or not the Covered Person claims or receives benefits thereunder, and whether or not any recovery is had against a third party for resulting damages;
6. That part of any benefits which are covered or payable under any health, accident, or other insurance policy, any other private or governmental health benefit system, or through any similar third party liability;
7. Services or items furnished prior to January 1, 1970, or prior to the period for which the patient presents evidence of eligibility for coverage;

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8. Services or items furnished after the last day of the month in which the patient ceases to be eligible for coverage;
9. Any services or items furnished for which the Provider does not normally charge;
10. Any admission, service or item requiring Prior Authorization, where authorization has not been obtained or has been denied;
11. Services furnished by an immediate relative or member of the covered person's household.

109. CONFIDENTIALITY OF RECORDS

All individual medical records of covered persons acquired under this Program shall be confidential and shall not be released without the written consent of the covered person or his personal representative. This shall not preclude the release of statistical or summary data or information in which covered persons are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, Contractors and State or local official agencies.

110. UTILIZATION OF INSURANCE BENEFITS

Health, hospital, workmen's compensation, or accident insurance benefits shall be used to the fullest in meeting the medical needs of the covered person. Supplementation of available benefits shall be as follows:

1. Title XVIII

The Program, in most instances, shall cover the amount of any deductible or co-insurance liability under Title XVIII of the Social Security Act for all covered persons 65 years of age or older.

2. Workmen's Compensation

No Program payments shall be made for a patient covered by workmen's compensation.

3. Other Health Insurance

When a covered person has other health insurance, the Program requires that such benefits be used. Supplementation shall be made by the Program when necessary, but the combined total shall not exceed the amount payable under the Program in the absence of other coverage.

GENERAL INFORMATION

111. MEDICAL REVIEW AND EVALUATION (by Local Medical Assistance Units)

Under the provisions of Federal and State Law, the Division of Medical Assistance and Health Services must provide for continuing review and evaluation of the care and services provided in the Program. This will include review of utilization of services of practitioners and other providers.

112. PROVISION FOR APPEALS - FAIR HEARING

All providers of service or covered persons will be given the opportunity for a fair hearing concerning grievances arising from the claims payment process.

113. FRAUD

The State Agency will establish and maintain methods for identifying situations in which a question of fraud in the program may exist, and referring to law enforcement officials situations in which there is valid reason to suspect that fraud has been practiced.

114. CIVIL RIGHTS

Federal regulations require that services provided to covered persons are given without discrimination on the basis of race, color, religious belief, or national origin. Therefore, payments are limited to providers of service who are in compliance with the non-discrimination requirements of Title VI of the Civil Rights Act.

115. OBSERVANCE OF RELIGIOUS BELIEF

Nothing in the Program shall be construed to require any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under the Program for any purpose (other than for the purpose of discovering and preventing the spread of infection or contagious disease or for the purpose of protecting environmental health) if such person or his parent or guardian objects thereto on religious grounds.

116. NEW JERSEY SALES TAX EXEMPTION

All items and services provided to covered persons under this program are exempt from the New Jersey Sales Tax, by virtue of N.J.S.A. 54:32B-9.

CHAPTER II

EYE CARE - PROFESSIONAL SERVICES

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CHAPTER II

EYE CARE - PROFESSIONAL SERVICES

200. SCOPE

This section is concerned with examinations and care for visual defects and/or eye disease.

200.1 Consultation

For purposes of the New Jersey Health Services Program, a consultation is defined as that service rendered by a qualified specialist (See Note 1 Below) upon request of the attending practitioner in order to evaluate the nature and progress of a disease, illness or condition and to establish or confirm a diagnosis, estimate the prognosis and suggest appropriate therapy. A consultation requires a personal examination of the patient by the consultant followed by a written report of his findings and recommendations.

Note 1: For purposes of the Health Services Program, a Specialist is a fully licensed physician who limits his practice to his specialty and who:

- A. is a diplomate of the appropriate American Board, or Osteopathic Board; or
- B. is a fellow of the appropriate American Specialty College, or a member of an Osteopathic Specialty College; or
- C. has been notified of admissibility to examination by the appropriate American Board, or Osteopathic Board, or has evidence of completion of an appropriate qualifying residency approved by the American Medical Association, or American Osteopathic Association; or
- D. holds an active staff appointment with specialty privileges in a voluntary or governmental hospital which is approved for training in the specialty in which the physician has privileges; or
- E. is recognized in the community as a specialist by his peers.

Note 2: A consultation service in a discipline other than that of the attending practitioner must be based on medical necessity.

Note 3: A consultation rendered by a specialist requested by an attending practitioner who is a specialist in the same discipline is an ineligible service. Exception (Note 3)

EYE CARE - PROFESSIONAL SERVICES

When unusual circumstances of medical necessity make such a consultation advisable, prior authorization must be obtained (See Section 203).

200.2 Referral

For purposes of the New Jersey Health Services Program, a referral is defined as the transfer of responsibility for continuing care of a patient from one practitioner to another, with or without a consultation and within or outside the same specialty or discipline.

201. PROVIDERS OF SERVICE

Within the restrictions of their licensure, the following are the only providers eligible for reimbursement for professional eye care services under the New Jersey Health Services Program:

201.1 Physicians

Physicians recognized by the New Jersey Health Services Program in accordance with definitions in the Physicians Manual Section 201.3 and Vision Care Manual Section 200.1 NOTE I as specialists. Specialty recognition must be as an OPTHALMOLOGIST.

201.2 Optometrist

Any person who is licensed by the New Jersey State Board of Optometry to engage in the practice of optometry, or similarly licensed by a comparable agency of the state in which he performs such functions.

201.3 Ophthalmologist or Optometrist in Another State

An ophthalmologist or optometrist in another state who is duly licensed in that state.

201.4 Independent Clinics

Independent Outpatient Health Facilities approved by the New Jersey Health Services Program to render Eye Care Services.

201.5 Hospitals

Hospitals meeting the definition of "approved hospital" as described in Section 200.1 of the New Jersey Health Services Program Hospital Manual.

202. PROFESSIONAL SERVICES NOT REQUIRING PRIOR AUTHORIZATION

A. Screening Examinations

This shall constitute procedures performed to determine whether a comprehensive examination is necessary. As a minimum, the screening examination shall consist of the following:

1. External examination
2. Visual acuity in each eye
3. Gross muscle balance

Note 1: It is the intent of the Program to reimburse the Ophthalmologist or Optometrist for either a screening examination or a comprehensive eye examination rendered a patient, not both. If, as a result of the screening examination, it is

EYE CARE - PROFESSIONAL SERVICES

felt that a comprehensive examination is necessary, it should be completed at that time or at the earliest mutual convenience of the provider and patient. The screening examination, in this instance, becomes an integral part of the comprehensive examination and the claim submitted to the Program should be for a comprehensive eye examination. If, however, the screening examination reveals that no further examination is necessary, a claim should be submitted for a visual screening examination.

CHAPTER III

OPTICAL APPLIANCES AND SERVICES

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CHAPTER III

OPTICAL APPLIANCES AND SERVICES

300. OPTICAL APPLIANCES

301. DEFINITIONS

301.1 Optical Appliances

For purposes of the New Jersey Health Services Program, optical appliances are considered to be those items, devices or appliances prescribed by an eligible provider and furnished by an eligible provider in order to aid or improve vision, or to replace the eye.

301.2 Providers of Optical Appliances

Within the restrictions of their respective licensure the following are the only providers eligible to receive reimbursement for supplying optical appliances under the New Jersey Health Services Program.

Physicians recognized as specialists in Ophthalmology by the New Jersey Health Services Program in accordance with Physicians Manual (Section 201.3) or Vision Care Manual (Section 200.1), persons licensed by the State of New Jersey to practice optometry; persons licensed by the State of New Jersey as opticians, Independent Outpatient Health Facilities approved by the New Jersey Health Services Program to render eye care services; Hospitals approved for New Jersey Health Services Program participation.

NOTE: Persons recognized as ocularists may be considered providers of artificial eyes upon recommendation of the prescribing practitioner and prior approval by the New Jersey Health Services Program.

An ophthalmologist, optometrist or optician in another state and holding no license to practice in New Jersey, is eligible to provide optical appliances in the state in which he practices if he meets the requirements of his own state with regard to the dispensing of optical appliances.

302. SCOPE

The following optical appliances are covered under the Health Services Program, subject to the limitations listed below:

302.1 Optical Appliances NOT Requiring Prior Authorization

- A. Lenses listed in Chapter V
- B. Frames as indicated in Section 303.2 and 304.2
- C. Repairs to optical appliances up to \$5

302.2 Optical Appliances Requiring Prior Authorization

An eligible provider must request prior authorization from the Vision Care Unit, Division of Medical Assistance and Health Services, Post Office Box 2485, Trenton, New Jersey 08625, for items to be dispensed in accordance with the standards and policies described in Section 303.

OPTICAL APPLIANCES AND SERVICES

- A. Contact Lenses
- B. Artificial Eyes
- C. Subnormal Vision Devices
- D. Visual Training Devices
- E. Repairs to optical appliances exceeding \$5.00
- F. All other optical appliance items not listed or requiring additional charges
- G. Replacement of optical appliances

Note: If, for reasons of loss or breakage, replacement of an optical appliance(s) becomes necessary, the replacement appliance shall be identical to the appliance(s) that was replaced.

- H. Dual pairs of glasses

Note: A statement indicating medical necessity must be submitted when requesting two pairs of glasses in lieu of multifocal lenses.

303. POLICIES

303.1 Lenses

- A. Safety Lenses

Case hardened lenses may be prescribed for any person as determined by the attending ophthalmologist or optometrist. These are required for all persons requiring minus cylinder or minus lenses, for persons under 21, for persons with monocular vision, for elderly ambulatory persons, for epileptics, and for persons with markedly impaired vision. Minimum thickness of all case hardened lenses is to be 2.0 mm.

- B. Plastic Lenses

Note: Justification of need must be documented prior to dispensing of plastic lenses.

- C. Bifocals and/or Multifocal Lenses

Note: This type of lens, unless otherwise substantiated (See Section 302.2, part H), shall be dispensed for the appropriate condition.

- D. Prescription for Eyeglasses

For pricing purposes, all prescriptions shall be written in minus cylinder form.

OPTICAL APPLIANCES AND SERVICES

- D. The material must contain no scratches, fissures or bubbles.
- E. There must be no material discoloration at the time of dispensing.
- F. The frame must not be expanded beyond 1 mm. of the original size when the lenses are inserted.

304.3 Guarantee/Warranty

All rights, benefits, and services applicable to a private patient shall apply to the same extent to the Medicaid recipient.

305. APPROVED FABRICATING LABORATORY

305.1 Definition

For purposes of the New Jersey Health Services Program, an approved fabricating laboratory shall have the necessary equipment and licensed personnel and is capable of completely surfacing and finishing lenses from raw glass (or plastic) or from partially finished lenses, with the further capability of providing completely finished eyeglasses, and is subject to approval by the New Jersey Health Services Program.

306. BASIS OF PAYMENT

Reimbursement for covered services and/or items shall be on the basis of the customary charge, not to exceed an allowance determined reasonable by the Commissioner (Institutions and Agencies) and further limited by federal policy, where applicable, relative to payment of practitioners and other individual providers. In no event shall the payment exceed that charged by the provider for identical services and/or items to other governmental agencies, private non-profit agencies, trade unions, or other individuals in the community.

306.1 Lenses

The reimbursement policy of the New Jersey Health Services Program provides for payment to the provider of the actual invoice cost of the optical appliance. Providers are requested to indicate the actual invoice cost of the material when submitting a claim. The service (dispensing) fee, to which the provider is entitled, should be indicated as a separate item.

306.2 Frames

The maximum allowable cost for frames is \$5.00. However, providers may only bill the New Jersey Health Services Program for the actual invoice cost of the frame when submitting a claim for payment. Frames are reimbursable only if they meet the criteria listed in Section 304.2.

306.3 Reimbursement to Providers of Optical Appliances

Optical Appliances are reimbursable under the New Jersey Health Services Program only when prescribed by a provider of professional eye services as defined in Section 201 of this Manual (i.e., Physicians recognized by

OPTICAL APPLIANCES AND SERVICES

the Program as Ophthalmologists, Optometrists, approved Independent Eye Clinics and Hospitals); and when filled by a provider of optical appliances as defined in Section 301.2 of this manual.

NOTE: Each optician approved to provide services under the New Jersey Health Services Program will receive from the Program Contractor (Prudential Insurance Company of America) a listing of those Physicians recognized by the Program as Specialists in Ophthalmology. Such list will be updated periodically as needed.

In the event that a dispensing optician received a prescription for an optical appliance from a physician not on the list, such optician may call the Medicaid Claim Division, Prudential Insurance Company (201-621-6960 ext. 337 or 609-825-8700 ext. 337) or the Local Medical Assistance Unit serving your area (see Exhibit VI) to determine if the prescribing physician is approved as a specialist by the Program.

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 EYE CARE AND OPTICAL APPLIANCE
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BILLING PROCEDURES

The Prudential Insurance Company
Medicare B Division
Post Office Box 6500
Millville, New Jersey 08332

The provider must record both the Medicare identification number (Section 2) and the New Jersey Health Services Program Case Number and Person Number in Section 5 of the Form SSA-1490.

Note: No prior authorization by the New Jersey Health Services Program is required for Medicare covered services. However, the responsibility for reimbursement by the New Jersey Health Services Program is limited to payment of the unsatisfied deductible to the extent that the payments do not exceed the maximum allowable under the Program.

405. REQUEST FOR AUTHORIZATION AND PAYMENT - OPTICAL APPLIANCES CLAIM
FORM MC-9

If prior authorization is required, this form is used when requesting authorization, to furnish optical appliances and to bill for such appliances following authorization. Charges for services furnished in conjunction with the dispensing of optical appliances are also billed on this form. When prior authorization is not required, it is mailed directly to Prudential.

405.1 Instructions for Completion of Form MC-9 (Exhibit III)

1. - 4. NAME, ADDRESS, CASE NO. AND PERSON NO. - Copy the patient's name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly Validation Form.
5. - 6. Self-explanatory.
7. OTHER INSURANCE OR LIABILITY COVERAGE - If the patient has other health insurance or liability coverage, check in appropriate block, provide the name and address of the carrier(s), and show the amount paid.
8. EMPLOYMENT RELATED - If the patient's illness or injury is work related, enter the name and address of the employer.
9. PROVIDER NAME AND ADDRESS (This information may be preprinted.)
10. ITEM AND CHARGE - Show the Item Code (See Chapter V) and charge for each item furnished.
11. Self-explanatory. Must be completed.
12. PRESCRIPTION - A prescription for new lenses **MUST ALWAYS** be given in MINUS CYLINDER.
13. - 15. LENS AND FRAME INFORMATION - Describe type and style of the appliance to be furnished. **IMPORTANT** - The prescribing practitioner's name, Social Security Number and address (if prescriber is a physician) must be clearly printed or typed in Item 15 if the prescriber is not the provider of the appliance. If the prescription

OPTICAL APPLIANCES AND SERVICES

Directory of Local Medical Assistance Units

<u>County Code</u>	<u>County</u>	<u>Street Address</u>	<u>Municipality</u>	<u>Zip Code</u>	<u>P.O. Box</u>	<u>Telephone</u>
01	Atlantic	1601 Atlantic Ave.	Atlantic City	08404	1970	609-344-2861
05	Cape May	" " "	" "	"	"	" " "
02	Bergen	50 Main Street	Hackensack	07601		201-488-5667
03	Burlington	Chesley & Alloway Bldg. Rt. 38 & Eayrestown Rd.	Mount Holly	08060		609-261-0448
04	Camden	530 Cooper St.	Camden	08101	19	609-365-3926
06	Cumberland	7 E. Broad Street	Bridgeton	08302	440	609-451-6550
07	Essex #1	796 Broad Street	Newark	07101	1576	201-648-2470
07	Essex #2	505 South 15th Street	Newark	07101		201-648-3700
08	Gloucester	42 Delaware Ave.	Woodbury	08096	1900	609-845-7185
17	Salem	" " "	"	"	"	" " "
09	Hudson	100 Newkirk Street	Jersey City	07306		201-792-6390
10	Hunterdon	6 Court Street	Flemington	08822		201-782-1130
18	Somerset	" " "	"	"		" " "
21	Warren	" " "	"	"		" " "
11	Mercer	324 E. State Street	Trenton	08625	2465	609-292-7315
12	Middlesex	75 Paterson Street	New Brunswick	08903	1274	201-246-0653
13	Monmouth	320 Broad Street	Red Bank	07701		201-842-6440
14	Morris	4 Court Street	Morristown	07960		201-267-1700
19	Sussex	" " "	"	"		" " "
15	Ocean	1851 Hooper Avenue	Toms River	08753		201-255-6226
16	Passaic	152 Market Street	Paterson	07509	2863	201-523-2800
20	Union	7 Bridge Street	Elizabeth	07201		201-355-8860

CHAPTER II

EYE CARE - PROFESSIONAL SERVICES

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CHAPTER II

EYE CARE - PROFESSIONAL SERVICES

200. SCOPE

This section is concerned with examinations and care for visual defects and/or eye disease.

200.1 Consultation

For purposes of the New Jersey Health Services Program, a consultation is defined as that service rendered by a qualified specialist (See Note 1 Below) upon request of the attending practitioner in order to evaluate the nature and progress of a disease, illness or condition and to establish or confirm a diagnosis, estimate the prognosis and suggest appropriate therapy. A consultation requires a personal examination of the patient by the consultant followed by a written report of his findings and recommendations.

Note 1: For purposes of the Health Services Program, a Specialist is a fully licensed physician who limits his practice to his specialty and who:

- A. is a diplomate of the appropriate American Board, or Osteopathic Board; or
- B. is a fellow of the appropriate American Specialty College, or a member of an Osteopathic Specialty College; or
- C. has been notified of admissibility to examination by the appropriate American Board, or Osteopathic Board, or has evidence of completion of an appropriate qualifying residency approved by the American Medical Association, or American Osteopathic Association; or
- D. holds an active staff appointment with specialty privileges in a voluntary or governmental hospital which is approved for training in the specialty in which the physician has privileges; or
- E. is recognized in the community as a specialist by his peers.

Note 2: A consultation service in a discipline other than that of the attending practitioner must be based on medical necessity.

Note 3: A consultation rendered by a specialist requested by an attending practitioner who is a specialist in the same discipline is an ineligible service. Exception (Note 3) When unusual circumstances of medical necessity make such a consultation advisable, prior authorization must be obtained (See Section 203).

200.2 Referral

For purposes of the New Jersey Health Services Program, a referral is defined as the transfer of responsibility for continuing care of a patient from one practitioner to another, with or without a consultation and within or outside the same specialty or discipline.

201. PROVIDERS OF SERVICE

Within the restrictions of their respective licensure, the following are eligible providers of eye care:

201.1 Ophthalmologist

Physicians certified by the American Board of Ophthalmology, or eligible for certification as a specialist in the care of the eye and all related structures (See Section 201.3, Physicians Manual - Definition of Specialist).

201.2 Optometrist

Any person who is licensed by the New Jersey State Board of Optometry to engage in the practice of optometry, or similarly licensed by a comparable agency of the state in which he performs such functions.

201.3 Ophthalmologist or Optometrist in Another State

An ophthalmologist or optometrist in another state who is duly licensed in that state.

202. PROFESSIONAL SERVICES NOT REQUIRING PRIOR AUTHORIZATION

A. Screening Examinations

This shall constitute procedures performed to determine whether a comprehensive examination is necessary. As a minimum, the screening examination shall consist of the following:

1. External examination
2. Visual acuity in each eye
3. Gross muscle balance

Note 1: It is the intent of the Program to reimburse the Ophthalmologist or Optometrist for either a screening examination or a comprehensive eye examination rendered a patient, not both. If, as a result of the screening examination, it is felt that a comprehensive examination is necessary, it should be completed at that time or at the earliest mutual convenience of the provider and patient. The screening examination, in this instance, becomes an integral part of the comprehensive examination and the claim submitted to the Program should be for a comprehensive eye examination. If, however, the screening examination reveals that no further examination is necessary, a claim should be submitted for a visual screening examination.

EYE CARE - PROFESSIONAL SERVICES

Note 2: A screening examination should be described on the Physicians and Practitioners Claim Form (MC-8, Item 10 D) as a "Vision Screening Examination" rather than "External Examination, Visual Acuity check or office visits". (See Chapter IV, Section 406.1, Instructions for completion of Form MC-8). Also included in Item 12 D on the MC-8 Claim Form should be the provider's diagnosis and recommendations (i.e., referral to another practitioner with his name and address; no diagnostic abnormality; no further examination necessary, etc.)

EXCEPTION: SCREENING EXAMINATIONS PERFORMED MORE FREQUENTLY THAN ONCE EVERY TWO YEARS FOR PERSONS 16 YEARS OF AGE OR OVER OR MORE FREQUENTLY THAN ONCE A YEAR FOR PERSONS LESS THAN 16 YEARS OF AGE REQUIRE PRIOR AUTHORIZATION.

B. Comprehensive Eye Examination

This shall include, as a minimum, with or without cycloplegics and with or without a post cycloplegic visit, the following:

1. Detailed case history
2. External and internal (ophthalmoscopic) examination
3. Refraction (objective and subjective)
4. Gross visual fields (central and peripheral)
5. Tonometry (when indicated for patients under 35; mandatory for all patients over 35.) The specific method used should be identified (i.e., the finger palpation test is not acceptable.)
6. Binocular coordination testing (distance and near)
7. The diagnosis (ocular deficiency or deformity, visual or muscular anomaly, etc.)

Note: A comprehensive eye examination should be described in Item 12 D of the MC-8 Claim Form as a "Comprehensive Optometric or Ophthalmological Examination including Refraction". The following abbreviations are acceptable and their use is encouraged:

- a. Comp. Optom. Exam. incl. Refr.
- b. Comp. Ophthal. Exam. incl. Refr.

Generally, it is not necessary to itemize the component parts of the comprehensive examination. However, on patients over age 35, the specific method or instrumentation of tonometry should be identified. Please note the examples below.

- a. Comp. Optom. Exam. incl. Refr. w/Schiotz
- b. Comp. Ophthal. Exam. incl. Refr. w/Applanation

Also indicate on the MC-8 Claim Form, the findings, (diagnosis), recommended course of action and disposition (e.g., glasses ordered, medication, consultation, etc.)

EXCEPTION: COMPREHENSIVE EYE EXAMINATION PERFORMED MORE FREQUENTLY THAN ONCE EVERY TWO YEARS FOR PERSONS 16 YEARS OF AGE OR OVER OR MORE FREQUENTLY THAN ONCE A YEAR FOR PERSONS LESS THAN 16 YEARS OF AGE REQUIRE PRIOR AUTHORIZATION.

C. Subnormal Vision Examination

Definition: These examinations may be performed when the condition is detected and for purposes of the New Jersey Health Services Program, is defined as that condition where vision in the better eye is 20/70 or less with the best correction.

203. PROFESSIONAL SERVICES REQUIRING PRIOR AUTHORIZATION

An eligible provider must request prior authorization in writing from the Vision Care Unit, Division of Medical Assistance and Health Services, Post Office Box 2485, Trenton, New Jersey 08625, for the services listed below. The request must be made on Form Medicaid 33030 and must include proper recipient identification, the diagnosis and detailed reasons why such services are being requested.

A. Visual Training

1. Definition: For purposes of the New Jersey Health Services Program, Visual Training is considered to be the use of certain procedures and modalities for the development of and/or increase in the visual capacity of the eye(s) with poor and/or inconsistent or distorted visual localization.

Visual Training is limited to Orthoptics with its acceptable procedures and/or modalities and further limited to the following types of conditions to be treated by private practitioners approved for such training by the respective peer group:

- a. Strabismus
- b. Amblyopia
- c. Heterophoria
- d. Accommodative/Convergence Anomalies

2. Procedures: If Visual Training appears indicated following the initial comprehensive eye examination, the practitioner shall submit a written request for prior authorization for a Visual Training Evaluation. This request must include the preliminary findings, detailed reason(s) why it is believed a further evaluation is needed and any history of previous visual training with the dates and the results. Upon approval for a Visual Training Evaluation, the practitioner shall then submit, within 30 days of receipt of authorization, the evaluation report to the Vision Care Unit. The Visual Training Evaluation Report shall consist of, but not be limited to -

- a. Diagnosis
- b. Findings
- c. Interpretation
- d. Recommendations - outline of training procedures and frequency of sessions with estimated duration of treatment
- e. Prognosis

EYE CARE - PROFESSIONAL SERVICES

Upon completion of an approved training program, the practitioner shall submit a detailed progress report, listing the status of all parameters indicated in the original evaluation. No treatment plan shall exceed a period of 90 days or a total of 30 training visits, commencing with the inception of the treatment plan. Prior authorization is required for any extension of treatment and requires submission of a detailed progress report as noted above.

3. Visual training may be furnished by the private practitioner. Visual training may also be provided when a professional multi-disciplinary evaluation indicates this need, in a licensed or certified health facility or a "special clinic" approved by the New Jersey Health Services Program.

- a. The following is a list of currently approved clinics for Visual Training.

- (1) Newark Eye & Ear Unit, United Hospital Medical Center, 27 South 10th Street, Newark, New Jersey
- (2) Middlesex General Hospital, New Brunswick, New Jersey
- (3) Helene Fuld Hospital, Trenton, New Jersey
- (4) Atlantic City Hospital, Atlantic City, New Jersey

B. Out-of-Office Visits

Exception: Emergencies

C. Frequent Screening and/or Comprehensive Eye Examination

Screening and/or comprehensive eye examination performed more frequently than once every 2 years for persons 16 years of age or over or more than annually for persons less than 16 years of age.

D. All Other Professional Services Not Specified

204. BASIS OF PAYMENT

Reimbursement for covered services shall be on the basis of the customary charge, not to exceed an allowance determined reasonable by the Commissioner (Institutions and Agencies), and further limited by federal policy relative to payment of practitioners and other individual providers. In no event shall the payment exceed that charged by the provider for identical services to other governmental agencies, private nonprofit agencies, trade unions, or other individuals in the community.

CHAPTER III

OPTICAL APPLIANCES AND SERVICES

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CHAPTER III

OPTICAL APPLIANCES AND SERVICES

300. OPTICAL APPLIANCES

301. DEFINITIONS

301.1 Optical Appliances

For purposes of the New Jersey Health Services Program, optical appliances are considered to be those items, devices or appliances prescribed by an eligible provider and furnished by an eligible provider in order to aid or improve vision, or to replace the eye.

301.2 Providers of Optical Appliances

Within the restrictions of their respective licensure, the following are eligible providers of optical appliances:

Physicians certified by the American Board of Ophthalmology, or eligible for certification as a specialist in the care of the eye and all related structures; persons licensed by the State of New Jersey to practice optometry; persons licensed by the State of New Jersey as opticians.

Note: Persons recognized as ocularists may be considered providers of artificial eyes upon recommendation of the prescribing practitioner and prior approval by the New Jersey Health Services Program.

An ophthalmologist, optometrist or optician in another state and holding no license to practice in New Jersey, is eligible to provide optical appliances in the state in which he practices if he meets the requirements of his own state with regard to the dispensing of optical appliances.

302. SCOPE

The following optical appliances are covered under the Health Services Program, subject to the limitations listed below:

302.1 Optical Appliances NOT Requiring Prior Authorization

- A. Lenses listed in Chapter V
- B. Frames as indicated in Section 303.2 and 304.2
- C. Repairs to optical appliances up to \$5

302.2 Optical Appliances Requiring Prior Authorization

An eligible provider must request prior authorization from the Vision Care Unit, Division of Medical Assistance and Health Services, Post Office Box 2485, Trenton, New Jersey 08625, for items to be dispensed in accordance with the standards and policies described in Section 303.

OPTICAL APPLIANCES AND SERVICES

- A. Contact Lenses
- B. Artificial Eyes
- C. Subnormal Vision Devices
- D. Visual Training Devices
- E. Repairs to optical appliances exceeding \$5.00
- F. All other optical appliance items not listed or requiring additional charges
- G. Replacement of optical appliances

Note: If, for reasons of loss or breakage, replacement of an optical appliance(s) becomes necessary, the replacement appliance shall be identical to the appliance(s) that was replaced.

- H. Dual pairs of glasses

Note: A statement indicating medical necessity must be submitted when requesting two pairs of glasses in lieu of multifocal lenses.

303. POLICIES

303.1 Lenses

- A. Safety Lenses

Case hardened lenses may be prescribed for any person as determined by the attending ophthalmologist or optometrist. These are required for all persons requiring minus cylinder or minus lenses, for persons under 21, for persons with monocular vision, for elderly ambulatory persons, for epileptics, and for persons with markedly impaired vision. Minimum thickness of all case hardened lenses is to be 2.0 mm.

- B. Plastic Lenses

Note: Justification of need must be documented prior to dispensing of plastic lenses.

- C. Bifocals and or Multifocal Lenses

Note: This type of lens, unless otherwise substantiated (See Section 302.2, part H), shall be dispensed for the appropriate condition.

- D. Prescription for Eyeglasses

For pricing purposes, all prescriptions shall be written in minus cylinder form.

E. Initial Prescription for Glasses

The total correction must be at least 0.05 diopter in spherical or cylindrical power.

F. Subsequent Prescription Correction

The total change in the correction must be at least 0.05 diopter in spherical or cylinder power, or a change of 5 degrees or more in cylinder axis.

G. Prescription Sunglasses

Not covered under the Program.

H. Contact Lenses

Prior authorization required (See Section 302.2, Part A) and may be approved only when recommended for:

1. Specific ocular pathological conditions (e.g., Keratoconus, monocular surgical aphakia to effect binocular vision).
2. Patients whose vision cannot be improved to at least 20/70 with regular lenses but improvement of vision can be accomplished to 20/70 or better in the better eye.

I. Duplication or Reproduction of the Same Correction

1. A re-examination and new prescription is required if more than one year (or two years in the case of an individual 16 years of age and over) has elapsed since the date of the original prescription.
2. The provider must determine date and type of previous vision care services.

J. Wire - Metal Frames and Eyeglass Cases

Not covered under the Program.

303.2 Frames

A. Replacement of frames within 2 years allowed only if lost or broken and not repairable.

B. Frames are reimbursable under the following conditions:

1. Provided they meet the criteria listed in Chapter III, Section 304.2
2. Providers should bill the Health Services Program for the actual invoice cost of the frame when submitting a claim for payment.
3. Reimbursement will be based on actual invoice cost, however, not to exceed a maximum of \$5.00.

303.3 Artificial Eye or Prosthesis

A. Artificial eyes shall be plastic, stock or custom.

303.4 Advertising

Providers shall not advertise or otherwise solicit eligible Medicaid recipients through signs or displays indicating that the provider accepts persons covered by "Medicaid", the "New Jersey Health Services Program", or similar statements.

303.5 Record Keeping

Providers are to keep such records as are necessary to fully disclose the kind and extent of services provided, and make such information available as the Division or its agents may request.

For the initial examination the record shall show the following as a minimum:

- A. Date of Service
- B. Chief Complaint(s)
- C. Pertinent historical and physical data
- D. Reports of diagnostic procedures ordered
- E. Diagnoses
- F. Prescription (including medication) and treatment

Subsequent progress notes may be brief but must include date, specific medications and/or other treatment as a minimum.

304. STANDARDS

304.1 Lenses

Lenses shall be first quality ophthalmic lenses meeting the American Standard Prescription Requirements. (See Exhibit I for Prescription Standards and Tolerances).

304.2 Frames

Plastic, non-inflammable American-made frames acceptable to the New Jersey Health Services Program, must meet the following minimum criteria:

Note: Wire-Metal Frames And Eyeglass Cases Are Not Reimbursable

- A. The manufacturer's name, size, and "Made in U.S.A." must be properly identifiable on the frame.
- B. The temples must be wire-reinforced.
- C. A hinge rivet must pass through the reinforcing temple wire.

OPTICAL APPLIANCES AND SERVICES

- D. The material must contain no scratches, fissures or bubbles.
- E. There must be no material discoloration at the time of dispensing.
- F. The frame must not be expanded beyond 1 mm. of the original size when the lenses are inserted.

304.3 Guarantee/Warranty

All rights, benefits, and services applicable to a private patient shall apply to the same extent to the Medicaid recipient.

305. APPROVED FABRICATING LABORATORY

305.1 Definition

For purposes of the New Jersey Health Services Program, an approved fabricating laboratory shall have the necessary equipment and licensed personnel and is capable of completely surfacing and finishing lenses from raw glass (or plastic) or from partially finished lenses, with the further capability of providing completely finished eyeglasses, and is subject to approval by the New Jersey Health Services Program.

306. BASIS OF PAYMENT

Reimbursement for covered services and/or items shall be on the basis of the customary charge, not to exceed an allowance determined reasonable by the Commissioner (Institutions and Agencies) and further limited by federal policy, where applicable, relative to payment of practitioners and other individual providers. In no event shall the payment exceed that charged by the provider for identical services and/or items to other governmental agencies, private non-profit agencies, trade unions, or other individuals in the community.

306.1 Lenses

The reimbursement policy of the New Jersey Health Services Program provides for payment to the provider of the actual invoice cost of the optical appliance. Providers are requested to indicate the actual invoice cost of the material when submitting a claim. The service (dispensing) fee, to which the provider is entitled, should be indicated as a separate item.

306.2 Frames

The maximum allowable cost for frames is \$5.00. However, providers may only bill the New Jersey Health Services Program for the actual invoice cost of the frame when submitting a claim for payment. Frames are reimbursable only if they meet the criteria listed in Section 304.2.

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BILLING PROCEDURES

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CHAPTER IV

BILLING PROCEDURES

400. BILLING PROCEDURES

This chapter contains basic information necessary for the submission of a claim. Included are sample claim forms approved for use in submitting bills for covered items or services, and appropriate instructions for the proper completion of the form.

401. GENERAL POLICY

The possibility exists that three different dates encompassing two separate time spans may occur involving optical appliances. Therefore, the following shall apply:

- A. From the prescribing date to the date of receipt of the prescription by the dispenser (i.e., ophthalmologist or optometrist to optician or vendor).
 - 1. In this instance, claims for optical appliances not requiring prior authorization will be paid only when the date of receipt by the dispenser (vendor or optician) is not more than 90 days following the prescribing date.
- B. From the date of receipt of the prescription by the dispenser to the date of receipt of the appliances by the eligible recipient.
 - 1. In this instance, claims for optical appliances not requiring prior authorization will be paid only when the date of receipt of the finished appliance by the eligible recipient is not more than 30 days following the date of receipt of the prescription by the dispenser.

Note: In those instances requiring prior authorization (See Section 302.2) claims for optical appliances will be paid only when the date of receipt of the finished appliance by the eligible recipient is not more than 30 days following the date of receipt of the prior authorization by the dispenser.

If it is not possible to dispense an optical appliance within the stated time, the provider shall notify the Vision Care Unit, Division of Medical Assistance and Health Services, stating that such time limit cannot be met in a particular case with the reason(s) why.

Payment by the Health Services Program will be made for covered services provided to eligible recipients only.

BILLING PROCEDURES

It is the responsibility of the provider to verify recipient eligibility on every visit including the visit to dispense the glasses. If patient is ineligible for benefits at this time, the provider should attempt to collect from the patient. If the provider can demonstrate that he was unable to collect from the patient, or if other circumstances (i.e., death, moving out of state, etc.) prevail, the provider can submit a full report to the Vision Care Unit, requesting consideration for cost of materials only.

401.1 Group Practice

- A. For purposes of billing the Program, providers who are in group practice or partnership shall list themselves under one name and one Employer's Number (See Physicians and Practitioners Claim Form MC-8, Section 9 and/or Request for Authorization and Payment - Optical Appliances Claim Form MC-9, Section 9, as applicable).
- B. The instructions in Sections 405.1, 406.1 and 407.1, where applicable, also apply to group practice. The individual practitioner or provider rendering each service or item must complete and sign the provider certification portion of the form (Physicians and Practitioners Claim Form MC-8, Section 15 and/or Request for Authorization and Payment - Optical Appliance Claim Form MC-9, Section 17).

402. PATIENT IDENTIFICATION

Verify that the patient is a covered person on the first visit and each visit thereafter. This is done by viewing the patient's Validation Form (See Section 101.) which is issued on the first day of each month. It is especially important to review a patient's Validation Form on each visit when extended plans of treatment have been authorized. Prior authorization is no guarantee that an individual is covered. The Vision Care Unit does not verify patient eligibility when authorizing a prescription.

403. PRIOR AUTHORIZATION

Items or services requiring prior authorization should not be provided until the authorization is received. When submitting claims for payment, make certain all authorizations have been properly signed by the Vision Care Unit and are attached to the claim form. To assure prompt claim consideration, the prescribing practitioner's and/or dispenser's name and Social Security number must be recorded.

404. COMBINATION MEDICARE/MEDICAID CLAIMS

Cataract lenses and/or artificial eyes are eligible for payment under Supplemental Medical Insurance Benefits (Medicare, Part B). Therefore, when these specific services are rendered to or for an eligible Medical Assistance (Medicaid) person who is age 65 or over, the claim should be made to Medicare, Part B. In these instances the Medicare Claim Form (SSA-1490), see Exhibit II, will also serve as the Medicaid (New Jersey Health Services Program) claim. The provider should complete Form SSA-1490, REQUEST FOR MEDICARE PAYMENT and send the claim directly to the Medicare Intermediary:

BILLING PROCEDURES

The Prudential Insurance Company
Medicare B Division
Post Office Box 6500
Millville, New Jersey 08332

The provider must record both the Medicare identification number (Section 2) and the New Jersey Health Services Program Case Number and Person Number in Section 5 of the Form SSA-1490.

Note: No prior authorization by the New Jersey Health Services Program is required for Medicare covered services. However, the responsibility for reimbursement by the New Jersey Health Services Program is limited to payment of the unsatisfied deductible to the extent that the payments do not exceed the maximum allowable under the Program.

405. REQUEST FOR AUTHORIZATION AND PAYMENT - OPTICAL APPLIANCES CLAIM FORM MC-9

If prior authorization is required, this form is used when requesting authorization, to furnish optical appliances and to bill for such appliances following authorization. Charges for services furnished in conjunction with the dispensing of optical appliances are also billed on this form. When prior authorization is not required, it is mailed directly to Prudential.

405.1 Instructions for Completion of Form MC-9 (Exhibit III)

1. - 4. NAME, ADDRESS, CASE NO. AND PERSON NO. - Copy the patient's name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly Validation Form.
5. - 6. Self-explanatory.
7. OTHER INSURANCE OR LIABILITY COVERAGE - If the patient has other health insurance or liability coverage, check in appropriate block, provide the name and address of the carrier(s), and show the amount paid.
8. EMPLOYMENT RELATED - If the patient's illness or injury is work related, enter the name and address of the employer.
9. PROVIDER NAME AND ADDRESS (This information may be preprinted.)
10. ITEM AND CHARGE - Show the Item Code (See Chapter V) and charge for each item furnished.
11. Self-explanatory. Must be completed.
12. PRESCRIPTION - A prescription for new lenses MUST ALWAYS be given in MINUS CYLINDER.
13. - 15. LENS AND FRAME INFORMATION - Describe the type and style of the appliance to be furnished. IMPORTANT: The prescribing practitioner's name and Social Security Number must be recorded in the space provided if he is not the provider.

REMARKS - This section should be used whenever additional information will assist in the evaluation of an authorization request. It should also be used for describing any repairs to be made to existing appliances.

BILLING PROCEDURES

16. PATIENT'S CERTIFICATION - Under ordinary circumstances, the patient must sign the claim form when services have been received. The claim form to be signed should indicate service rendered, and the patient must not sign a blank claim form prior to receiving services or as a condition for receiving services.

However, when the patient's signature is unobtainable, the following procedures may be used:

A. Illiterate Patient

The patient may sign by mark (X), and the signature must be witnessed by another person including the provider of service who signs his name and address on the same line.

B. Other

If a patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable, through reasonable effort, the form may be signed on his behalf by:

1. A parent, or
2. A legal guardian, or
3. A relative, or
4. A friend, or
5. An individual provider, or
6. A representative of an institution providing care or support, or
7. A representative of a governmental agency providing assistance.

Attached to the claim form should be a brief explanation of reason patient was not personally able to sign and relationship of signee to the patient-recipient.

17. PROVIDER'S CERTIFICATION - The provider MUST sign and date the form before the claim may be considered.

405.2 Mailing Instructions

1. For items requiring prior authorization detach the last copy for your records and forward the original and first copy (carbon attached) to:

Vision Care Unit
Division of Medical Assistance and Health Services
P.O. Box 2485
Trenton, New Jersey 08625

BILLING PROCEDURES

2. For items not requiring prior authorization and items for which prior authorization has been received, attach the lens envelope(s), frame envelope(s) and/or fabricating laboratory invoice along with the authorization approval, if required, to the original copy of the claim form and mail to:

The Prudential Insurance Co. of America
P.O. Box 1900
Millville, New Jersey 08332

Retain the other copies for your records.

3. Invoices will be accepted only from approved wholesale fabricating laboratories (See Section 305.)

406. PHYSICIANS AND PRACTITIONERS CLAIM (MC-8) (Exhibit IV)

This form is used for the purpose of billing for professional services (i.e., diagnostic examinations, medical and/or surgical care) by physicians and optometrists. Do not use Form MC-8 to claim reimbursement for optical appliances and dispensing (service) fee.

406.1 Instructions for Completion of Form MC-8

1. - 4. NAME, ADDRESS, CASE NO. AND PERSON NO. - Copy patient's name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly Validation Form. (See Section 101.)
5. - 6. Self-explanatory.
7. OTHER INSURANCE OR LIABILITY COVERAGE - If patient has other Health Insurance or Liability Coverage, check appropriate block, and attach copy of explanation of payment from the carrier.
8. EMPLOYMENT RELATED - If patient's illness or injury is work related enter name and address of employer.
9. NAME AND ADDRESS OF PROVIDER - (This information may be preprinted).
10. Self-explanatory.
11. Write in Name of institution, if place of service is other than doctor's office or patient's home. To be completed in addition to Questions 12B.
12. REPORT OF SERVICES -
- A. Enter date(s) of each visit or surgical procedure
 - B. Place of service (see codes at bottom of claim form)
 - C. Enter diagnosis
 - D. Enter description of services rendered
 - E. Not applicable

BILLING PROCEDURES

F. Enter charge for each service or procedure

13. Consultation - Provide full name of referring physician for consultations.
14. PATIENT'S CERTIFICATION - Under ordinary circumstances, the patient must sign the claim form when services have been received. The claim form to be signed should indicate service rendered, and the patient must not sign a blank claim form prior to receiving services or as a condition for receiving services.

However, when the patient's signature is unobtainable, the following procedures may be used:

A. Illiterate Patient

The patient may sign by mark (X), and the signature must be witnessed by another person including the provider of service who signs his name and address on the same line.

B. Other

If a patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable, through reasonable effort, the form may be signed on his behalf by:

1. A parent, or
2. A legal guardian, or
3. A relative, or
4. A friend, or
5. An individual provider, or
6. A representative of an institution providing care or support, or
7. A representative of a governmental agency providing assistance.

Attached to the claim form should be a brief explanation of reason patient was not personally able to sign and relationship of signee to the patient-recipient.

15. PROVIDER'S CERTIFICATION - The provider MUST sign and date the form before the claim may be considered.

407. REQUEST FOR AUTHORIZATION, FORM MEDICAID 33030 (Exhibit V)

This form is to be used when requesting prior authorization for professional services as outlined in Chapter II, Section 203. (Do not use for optical appliances). Blank forms may be obtained from Prudential Insurance Company of America, P.O. Box 1900, Millville, New Jersey 08332.

BILLING PROCEDURES

407.1 Instructions for Completion of Form Medicaid 33030

1. - 4. NAME, ADDRESS, CASE NO. AND PERSON NO. - Copy patient's name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly validation form. (See Section 101.)
5. - 6. Self-explanatory.
7. This section must be completed in accordance with Chapter II, Section 203. Be as explicit as possible.
8. Self-explanatory.

407.2 Mailing Instructions - Request for Authorization Form Medicaid 33030

1. Mail original and two copies to:

Vision Care Unit
Division of Medical Assistance and Health Services
Post Office Box 2485
Trenton, New Jersey 08625

2. Services should not be rendered until authorization has been received. Upon receipt of the signed authorization Form 33030, proceed with the services that have been approved. The original copy of authorization Form 33030, MUST be attached to the physicians and practitioners claim Form MC-8 when submitting the claim for payment. Retain the duplicate copy for your files.

OPTICAL APPLIANCE AND SERVICES
EXHIBIT I
PRESCRIPTION STANDARDS and TOLERANCES

Inspection Routine of Prescription Lenses	Tolerance	Provisions and Testing Procedures
Physical Quality and Appearance		
Surface Imperfections	No pits, scratches, grayness, or water-marks shall be acceptable.	Lenses shall be inspected against a dark background in light from an open-shaded 40 watt incandescent clear lamp with the lens 12 inches from the light source.
Glass Defects	No bubbles, striae, and inclusions shall be acceptable.	
Localized Power Errors	Waves (see provisions).	Waves found by visual inspection shall be passable if no deterioration in image quality is found when the localized area is examined with a standard lens measuring instrument.*
Refractive Powers	0.0 to 6.00 ±0.06 6.25 to 12.00 1 percent of power Above 12.00 ±0.12	Power in each principal meridian shall be measured on a standard lens measuring instrument* at the optical center as specified. Maximum cylinder power variation ±0.12.
Refractive Power Addition	±0.09D The curves for the reading and distance portions of a one piece bifocal shall meet sharply and both of these curves, immediately adjacent to the line, shall be free from surface irregularities.	Power of additions must be measured in accordance with instructions below.†
Cylinder Axis	0.12 to 0.37 ±3 degrees 0.50 to 1.00 ±2 degrees 1.12 on up ±1 degree	Axis shall be determined in relation to the cutting or mounting line.
Prism Power and Location of Specified Optical Center	Vertical ±0.25Δ for each lens or 0.25Δ imbalance. Horizontal ±0.25Δ for each lens or 0.50Δ imbalance.	The lens shall be measured at the specified reference point, formerly referred to as optical center. A lens specified without prism shall be treated as a 0Δ lens.
Segment Size	±0.5 mm. Pair must be symmetrical upon visual inspection. Trifocal intermediate vertical dimension shall be ±0.25 mm singly or within ±0.25 mm paired.	Segment size shall be measured on segment side of lens.
Segment Location	As specified within ±0.5 mm	Measured from the apex of the bevel to the highest portion of the segment on the concave side of lens.
Thickness	As specified within ±0.2 mm	To provide best cosmetic effect.
Lens Size		
Rimless	±0.5 mm	Lens shape must match. Edges must be straight and smooth and sharp edges must be removed.
Bevel, for plastic frames	±0.5 mm	
Bevel, for metal frames	To fit standard specified frame	
Heat-Treated Industrial Safety Eyewear	Tolerance for power, size, etc, shall be as above, except minimum thickness edge or center 3.0 mm.	Shall meet the requirements of American Standard Z2.1-1959.
Heat-Treated Dress Eyewear	Tolerance for power, size, etc, shall be as above, except minimum thickness as follows: Minimum thickness, 2.0 mm	Unmounted lens shall withstand an impact test of a steel ball dropped 50 inches as follows: Notched or drilled—Ball size—½ inch Beveled—Ball size—⅝ inch

*Standard lens measuring instrument means the recognized type, such as a vertometer or lensometer that measures the vertex power.

†A generalized set of instructions for measuring the power of additions is as follows:

- (1) Place the lens in the instrument with the segment surface against the lens positioning tube.
- (2) Measure the power through the reading portion, focusing on the vertical lines of the target image.
- (3) Focusing on the vertical lines of the target image, measure the power through the distance portion. The measurement through the distance portion must be made as far above the optical center of the distance portion as the measurement through the segment is below the optical center of the distance portion.
- (4) The true reading addition is the difference between the distance and reading portions as measured in steps (2) and (3) above.
- (5) Because of prisms encountered when measuring a strong bifocal through the reading portion, the target may be blurred. To eliminate this, place on the prism holder an auxiliary prism of sufficient power to center the target image.

OPTICAL APPLIANCES AND SERVICES

REQUEST FOR MEDICARE PAYMENT
MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT
 (See Instructions on Back—Type or Print Information)

EXHIBIT II Form Approved
 Budget Bureau No. 72-RO730

PART I—PATIENT TO FILL IN ITEMS 1 THROUGH 6 ONLY

A The Prudential Insurance Co. of America Medicare B Division P. O. Box 6500 — Millville, N. J. 08332	Copy from your HEALTH INSURANCE CARD (See example on back)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">1</td> <td style="width:95%;">Name of patient</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Health insurance claim number</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> </table>	1	Name of patient	2	Health insurance claim number		<input type="checkbox"/> Male <input type="checkbox"/> Female
1	Name of patient							
2	Health insurance claim number							
	<input type="checkbox"/> Male <input type="checkbox"/> Female							
3	Patient's street address	City, State, ZIP code	Telephone Number					
4	Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)		Was your illness or injury connected with your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5	If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.							
	Insuring organization or State agency name and address		Policy or Medical Assistance Number					
6	I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.							
	Signature of patient (See instructions on reverse where patient is unable to sign)		Date signed					

**SIGN
 HERE** →

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14

7	A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (if related to unusual circumstances explain in 7C)	Leave Blank									
					\$										
8 Name and address of physician or supplier (Number and street, city, State, ZIP code)				Telephone No. Physician or supplier code	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">9</td> <td style="width:95%;">Total charges</td> <td style="width:5%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">10</td> <td>Amount paid</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">11</td> <td>Any unpaid balance due</td> <td style="text-align: center;">\$</td> </tr> </table>	9	Total charges	\$	10	Amount paid	\$	11	Any unpaid balance due	\$	
9	Total charges	\$													
10	Amount paid	\$													
11	Any unpaid balance due	\$													
12 Assignment of patient's bill <input type="checkbox"/> I accept assignment <input type="checkbox"/> I do not accept assignment				13 Show name and address of facility where services were performed (If other than home or office visits)											
14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)				<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DDS Other degree _____	Date signed										

*O—Doctor's Office H—Patient's Home (If portable X-ray services, identify the supplier) ECF—Extended Care Facility OL—Other Locations
 IL—Independent Laboratory IH—Inpatient Hospital OH—Outpatient Hospital NH—Nursing Home



STATE OF NEW JERSEY
 Department of Institutions and Agencies
 Division of Medical Assistance and Health Services
REQUEST FOR AUTHORIZATION

OPTICAL APPLIANCES AND SERVICES

EXHIBIT V

1. Patient's Last Name		First Name		2. Patient's Street Address		Telephone Number
3. Health Services Program Case No.			4. Patient Person #	5. Age	6. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	City, State, ZIP Code

7. THE ABOVE NAMED PATIENT IS IN NEED OF THE FOLLOWING ITEM(S) OR SERVICE(S). (If durable medical equipment is required, indicate the period of medical necessity.)

	CHARGE

8. From: Name and Address of Provider	Social Security or Employer I.D. Number
	Telephone Number

AUTHORIZATION

TO: _____

You are authorized to submit a Request for Payment for the following item(s) or service(s).

DESCRIPTION	AUTHORIZATION EXPIRATION DATE	AUTHORIZED PURCHASE PRICE	RENTAL	
			MOS.	PER. MO.
		\$		\$

Approved by: _____ Title _____ Date _____

CHAPTER V
OPTICAL APPLIANCE CODES

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OPTICAL APPLIANCE CODES

FRAMES

- 010 Frame
- 011 Frame Repairs--Temples (1)
- 012 Frame Repairs--Temples (2)
- 013 Frame Repairs--Hinges (1)
- 014 Frame Repairs--Hinges (2)
- 015 Frame Repairs--Front Replacement (Plastic Fixed Bridge)
- 016 Frame Repairs--Front Replacement (Adjustable Bridge)
- 017 Frame Repairs--Pads (Plastic or Adjustable) (1)
- 018 Frame Repairs--Pads (Plastic or Adjustable) (2)

NOTE: Frame Repairs exceeding \$5.00 require prior authorization.

MISCELLANEOUS ITEMS

- 020 Occluders--Patch
- 021 Occluders--Cup, PAP, Linder

SERVICE FEES

- 030 Frame Service Fee
- 031 Lens Service (Single) Per Pair
- 032 Lens Service (Bifocal) Per Pair
- 033 Lens Service (Trifocal) Per Pair
- 034 Lens Service (Cataract over + or - 10 D Single Vision)
- 035 Lens Service (Cataract Bifocal over + or - 10 D)

ITEMS REQUIRING PRIOR AUTHORIZATION

- 040 Contact Lenses (Prior Authorization)
- 041 Artificial Eyes (Prior Authorization)
- 042 Subnormal Vision Devices (Prior Authorization)
- 043 Vision Training Devices (Prior Authorization)
- 044 Miscellaneous Optical Appliances (Prior Authorization)

OPTICAL APPLIANCE CODES

GLASS SINGLE VISION STOCK LENSES - Attach Lens Envelope

A.O. - Tillyer; Univis - Best Form; Titmus - Normalsite;
Shuron - Widesite - Kurova; B. & L. - Orthogon.

Stock Range

100	Spheres - Plus or Minus	Plano to 4.00 S	
101	Spheres - Plus or Minus	4.25 to 6.00 S	
102	Plano Cylinders - Sphero Cylinders	.00 to 4.00 S	.12 to 4.00 C
103	Plano Cylinders - Sphero Cylinders	4.25 to 6.00 S	.12 to 4.00 C

GLASS SINGLE VISION STOCK LENSES

Virginia, Webster, Vista, Phillips, A.O. - Regular

Stock Range

110	Spheres - Plus or Minus	Plano to 4.00	
111	Spheres - Plus or Minus	4.25 to 6.00	
112	Plano Cylinders - Sphero Cylinders	.12 to 4.00 S	.12 to 4.00 C
113	Plano Cylinders - Sphero Cylinders	4.25 to 6.00 S	.12 to 4.00 C

GLASS SINGLE VISION STOCK LENSES

Other

Stock Range

120	Spheres - Plus or Minus	Plano to 4.00	
121	Spheres - Plus or Minus	4.25 to 6.00	
122	Plano Cylinders - Sphero Cylinders	.12 to 4.00 S	.12 to 4.00 C
123	Plano Cylinders - Sphero Cylinders	4.25 to 6.00 S	.12 to 4.00 C

Other Charges to Above (per pair)

130	Case Hardening - Tempross	2.2 mm
131	Case Hardening - Tempross	3.0 mm
132	Tint	

OPTICAL APPLIANCE CODES

SURFACE LENSES ATTACH INVOICE FROM LABORATORY

GLASS SINGLE VISION LENSES

140	Spheres - Plus or Minus	PL to 4.00 S	
141	Spheres - Plus or Minus	4.25 to 7.00 S	
142	Spheres - Plus or Minus	7.25 to 12.00 S	
143	Spheres - Plus or Minus	12.25 to 20.00 S	
144	Plano Cylinders		.12 to 6.00 C
145	Sphero Cylinders	PL to 4.00 S	.12 to 6.00 C
146	Sphero Cylinders	4.25 to 7.00 S	.12 to 6.00 C
147	Sphero Cylinders	7.25 to 12.00 S	.12 to 6.00 C
148	Sphero Cylinders	12.25 to 20.00 S	.12 to 6.00 C

Other Charges to Above (per pair)

- 150 Tint
- 151 Case Hardened
- 152 Prism to 5°

GLASS APHAKIC LENTICULAR SINGLE VISION

160	Spheres	7.25 to 20.00 S	
161	Sphero Cylinder	7.25 to 20.00 S	.12 to 4.00 C

GLASS KRYPTOK - BIFOCALS

200	Spheres - Plus or Minus	PL to 4.00 S	
201	Spheres - Plus or Minus	4.25 to 7.00 S	
202	Spheres - Plus or Minus	7.25 to 12.00 S	
203	Spheres - Plus or Minus	12.25 to 20.00 S	
204	Plano Cylinders		.12 to 6.00 C
205	Sphero Cylinders	PL to 4.00 S	.12 to 6.00 C
206	Sphero Cylinders	4.25 to 7.00 S	.12 to 6.00 C
207	Sphero Cylinders	7.25 to 12.00 S	.12 to 6.00 C
208	Sphero Cylinders	12.25 to 20.00 S	.12 to 6.00 C

GLASS NUSITE - BIFOCALS

210	Spheres - Plus or Minus	PL to 4.00 S	
211	Spheres - Plus or Minus	4.25 to 7.00 S	
212	Spheres - Plus or Minus	7.25 to 12.00 S	
213	Spheres - Plus or Minus	12.25 to 20.00 S	
214	Plano Cylinders		.12 to 6.00 C
215	Sphero Cylinders	PL to 4.00 S	.12 to 6.00 C
216	Sphero Cylinders	4.25 to 7.00 S	.12 to 6.00 C
217	Sphero Cylinders	7.25 to 12.00 S	.12 to 6.00 C
218	Sphero Cylinders	12.25 to 20.00 S	.12 to 6.00 C

OPTICAL APPLIANCE CODES

PLASTIC SINGLE VISION

170	Spheres - Plus or Minus	PL to 4.00 S	
171	Spheres - Plus or Minus	4.25 to 7.00 S	
172	Spheres - Plus or Minus	7.25 to 12.00 S	
173	Spheres - Plus or Minus	12.25 to 18.00 S	
174	Plano Cylinders		.12 to 5.00 C
175	Sphero Cylinders	PL to 4.00 S	.12 to 5.00 C
176	Sphero Cylinders	4.25 to 7.00 S	.12 to 5.00 C
177	Sphero Cylinders	7.25 to 12.00 S	.12 to 5.00 C
178	Sphero Cylinders	12.25 to 18.00 S	.12 to 5.00 C
179	Balance Lens		

PLASTIC MULTIFOCALS

240	Spheres - Plus or Minus	PL to 4.00 S	
241	Spheres - Plus or Minus	4.25 to 7.00 S	
242	Spheres - Plus or Minus	7.25 to 12.00 S	
243	Spheres - Plus or Minus	12.25 to 18.00 S	
244	Plano Cylinders		.12 to 5.00 C
245	Sphero Cylinders	PL to 4.00 S	.12 to 5.00 C
246	Sphero Cylinders	4.25 to 7.00 S	.12 to 5.00 C
247	Sphero Cylinders	7.25 to 12.00 S	.12 to 5.00 C
248	Sphero Cylinders	12.25 to 18.00 S	.12 to 2.75 C
249	Balance Lens		

Other Charges to Above (per pair)

250	Tint	
251	Prism to 5°—Spheres	
252	Compounds	

PLASTIC ASPHERIC CATARACT LENSES

		<u>SINGLE VISION</u>	
180	Spheres	-8.00 thru +20.00 S	
181	Sphero Cylinders	+8.00 thru -20.00 S	.25 thru 5.00 C
		<u>BIFOCALS</u>	
260	Spheres	-8.00 thru +20.00 S	
261	Sphero Cylinders	+8.00 thru -20.00 S	.25 thru 5.00 C

OPTICAL APPLIANCE CODES

GLASS BIFOCALS--FLATTOP - EXECUTIVE - FUL-VUE - ULTEXA

220	Spheres - Plus or Minus	PL to 4.00 S	
221	Spheres - Plus or Minus	4.25 to 7.00 S	
222	Spheres - Plus or Minus	7.25 to 12.00 S	
223	Spheres - Plus or Minus	12.25 to 20.00 S	
224	Plano Cylinders		.12 to 6.00 C
225	Sphero Cylinders	PL to 4.00 S	.12 to 6.00 C
226	Sphero Cylinders	4.25 to 7.00 S	.12 to 6.00 C
227	Sphero Cylinders	7.25 to 12.00 S	.12 to 6.00 C
228	Sphero Cylinders	12.25 to 20.00 S	.12 to 6.00 C

GLASS TRIFOCALS

300	Spheres - Plus or Minus	PL to 4.00 S	
301	Spheres - Plus or Minus	4.25 to 7.00 S	
302	Spheres - Plus or Minus	7.25 to 12.00 S	
303	Spheres - Plus or Minus	12.25 to 20.00 S	
304	Plano Cylinders		.12 to 6.00 C
305	Sphero Cylinders	PL to 4.00 S	.12 to 6.00 C
306	Sphero Cylinders	4.25 to 7.00 S	.12 to 6.00 C
307	Sphero Cylinders	7.25 to 12.00 S	.12 to 6.00 C
308	Sphero Cylinders	12.25 to 20.00 S	.12 to 6.00 C

Other Charges to Above (per pair)

- 310 Tint
- 311 Case Hardened
- 312 Prism to 5°

GLASS APHAKIC LENTICULAR BIFOCALS

230	Spheres	7.25 to 20.00 S	
231	Sphero Cylinders	7.25 to 20.00 S	.12 to 4.00 C