

CHAPTER 62

VISION CARE SERVICES MANUAL

Authority

N.J.S.A. 30:4D-6, 7 and 12; Sections 1902(a)10, 1902(a) 23, and 1905(a)12 of the Social Security Act (42 U.S.C. §§ 1396a(a) 10, 1396a(a)23, and 1396d(a), respectively); and 42 C.F.R. 440.120.

Source and Effective Date

R.2004 d.240, effective June 2, 2004.  
See: 35 N.J.R. 4993(a), 36 N.J.R. 3287(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 62, Vision Care Services Manual, expires on November 29, 2009. See: 41 N.J.R. 2560(a).

Chapter Historical Note

Chapter 62, Vision Care Services Manual, became effective October 18, 1971 as R.1971 d.142. See: 3 N.J.R. 25(c), 3 N.J.R. 178(e).

1973 Revisions: Amendments became effective September 1, 1973 as R.1973 d.197. See: 5 N.J.R. 44(a), 5 N.J.R. 281(b).

1974 Revisions: Amendments became effective August 30, 1974 as R.1974 d.181. See: 6 N.J.R. 65(b), 6 N.J.R. 312(c).

1975 Revisions: Amendments became effective September 1, 1975 as R.1975 d.261. See: 7 N.J.R. 316(c), 7 N.J.R. 465(b).

1979 Revisions: Amendments became effective February 14, 1979 as R.1979 d.60. See: 10 N.J.R. 539(b), 11 N.J.R. 132(c).

1981 Revisions: Amendments became effective July 9, 1981 as R.1981 d.249. See: 13 N.J.R. 293(a), 13 N.J.R. 417(a). Further amendments became effective September 10, 1981 as R.1981 d.331. See: 13 N.J.R. 413(a), 13 N.J.R. 575(a).

1983 Revisions: Subchapters 1, 2 and 4 were readopted pursuant to Executive Order 66(1978) effective December 19, 1983 as R.1983 d.620. See: 15 N.J.R. 1731(a), 16 N.J.R. 144(b).

1986 Revisions: Subchapter 4 was repealed and a new subchapter became effective March 3, 1986 as R.1986 d.52. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a). Subchapter 3 was readopted pursuant to Executive Order 66(1978) effective March 6, 1986 as R.1986 d.90. See: 17 N.J.R. 2731(b), 18 N.J.R. 689(a). Amendments became effective June 16, 1986 (operative July 1, 1986) as R.1986 d.236. See: 18 N.J.R. 803(a), 18 N.J.R. 1287(a).

1987 Revisions: Subchapter 3 was substantially amended and recodified effective October 5, 1987 as R.1987 d.408. See: 19 N.J.R. 1155(a), 19 N.J.R. 1800(a).

1988 Revisions: Pursuant to the provisions of N.J.S.A. 30:4D-2, 3, 5, 6 and 7 and the New Jersey Appropriation Act (P.L. 1988 c.47), maximum fee allowance increases for routine visit in 4.3 for August 1, 1988 and May 1, 1989 and also for vision care appliances effective August 1, 1988 and May 1, 1989. See: 20 N.J.R. 2101(a). Subchapters 1, 2 and 3 were repealed and new subchapters 1, 2 and 3 of the "Vision Care Services Manual" became effective December 19, 1988 as R.1988 d.580. See: 20 N.J.R. 956(c), 20 N.J.R. 3147(a).

Pursuant to Executive Order No. 66(1978), Chapter 62, Vision Care Services Manual, was readopted as R.1994 d.6, effective December 7, 1993. See: 25 N.J.R. 3907(a), 26 N.J.R. 225(a). As a part of R.1994 d.6, existing Subchapter 3, Billing Procedures, and Subchapter 4,

referencing HCPCS, were repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted, effective January 3, 1994. See: 25 N.J.R. 3907(a), 26 N.J.R. 225(a).

Pursuant to Executive Order No. 66(1978), Chapter 62, Vision Care Services Manual, was readopted as R.1999 d.4, effective December 7, 1998. See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

Chapter 62, Vision Care Services Manual, was readopted as R.2004 d.240, effective June 2, 2004. See: Source and Effective Date. See, also, section annotations.

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## SUBCHAPTER 1. EYE CARE: PROFESSIONAL SERVICES

### 10:62-1.1 Scope

This subchapter delineates the New Jersey Medicaid and NJ FamilyCare fee-for-service program standards for examinations and care for vision defects and/or eye diseases for the purpose of maintaining or improving the health of New Jersey Medicaid and NJ FamilyCare fee-for-service beneficiaries.

Amended by R.1994 d.6, effective January 3, 1994.

See: 25 N.J.R. 3907(a), 26 N.J.R. 225(a).

Amended by R.1999 d.4, effective January 4, 1999.

See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

Inserted references to NJ KidCare fee-for-service throughout, and substituted a reference to beneficiaries for a reference to recipients at the end.

Amended by R.2004 d.240, effective July 6, 2004.

See: 35 N.J.R. 4993(a), 36 N.J.R. 3287(a).

Substituted "NJ FamilyCare" for "NJ KidCare" throughout.

### 10:62-1.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise:

"Ophthalmologist" means a fully licensed medical doctor who has been recognized by the New Jersey Medicaid or NJ FamilyCare fee-for-service program as a specialist in ophthalmology.

"Optometrist" means any person who is licensed by the New Jersey State Board of Optometry to engage in the practice of optometry, or licensed to engage in the practice of optometry in the state in which he or she performs such functions.

"Practitioner" means a licensed ophthalmologist or optometrist, acting within the scope of licensure.

"Transfer" means the relinquishing of responsibility for the continuing care of the beneficiary by one practitioner and the assumption of such responsibility by another practitioner.

Amended by R.1994 d.6, effective January 3, 1994.

See: 25 N.J.R. 3907(a), 26 N.J.R. 225(a).

Amended by R.1999 d.4, effective January 4, 1999.

See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

In "Ophthalmologist", inserted a reference to the NJ KidCare fee-for-service program; and in "Transfer", substituted a reference to beneficiaries for a reference to recipients.

Amended by R.2004 d.240, effective July 6, 2004.

See: 35 N.J.R. 4993(a), 36 N.J.R. 3287(a).

In "Ophthalmologist", substituted "NJ Family Care" for "NJ KidCare".

### 10:62-1.3 Providers of professional services

(a) Within the restrictions of their respective licensure, the following are eligible providers of eye care upon fulfilling the Enrollment Process requirements in N.J.A.C. 10:49-3.2:

1. Ophthalmologists or optometrists licensed in the State of New Jersey;
2. Ophthalmologists or optometrists in another state who are duly licensed in that state;
3. Independent clinics approved by the New Jersey Medicaid or NJ FamilyCare fee-for-service program to render eye care services; and
4. Hospitals meeting the definition of "approved hospital" as described in N.J.A.C. 10:52-1.1 of the Hospital Services Manual.

Amended by R.1994 d.6, effective January 3, 1994.

See: 25 N.J.R. 3907(a), 26 N.J.R. 225(a).

Amended by R.1999 d.4, effective January 4, 1999.

See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

In (a)3, inserted a reference to the NJ KidCare fee-for-service program.

Amended by R.2004 d.240, effective July 6, 2004.

See: 35 N.J.R. 4993(a), 36 N.J.R. 3287(a).

In (a), substituted "NJ FamilyCare" for "NJ KidCare" in 3.

### 10:62-1.4 Covered services

Professional services include office visits for evaluation and management, comprehensive eye examinations, low vision examinations, low vision work-ups, vision training work-ups, vision training program visits as well as other specific procedures as listed at N.J.A.C. 10:62-3.2. Payment is made subject to the limitations specified under each type of service. If a service requires prior authorization, see N.J.A.C. 10:62-1.16.

Amended by R.1994 d.6, effective January 3, 1994.

See: 25 N.J.R. 3907(a), 26 N.J.R. 225(a).

Amended by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Substituted a reference to N.J.A.C. 10:62-1.11 for a reference N.J.A.C. 10:62-1.10 at the end.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.1999 d.4, effective January 4, 1999.

See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

Substituted a reference to N.J.A.C. 10:62-1.16 for a reference to N.J.A.C. 10:62-1.11.

### 10:62-1.5 Comprehensive eye examination

(a) A comprehensive eye examination may include cycloplegics and a post cycloplegic visit. All findings and data, including positive and negative, shall be clearly recorded. A comprehensive eye examination shall include the following, as a minimum, where possible unless contraindicated:

1. Detailed case history;
2. Complete visual acuity findings;