

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.1999 d.4, effective December 7, 1998.
See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

Executive Order No. 66(1978) Expiration Date

Chapter 62, Vision Care Services Manual, expires on December 7, 2003.

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1986 Revisions: Subchapter 4 was repealed and a new subchapter became effective March 3, 1986 as R.1986 d.52.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 Subchapters 1, 2 and 3 were repealed and new subchapters 1, 2 and 3 of the "Vision Care Services Manual" became effective December 19, 1988 as R.1988 d.580.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: 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 KidCare fee-for-service program standards for examina-

tions and care for vision defects and/or eye diseases for the purpose of maintaining or improving the health of New Jersey Medicaid and NJ KidCare 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.

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 KidCare 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.

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 KidCare 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.

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;
3. External and internal (ophthalmoscopic) examination including slit lamp;
4. Refraction (objective and subjective);
5. Extra-ocular measurement (EOM);
6. Gross visual fields (central and peripheral);
7. Tonometry (when indicated for patients under 35; mandatory for all patients over 35). The specific method used should be identified and recorded (the finger palpation test is not acceptable);
8. Binocular coordination testing (distance and near), fusion, stereopsis, and color vision;
9. The diagnosis (ocular deficiency or deformity, visual or muscular anomaly, and so forth); and

(d) Vision care provider services rendered to Medicaid or NJ KidCare fee-for-service beneficiaries who are enrolled in a health maintenance organization which includes these services in its benefits package must be prior authorized by the HMO/physician case manager. (See N.J.A.C. 10:49-21 for specifics on prepaid health plans and the Fiscal Agent Billing Supplement, for details for obtaining prior authorization.)

(e) Program reimbursement for intraocular lenses shall be limited to two implantation procedures per beneficiary per lifetime without prior authorization. Any request for an additional implantation procedure shall be prior authorized and shall include documentation regarding the medical necessity of the procedure.

Recodified from N.J.A.C. 10:62-1.10 and amended by R.1999 d.4, effective January 4, 1999.
See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

In (b) inserted a reference to NJ KidCare fee-for-service, and substituted a reference to beneficiaries for a reference to recipients; rewrote (d); and added (e).

10:62-1.17 Prescription policies

(a) Upon request, a beneficiary must be provided with his or her prescription for an optical appliance. The following information shall be indicated on the prescription: name, address, Medicaid or NJ KidCare fee-for-service Identification Number, date of examination, and diagnosis code(s).

(b) If a beneficiary requests a duplicate prescription, the duplicate prescription shall clearly indicate: "THIS IS A DUPLICATE." The date of the original prescription shall also be included. The dispensing provider shall retain the original prescription.

Recodified from N.J.A.C. 10:62-1.11 and amended by R.1999 d.4, effective January 4, 1999.
See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

Substituted references to beneficiaries for references to recipients throughout; and in (a), inserted a reference to NJ KidCare fee-for-service, and substituted a reference to identification numbers for a reference to case numbers.

10:62-1.18 Prescribing medications

(a) All covered pharmaceutical services provided by licensed professionals of vision care services under the New Jersey Medicaid or NJ KidCare fee-for-service program shall be prescribed in accordance with the scope of their practice.

(b) The Pharmaceutical Services manual, N.J.A.C. 10:51, sets forth the provisions for covered and noncovered pharmaceutical services, prior authorization, quantity of medication, administration of drugs, pharmaceutical dosage and directions, telephone-rendered original prescriptions, changes or additions to the original prescription, non-proprietary or generic dispensing, and prescription refill.

New Rule, R.1999 d.4, effective January 4, 1999.
See: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

10:62-1.19 Clinical laboratory services

(a) "Clinical laboratory services" means professional and technical laboratory services performed by a clinical laboratory certified by HCFA in accordance with the Federal Clinical Laboratory Improvement Act (CLIA), 42 U.S.C. § 263a and ordered by a physician or other licensed practitioner, within the scope of his or her practice, as defined by the laws of the State of New Jersey and/or of the state in which the practitioner practices.

(b) Clinical laboratory services are furnished by clinical laboratories and by physician office laboratories (POLs) that meet the Health Care Financing Administration regulations pertaining to clinical laboratory services defined in the Clinical Laboratory Improvement Amendments (CLIA) of 1988, section 1902(a)(9) of the Social Security Act, 42 U.S.C. § 1396(a)(9), and as indicated at N.J.A.C. 10:61-1.2, the Medicaid and NJ KidCare fee-for-service programs' Independent Clinical Laboratory Services manual and N.J.A.C. 8:44 and 8:45.

(c) All independent clinical laboratories and other entities performing clinical laboratory testing shall possess certification as required by CLIA 1988, and the New Jersey Department of Health and Senior Services rules found in N.J.A.C. 8:44 and 8:45.

(d) An ophthalmologist may claim reimbursement for clinical laboratory services performed for the practitioner's own patients within the practitioner's office, subject to the following:

1. An ophthalmologist shall meet the conditions of the CLIA regulations before he or she may perform clinical laboratory testing for Medicaid or NJ KidCare fee-for-service beneficiaries; and

2. The clinical laboratory tests shall be standard clinical laboratory procedures consistent with the ophthalmologist's CLIA certification, certificate of waiver or certificate of registration as an independent clinical laboratory.

(e) When the clinical laboratory test is performed on site, the venipuncture shall not be reimbursable as a separate procedure; the cost shall be included within the reimbursement for the laboratory procedure.

(f) When the ophthalmologist refers a laboratory test to an independent clinical reference laboratory:

1. The clinical reference laboratory shall be certified under the CLIA as described above at (a) and (b) to perform the required laboratory test(s);

2. The clinical laboratory shall be licensed by the New Jersey State Department of Health and Senior Services as described above at (b) and (c), or comparable agency in the state in which the laboratory is located;

3. The clinical laboratory shall be approved for participation as an independent laboratory provider by the New

Jersey Medicaid or NJ KidCare fee-for-service program in accordance with (b) above; and

4. Independent clinical laboratories shall bill the New Jersey Medicaid or NJ KidCare fee-for-service program for all reference laboratory work performed on their premises. The ophthalmologist shall not be reimbursed for laboratory work performed by a reference laboratory.

New Rule, R.1999 d.4, effective January 4, 1999.
Sec: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

10:62-1.20 Personal contribution to care requirements for NJ KidCare-Plan C

(a) General policies regarding the collection of personal contribution to care for NJ KidCare-Plan C service are set forth at N.J.A.C. 10:49-9.

(b) Personal contribution to care for NJ KidCare-Plan C services is \$5.00 per visit for office visits, except when the service is provided for preventive care.

1. An office visit is defined as a face-to-face contact with a vision care professional, which meets the documentation requirements in this subchapter and N.J.A.C. 10:62-3.

2. Office visits include eye care professional services provided in the office, patient's home, or any other site, excluding hospital, where the child may have been examined by the vision care professional. Generally, these procedure codes are set forth in N.J.A.C. 10:62-3.2 and 3.3.

(c) Vision care professionals shall not charge a personal contribution to care provided to newborns, who are covered under fee-for-service for Plan C; or for preventive services.

Recodified from N.J.A.C. 10:62-1.6 and amended by R.1999 d.4, effective January 4, 1999.
Sec: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).
In (b)1, changed N.J.A.C. reference.

10:62-1.21 Recordkeeping policies

(a) Providers shall keep such legible individual records as are necessary to fully disclose the kind and extent of services provided, as well as the medical necessity for those services. Data shall include such quantitative positive and negative findings as will be meaningful in a subsequent review. Check marks are not acceptable. The information shall be readily available to representatives of the New Jersey Medicaid and NJ KidCare fee-for-service programs, or its agents, as required.

(b) Records shall be kept and maintained by the provider for a period of at least five years from the date the service was rendered.

Recodified from N.J.A.C. 10:62-1.12 and amended by R.1999 d.4, effective January 4, 1999.
Sec: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

In (a), inserted a reference to NJ KidCare fee-for-service programs in the last sentence.

10:62-1.22 Reimbursement policies

(a) Instructions for submitting claims for payment of vision care services are provided in the Fiscal Agent Billing Supplement.

(b) Vision care services shall be identified by means of procedure codes, utilizing the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). The codes and maximum fee allowance schedule are listed in N.J.A.C. 10:62-3.

(c) The provider shall use the practitioner's usual and customary charge when submitting a claim for vision care services. Reimbursement for covered services furnished under the New Jersey Medicaid or NJ KidCare fee-for-service program shall be made on the basis of the provider's customary charge, not to exceed an allowance determined to be reasonable by the Commissioner of the Department of Human Services, and further limited by Federal policy (42 CFR 447 Subpart B) relative to payment of practitioners and other individual providers.

1. In no event shall the charge to the New Jersey Medicaid or NJ KidCare fee-for-service program exceed the charge by the provider for identical services to other governmental agencies, private nonprofit agencies, trade unions or other individuals in the community.

2. If a beneficiary receives care from more than one member of a partnership or corporation in the same discipline for the same service, the maximum payment allowance shall be the same as that of a single provider. For purposes of reimbursement, optometrist and or physician, optometrist and physician groups, shared health care facility, or optometrist and physician sharing a common record shall be considered a single provider.

3. Reimbursement shall not be made for, and beneficiaries may not be asked to pay for, broken appointments.

(d) For reimbursement purposes, when the practitioner submits a claim for services, the services shall have been performed personally by the practitioner submitting the claim.

Recodified from N.J.A.C. 10:62-1.13 and amended by R.1999 d.4, effective January 4, 1999.
Sec: 30 N.J.R. 3899(a), 31 N.J.R. 61(a).

In (c), inserted references to the NJ KidCare fee-for-service program in the introductory paragraph and 1, and substituted references to beneficiaries for references to recipients in 2 and 3; and deleted a former (e).

SUBCHAPTER 2. OPTICAL APPLIANCES AND SERVICES

10:62-2.1 Scope

This subchapter covers the provision of optical appliances necessary for the correction of any eye vision defects.