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TEMPORARY ADMINISTRATIVE ORDER

INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 19-2021

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED
05/13/2021 3:38 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Updating Rule For Coverage Of Corneoscleral Lenses To Support Practice And Needed Member Services

EFFECTIVE DATE: 05/13/2021 THROUGH 11/08/2021

AGENCY APPROVED DATE: 05/13/2021

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Filed By:
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Rules Coordinator

NEED FOR THE RULE(S):

The Division needs to amend this rule to support the current payment of corneoscleral lenses.

JUSTIFICATION OF TEMPORARY FILING:

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and recipients of Medicaid benefits. This rule needs to be amended promptly so that the Authority rule pertaining to Corneoscleral lenses match the practice of coverage. The codes are already limited by the Prioritized list and open for payment in MMIS.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

HERC prioritized list of services, available at https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx

AMEND: 410-140-0160

RULE SUMMARY: This rule is being amended so that the Authority's rule pertaining to Corneoscleral lenses matches the practice of coverage. The codes are already limited by the Prioritized list and open for payment in MMIS.

CHANGES TO RULE:

410-140-0160
Contact Lens Services and Supplies ¶

(1) The following is general information regarding the Division's contact lens services and supplies coverage for clients who receive services on a fee-for-services basis:¶
(a) The prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision

of adaptation, is only covered when provided by an optometrist or other qualified physician. Contact lens fitting by an independent technician in an optometry office is not a covered service; and¶
(b) Contact lenses shall be billed to the Division at the provider's acquisition cost. Acquisition cost is defined as the actual dollar amount paid by the provider to purchase the item directly from the manufacturer or supplier plus any shipping and postage for the item. Payment for contact lenses is the lesser of the Division fee schedule or acquisition cost.¶
(2) Coverage for eligible adults (age 21 or older) as defined in OAR 410-140-0050:¶
(a) PA is required for contact lenses for adults, except for a primary keratoconus diagnosis;¶
(b) Contact lenses for adults are covered only when one of the following conditions exists:¶
(A) Refractive error which is 9 diopters or greater in any meridian;¶
(B) Keratoconus;¶
(C) Anisometropia when the difference in power between two eyes is 3 diopters or greater;¶
(D) Irregular astigmatism;¶
(E) Aphakia; or¶
(F) Post keratoplasty (e.g., corneal transplant), when medically necessary and within one year of procedure.¶
(c) Prescription and fitting of contact lenses is limited to once every 24 months. Replacement of contact lenses is limited to a total of two contacts every 12 months (or the equivalent in disposable lenses) and does not require PA ~~;¶~~
~~(d) Corneoscleral lenses are not covered~~.¶
(3) Coverage for Children (birth through age 20):¶
(a) Contact lenses for children are covered and are not limited when it is documented in the clinical record that glasses may not be worn for medical reasons, including, but not limited to:¶
(A) Refractive error which is 9 diopters or greater in any meridian;¶
(B) Keratoconus;¶
(C) Anisometropia when the difference in power between two eyes is 3 diopters or greater;¶
(D) Irregular astigmatism; or¶
(E) Aphakia;¶
(b) Replacement of contact lenses is covered when documented as medically appropriate in the clinical record and does not require PA~~;¶~~
~~(c) Corneoscleral lenses are not covered~~.¶
(4) Contact lenses for treatment of disease or trauma (e.g., corneal bandage lens) are inclusive of the fitting. Follow up visits to determine eye health status may be separately reimbursed when the trauma or disease is clearly documented in the client record.¶
(5) An extra or spare pair of contacts is not covered.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.025, 414.065