



PERMANENT ADMINISTRATIVE ORDER

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ARCHIVES DIVISION
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& LEGISLATIVE COUNSEL

DMAP 45-2021

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

FILING CAPTION: Corneoscleral lenses are covered. Rules needed to support practice, to allow for needed member services.

EFFECTIVE DATE: 10/22/2021

AGENCY APPROVED DATE: 10/22/2021

CONTACT: Nita Kumar
503-847-1357
hsd.rules@dhsosha.state.or.us

500 Summer St NE
Salem, OR 97301

Filed By:
Nita Kumar
Rules Coordinator

AMEND: 410-140-0160

REPEAL: Temporary 410-140-0160 from DMAP 19-2021

NOTICE FILED DATE: 07/09/2021

RULE SUMMARY: Corneoscleral lens rules revised to allow for needed member services. Currently a reimbursed service, need to revise rule to match process.

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;¶

~~(e) 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