CHAPTER 1147. OPTOMETRISTS' SERVICES

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GENERAL PROVISIONS

§ 1147.1. Policy.

The MA program provides payment for specific optometric services rendered to eligible recipients by optometrists enrolled as providers under the program. Payment for optometric services is subject to this chapter, Chapter 1101 (relating to general provisions) and the limitations established in Chapter 1150 (relating to MA Program payment policies) and the MA Program Fee Schedule.

Source


§ 1147.2. Definitions.

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

Adult—A person 21 years of age or older unless otherwise specified in Chapter 1150 (relating to MA Program payment policies) and the MA Program Fee Schedule.

Child—A person 20 years of age or younger unless otherwise specified in Chapter 1150.

Eyeglasses—A pair of untinted prescription lenses and a frame.

State Board—The State Board of Optometry.

Vision examination—An examination of the eyes by a doctor of optometry or a physician skilled in diseases of the eye to determine visual, muscular or neurological abnormalities, vision problems, ocular disease or ocular manifestation of systemic disease, and the prescription of lenses or referral for treatment. An examination rendered and documented in the patient’s record may include the following:

(i) Complete history.

(ii) Naked visual acuity.
(iii) Detailed report of the external findings.
(iv) Ophthalmoscopic examination (media, fundus, blood vessels, disc.).
(v) Corneal curvature measurements (dioptral).
(vi) Static retinoscopy.
(vii) Amplitude of convergence and accommodation.
(viii) Ocular muscle balance.
(ix) Subjective refraction test.
(x) Fusion.
(xi) Steroposis.
(xii) Color vision.
(xiii) Visual fields (confrontation).
(xiv) Visual fields, central (after age 40).
(xv) Prescription given and visual acuity obtained.
(xvi) Biomicroscopy (slit lamp).
(xvii) Tonometry.
(xviii) Prognosis, stable or unstable.

Source


Cross References

This section cited in 55 Pa. Code § 1147.11 (relating to types of services covered); and 55 Pa. Code § 1147.53 (relating to limitations on payment).

COVERED AND NONCOVERED SERVICES

§ 1147.11. Types of services covered.

The MA program covers the following outpatient optometric services and items as specified in §§ 1147.21—1147.23 (relating to scope of benefits):

1. Vision examinations as defined in § 1147.2 (relating to definitions).
2. The provision of eyeglasses, eye prostheses, low vision aids, eyeglasses and other items as described in the MA program fee schedule.

Source

§ 1147.12. Outpatient services.

Outpatient optometric services are compensable when provided in the optometrist’s office, the office of another optometrist during the other optometrist’s temporary absence from practice, a hospital, a nursing home or in the patient’s home when the patient is physically incapable of coming to the optometrist’s office. Payment is subject to the conditions and limitations established in §§ 1147.51, 1147.53 and 1147.54 (relating to general payment policy; limitations on payment; and noncompensable services and items) and Chapter 1150 (relating to MA Program payment policies) and the MA Program Fee Schedule.

Source


§ 1147.13. Inpatient services.

Inpatient optometric services are compensable. Payment is subject to the conditions and limitations established in §§ 1147.51, 1147.53 and 1147.54 (relating to general payment policy; limitations on payment; and noncompensable services and items), Chapter 1150 (relating to MA Program payment policies) and the MA Program Fee Schedule.

Source

The provisions of this § 1147.13 adopted August 3, 1990, effective immediately and apply retroactively to April 7, 1990, 20 Pa.B. 4196.


Payment will not be made for the following types of services regardless of where or to whom they are provided:

1. Orthoptic training.
2. Services provided in practice locations, other than those recognized by the State Board.

Source

SCOPE OF BENEFITS

§ 1147.21. Scope of benefits for the categorically needy.
Categorically needy recipients are eligible for vision examinations, low vision aids and eye prostheses. They are not eligible for eyeglasses unless they are 20 years of age or younger and the eyeglasses have been:

(1) Prescribed through the EPSDT program as described in § 1101.32(a)(1) (relating to coverage variations).
(2) Prescribed through the School Medical program as described in § 1101.32(a)(2).
(3) Prior authorized by the Department as provided through the EPSDT program when screening has not occurred under § 1101.32(a)(1).

Authority
The provisions of this § 1147.21 issued under sections 403(a) and (b) and 443.6 of the Public Welfare Code (62 P.S. §§ 403(a) and (b) and 443.6).

Source

Cross References
This section cited in 55 Pa. Code § 1147.11 (relating to types of services covered).

§ 1147.22. Scope of benefits for the medically needy.
Medically needy recipients are eligible for vision examinations. They are not eligible for eyeglasses, low vision aids or prostheses unless they are 20 years of age or younger and the eyeglasses, low vision aids or prostheses have been:

(1) Prescribed through the EPSDT program as described in § 1101.32(a)(1) (relating to coverage variations).
(2) Prescribed through the School Medical program as described in § 1101.32(a)(2).
(3) Prior authorized by the Department as provided through the EPSDT program when screening has not occurred under § 1101.32(a)(1).

Authority
The provisions of this § 1147.22 issued under sections 403(a) and (b) and 443.6 of the Public Welfare Code (62 P.S. §§ 403(a) and (b) and 443.6).

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Source

Cross References
This section cited in 55 Pa. Code § 1147.11 (relating to types of services covered).

§ 1147.23. Scope of benefits for State Blind Pension recipients.
State Blind Pension recipients are only eligible for vision examinations. They are not eligible for eyeglasses, low vision aids or eye prostheses. However, State Blind Pension recipients are eligible for eye prostheses if they are also categorically needy.

Source

Cross References
This section cited in 55 Pa. Code § 1147.11 (relating to types of services covered).

General Assistance recipients, age 21 to 65, whose MA benefits are funded solely by State funds, are eligible for medically necessary basic health care benefits as defined in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).

Source

PROVIDER PARTICIPATION

§ 1147.41. Participation requirements.
In addition to the participation requirements established in Chapter 1101 (relating to general provisions), optometrists are required, as a condition of participation, to have the offices in which they practice registered with the State Board.

Source
§ 1147.42. Ongoing responsibilities of providers.
Ongoing responsibilities of providers are established in Chapter 1101 (relating to general provisions).

Source

PAYMENT FOR OPTOMETRIC SERVICES

§ 1147.51. General payment policy.
Payment is made for covered services provided by participating optometrists subject to the conditions and limitations established in this section and §§ 1147.53 and 1147.54 (relating to limitations on payment; and noncompensable services and items), and Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies) and the MA Program fee schedule. Payment will not be made for a compensable optometric service if payment is available from another public agency or another insurance or health program. Optometric services shall be billed in the name of the optometrist providing the service.

Source

Cross References
This section cited in 55 Pa. Code § 1147.12 (relating to outpatient services); and 55 Pa. Code § 1147.13 (relating to inpatient services).

§ 1147.52. [Reserved].

Source

§ 1147.53. Limitations on payment.
(a) A vision examination is compensable only at the fee established in the MA Program fee schedule regardless of whether the optional components described in § 1147.2 (relating to definitions) are provided.
(b) Eyeglasses are limited to one full pair or two lenses per year. These are compensable only for eligible recipients who have received prior authorization

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from the Department or are receiving the eyeglasses under the EPSDT program or the School Medical program as described in Chapter 1101 (relating to general provisions).

(c) Low vision aids are limited to one per recipient per 2 years.

(d) Eye prostheses are limited to one per recipient per 2 years. These are compensable only for categorically needy recipients.

(e) Contact lenses are only compensable when used as a prosthesis, such as, to replace the lens of the eye.

(f) Optometric services are compensable when provided in a clinic. The clinic is considered the provider and is responsible for billing the Department for services as defined in § 1221.51(5) (relating to general payment policy).

Authority

The provisions of this § 1147.53 issued under sections 403(a) and (b) and 443.6 of the Public Welfare Code (62 P. S. §§ 403(a) and (b) and 443.6).

Source


Cross References

This section cited in 55 Pa. Code § 1147.12 (relating to outpatient services); 55 Pa. Code § 1147.13 (relating to inpatient services); and 55 Pa. Code § 1147.51 (relating to general payment policy).

§ 1147.54. Noncompensable services and items.

Payment will not be made for the following services and items:

1. Eyeglasses for individuals 21 years of age or older.

2. Prescription sunglasses.

3. Tinted lenses.

4. Orthoptic training.

5. Items and services not listed as compensable in MA program fee schedule.

Source

Cross References
This section cited in 55 Pa. Code § 1147.12 (relating to outpatient services); 55 Pa. Code § 1147.13 (relating to inpatient services); and 55 Pa. Code § 1147.51 (relating to general payment policy).

UTILIZATION REVIEW

§ 1147.71. Scope of claims review procedures.
Claims submitted for payment under the MA Program are subject to the utilization review procedures established in Chapter 1101 (relating to general provisions).

Source
The provisions of this § 1147.71 adopted January 25, 1980, effective February 1, 1980, 10 Pa.B. 264.

ADMINISTRATIVE SANCTIONS

§ 1147.81. Provider misutilization.
Providers determined to have billed for services inconsistent with MA Program regulations, to have provided services outside the scope of customary standards of optometric practice, or to have otherwise violated the standards set forth in the provider agreement, are subject to the sanctions described in Chapter 1101 (relating to general provisions).

Source
The provisions of this § 1147.81 adopted January 25, 1980, effective February 1, 1980, 10 Pa.B. 264.

APPENDIX A. [Reserved]

Source