



State of New Jersey  
Department of Human Services  
Division of Medical Assistance and Health Services

# NEWSLETTER

Volume 6 No.24

June 1996

**TO:** Vision Care Providers

**SUBJECT:** Changes in Coverage and Reimbursement for Prosthetic Eyes

**EFFECTIVE:** Claims with Service Date on or after July 1, 1996

**BACKGROUND:** Currently, the New Jersey Division of Medical Assistance and Health Services (DMAHS) provides coverage and reimbursement for certain prosthetic eye services. These services include stock prosthetic eyes consisting of glass or plastic, and custom prosthetic eyes consisting of glass.

Due to technological advances in the marketplace, the Division is updating its policy concerning coverage and reimbursement for prosthetic eyes services. Certain HCPCS procedure codes currently billed for these services are being deleted, and Medicaid maximum fee allowances for certain procedure codes are being updated. Other prosthetic eye services currently covered by the New Jersey Medicaid program under a "Not Otherwise Classified" or V2629 are being assigned unique HCPCS procedure codes and maximum fee allowances to expedite provider reimbursement for these services.

**ACTION:** HCPCS procedure codes for the vision care services listed below will no longer be covered by the New Jersey Medicaid program for claims with service dates on or after July 1, 1996.

HCPCS	Description
V2620	Prosthetic eye, glass stock
V2621	Prosthetic eye, plastic stock
V2622	Prosthetic eye, glass, Custom

The HCPCS procedure codes and Medicaid maximum fee allowance listed below have been assigned by the New Jersey Division of Medical Assistance and Health Services to the vision care services described. Each service requires prior authorization. These procedure codes may be billed by vision care providers for claims with service date on or after July 1, 1996. Effective this date, providers shall not utilize the miscellaneous code V2629 for the specified services.

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Fee Allowance</b>
V2625	Enlargement of ocular prosthesis	\$205.00
V2626	Reduction of ocular prosthesis	\$110.00
V2627	Scleral covered shell	\$878.00
V2628	Fabrication of fitting of conformer	\$171.00

The New Jersey Division of Medical Assistance and Health Services has updated the Medicaid maximum fee allowances for the HCPCS procedure codes listed below. The updated fee allowances described below shall apply to claims with service dates on or after July 1, 1996. These services do not need prior authorization.

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Fee Allowance</b>
V2623	Prosthetic, eye, plastic, custom	\$643.00
V2624	Polishing/resurfacing of ocular prosthesis	\$ 33.00

If you have any questions regarding this Newsletter, please contact the Medicaid Vision Care Consultant at (609) 588-2745.

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