

Brian Sandoval
Governor



Marta Jensen
Acting Administrator
Division of Health Care Financing and
Policy

OCULAR SERVICES PUBLIC WORKSHOP March 13, 2017



Proposed Language for the Nevada Medicaid Services Manual (MSM) – Chapter 1100, Ocular Services ~ *Draft*



Section 1103.1A Coverage and Limitations

The Division of Health Care Financing and Policy (DHCFP) proposes clarifying current language and adding new language in this section for Ocular Prosthetic Services, Section number 5.



Section 1103.1A Coverage and Limitations

Propose language revisions in Section 5a, as:

- “Ocular prosthesis is covered when medically necessary, allowing one per eye, per 60 months (5 years).”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5b, as:

- “Ocular prosthesis requires prior authorization. Please reference MSM Chapter 1300, Durable Medical Equipment (DME), for prior authorization guidelines.”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5c, as:

- “Ocular prosthesis must be referred by a physician or optometrist, and the referral must be maintained in the recipient’s medical record.”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5d, as:

- “Necessity for the procedure must include:
 1. explanation of medical necessity for the prosthetic eye;
 2. prior prosthetic eye history, if applicable; and
 3. description and justification other than a pre-cast prosthesis.”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5e, as:

- “For replacement of a prosthetic eye or sclera cover shell, one of the following justifications must be included:
 1. accommodation for changes resulting from orbital development;
 2. as necessary to prevent a significant disability;
 3. when prior prosthesis was lost or destroyed due to circumstances beyond the recipient’s control; or
 4. when the prior prosthesis can no longer be rehabilitated.”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5f, as:

- “Polishing/resurfacing of an ocular prosthesis is covered once each 12 months, per eye without prior authorization. If medical necessity exceeds limitations, a prior authorization is required.”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5g, as:

- “If there is one paid claim historically for the same eye, right or left, medical necessity for a second claim within the 60-month period must include one of the following conditions:
 1. socket growth or contracture;
 2. lagophthalmos;
 3. ptosis;



Section 1103.1A Coverage and Limitations

Cont. -

Propose new language in Section 5g, as:

4. lower lid laxity;
5. entropion;
6. ectropion;
7. implant exposure; or
8. other conditions that can be improved or minimized with appropriate prosthetic modification.”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5h, as:

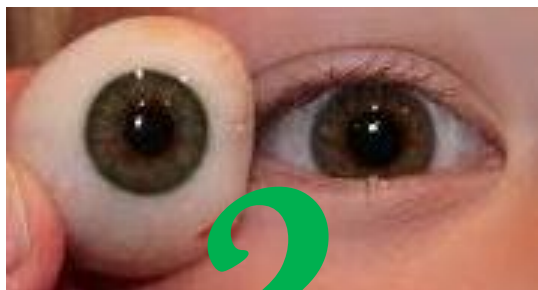
- “Fabrication and fitting of an ocular conformer must include:
 1. a written prescription by a physician or optometrist, and the prescription must be retained in the recipient’s medical record;
 2. medical necessity for the recipient; and
 3. documentation of post-surgical use to prevent closure and/or adhesions between the orbit and eyelid during the healing process.”



Section 1103.1A Coverage and Limitations

Propose new language in Section 5i, as:

- “The recipient is responsible for general care and maintenance of the eye socket and prosthesis, as directed by the provider.”



Questions or Comments?

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