

08/01/12

Bulletin No. 12-03

7316

7316 ~~Eyeglasses~~Eyewear and Vision Care Services

~~Eyeglasses~~Eyewear and vision care services are those services requiring the application of theories, principles and procedures related to vision and vision disorders for the purpose of diagnosis and treatment, including lenses, frames, other aids to vision, and therapeutic drugs. This definition is consistent with the federal definition of services found at 42 CFR §440.60(a), 440.120(d), and 441.30.

7316.1 Eligibility for Care

- Vision care services are provided to beneficiaries of any age.
- Coverage of eyewear (eyeglasses, lenses, contact lenses) is limited to beneficiaries under the age of 21. ~~Vision care services are provided to beneficiaries of any age.~~

7316.2 Qualified Providers

A. Eye and vision care services must be provided by a licensed physician or optometrist. An optician, optometrist, or ophthalmologist can provide eyeglass-dispensing services.

B. Eyeglasses (frames and lenses), repairs and replacements are covered under the terms of the DVHA's sole-source contract.

~~7316.2~~7316.3 Covered Services

- ~~Eyeglasses and vision care services that have been pre-approved for coverage are limited to: Medically necessary r~~Refraction and eye exams when provided by an enrolled ophthalmologist or optometrist. Medical necessity is defined in Rule 7103.
- Routine eye exams with the following limitations:
 - ~~one comprehensive~~ visual analysis eye exam and one ~~interim~~intermediate eye exam within a two-year period; ~~or~~
 - ~~two intermediate eye exams within a two year period.~~
- ~~diagnostic visits and tests; testing~~
- ~~dispensing fees (all dispensing fees for beneficiaries age 21 and older are suspended indefinitely);~~
- ~~a prescription for frames and lenses every two years (all frames and lenses for beneficiaries age 21 and older are suspended indefinitely);~~
- ~~contact and special lenses, when medically necessary and with prior approval (all contact and special lenses for beneficiaries age 21 and older are suspended indefinitely); and~~
- ~~other~~
- Non-eyewear aids to vision (such as closed circuit television;) when the beneficiary is legally blind and when providing the aid to vision would will foster independence by improving at least one activity
- ~~of daily living (ADL or IADL).~~

- Eyewear with the following limitations:
 - For beneficiaries under the age of six (6):
 - one pair of eyeglass frames per year
 - one new lens per eye per year
 - one fitting ~~fee~~ per year

For beneficiaries age six (6) and older and under age 21:

- one pair of eyeglass frames per two years
- one new lens per eye per two years
- one fitting per two years

7316.43 Non-Covered Services

- Eyeglasses (frames and/or lenses) purchased outside of the DVHA's sole-source contract.
- Services and eyewear not included under rule 7316.3.
- Services and eyewear that do not meet criteria specified in rule 7316.
- Eyewear for beneficiaries age 21 years and older.
- Safety Eyeglasses.

7316.5 Conditions for Coverage of Eyewear

- ☐ ~~Coverage~~ For beneficiaries under the age of six (6) years, coverage is limited to one pair of glasses every two years ~~eyeglasses per beneficiary. Earlier replacement is~~ year.

For beneficiaries of age six (6) to 21 years, coverage is limited to the following circumstances:

- ~~When eyeglasses (frames or lenses) have been lost, broken beyond repair, or scratched to the extent that visual acuity is compromised. (Dispensing providers will make the decision about being broken beyond repair or visual acuity being compromised.)~~
- ~~When a change of at least one-half diopter in lens strength is documented by the dispensing provider on the Medicaid order form.~~

- ☐ ~~The purchase or replacement~~ pair of eyeglasses shall be through the department's sole source supplier ~~per two years.~~

7316.4 Prior Authorization Requirements

Prior authorization is required for the following:

- ~~contact lenses;~~

- ~~special lenses;~~
- ~~photo-sensitive lenses;~~
- ~~other aids to vision;~~
- ~~a repeat comprehensive visual analysis within the 24-month limit; and~~

- ~~the replacement of frames or lenses other than those that are broken or lost within the 24-month period.~~

~~Earlier replacement (extra) of eyewear is limited to the following circumstances as determined by the qualified provider (per 7316.6) and documented on the Medicaid order form:~~

- ~~eyeglasses (frames or lenses) have been lost, or~~
- ~~eyeglasses (frames or lenses) have been broken beyond repair, or~~
- ~~beneficiary's vision has changed by at least one-half diopter in a single lens strength, or~~
- ~~frame size changed due to significant inter-pupillary distance change.~~

~~The purchase or replacement of eyeglasses shall be through the department's sole source supplier.~~

7316.64 Prior Authorization Requirements

Prior authorization is required for the following:

- contact lenses
- special lenses
- photo-sensitive lenses
- other aids to vision
- routine eye exams in excess of the number allowed
- frames and/or lenses in excess of the number allowed for any reason other than being broken beyond repair or lost. For example, when lenses are scratched to the extent that visual acuity is compromised (per determination of the qualified provider), Medicaid approval must be obtained prior to early replacement.
- other aids to vision; (such as closed circuit television); when the beneficiary is legally blind and when providing the aid to vision would foster independence by improving at least one activity of daily living (ADL or IADL).

7316.5 Non-Covered Services

~~□ Eyeglasses (frames and/or lenses) purchased outside of the department's sole source contract are not covered. With the exception of services authorized for coverage via rule 7104, services and eyewear not included~~

~~under rule 7316.2~~

~~□ Services and services eyewear that do not meet criteria specified in rules 7316.2-7316.4, where applicable, are not covered.~~

- ~~Eyewear for beneficiaries age 21 years and older.~~

7316.6 Qualified Providers

~~Eye and vision care services must be provided by a licensed physician or optometrist certified to participate in Vermont Medicaid. An optician, optometrist, or ophthalmologist enrolled with Vermont Medicaid can provide eyeglass dispensing services. Eyeglasses (frames and lenses), repairs and replacements are covered under the terms of the department's sole source contract.~~

7316.7 Reimbursement

The purchase or replacement of eyeglasses shall be through the DVHA's sole source contract.

Reimbursement for vision care services is described in the Provider Manual.