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## **The Department of Vermont Health Access Medical Policy**

**Subject:** Eyeglasses and Vision Care Services

**Last Review:** March 27, 2024\*

**Past Revisions:** October 15, 2019, June 14, 2017, April 25, 2016, April 21, 2015, August 28, 2014, March 11, 2013, December 1, 2011, January 10, 2011, July 14, 2009, and 2004

**\*Please note: Most current content changes will be highlighted in yellow.**

### **Description of Service or Procedure**

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. The definition is consistent with the federal definition of services found at CFR 440.60(a), 440.120(d), and 441.30.

- Eyewear includes eyeglass frames, lenses, contact lenses and other aids to vision.
- Vision care services include routine eye exams, diagnostic tests, and fitting fees.

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>.

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.214	Eyewear and Vision Care Services



## **Coverage Position**

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Vision care services may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described in their Vermont State Practice Act, who is knowledgeable regarding vision care services, and who provides medical care to the member AND
- When the clinical criteria below are met.

\* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

## **Coverage Criteria**

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Vision care services, which may include eyeglasses (frames and lenses) may be covered for members:

- Who are under the age of 21.
- When provided only under the terms of a contract between the state and the sole source vendor

Note: Lenses may be placed in the member's own frames if the lenses can be incorporated safely and reasonably into those frames, as determined by the sole source contractor. There must be a medical reason for purchasing frames outside of the contract, for members under the age of 21. Medical necessity for special frames or lenses outside of Vermont Medicaid's sole source contract requires that the prescribing optometrist or ophthalmologist seek prior authorization from DVHA. This applies for new lenses when Classic Optical determines that the member's current lenses cannot be incorporated safely and reasonably into the special frames.

Eyeglasses are provided only under the terms of a contract between the state and the sole source vendor, Classic Optical Laboratories, Inc.

All frames and lenses must be ordered from:

Classic Optical Laboratories, Inc.

P.O. Box 1341

Youngstown, Ohio 44501

Phone: 888.522.2020

[www.classicoptical.com](http://www.classicoptical.com)

Business Hours: 8:00 am-8:00 pm EST, Monday through Friday

- Providers submitting requests for lost or broken eyeglasses (lenses & frames) are required to include that information on the order form or add the KX modifier to indicate lost or broken.
- Eyeglass cases can be billed only by Classic Optical as part of the sole-source contract.

EPSDT: Vermont Medicaid can limit eyeglasses to those made from polycarbonate lenses. They have been determined medically necessary for safety reasons because polycarbonate lenses do not shatter when broken.

**Note: Visit the Vermont Medicaid Fee Schedule for the codes that require prior authorization. Fee schedule can be found at <http://www.vtmedicaid.com/#/feeSchedule>**

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

### **Clinical guidelines for repeat service or procedure**

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Earlier replacement 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 clinical determination, and document reason in regard to eyeglasses (frames or lenses) being broken beyond repair or visual acuity being compromised.
- When a change of at least one-half diopter in lens strength is documented in a single vision field (i.e., sphere or cylinder) by the dispensing provider.

### **Type of service or procedure not covered (this list may not be all inclusive)**

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- Transition® lenses gas permeable bifocal contact lens.
- Eyeglasses or contact lenses for members over the age of 21.

### **Coding guidelines**

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Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

### **References**

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Centers for Medicare & Medicaid Services. (2017, January 13). *42 CFR 440.120 Prescribed drugs, dentures, prosthetic devices, and eyeglasses*. Unblock.federalregister.gov. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.120>

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