

FEDERAL VISION

Services	Description	Limitations
Diagnostic	eye exam- new, or established patient	1X per year
Glasses/Lenses	prescription glasses or contacts	
	lenses: single, conventional bifocal/trifocal, lenticular	1 pair per year
	frame	1 frame per every other year
	contact lens care	1 pair per year in lieu of eyeglasses
Other	low vision coverage	needs preauthorization
	various lens types/coating	subject to copay
	polarized lenses	
	medically necessary contact lenses	
	low vision	1 eval/5 years, follow ups (4 visits/5 years), allowance

ARK VISION - under 21 (B)

Services	Description	Limitations
Diagnostic	eye exam	1X per year, \$10 copay
	surgical evaluation	if meets specific diagnoses
Glasses/Lenses	eye wear	1X per year, \$10 copay
	lenses	plastic or polycarbonate only
	eye glass repair	if originally purchased through program
	lost/broken	1X only within benefit period, each additional pair req. prior authorization
	contact lenses	only if medically necessary, prior authorization
Other	eye prosthesis	prior authorization
	polishing services	prior authorization
	EPSDT program	covers services medically necessary, that are permitted under federal Medicaid regulations