

MEDICAID VISION PROGRAM COVERAGE

The Arkansas Medicaid Program covers visual care services of Medicaid beneficiaries within restrictions set in federal and state guidelines. The following paragraphs are a general summary of the program coverage.

The primary purpose of this program is for the screening, examination, diagnosis and treatment of conditions of the eye for the prescribing and fitting of eyeglasses, contact lenses and low vision aids for eligible beneficiaries 21 years of age and over and under 21 years of age. All requests for contact lenses require prior authorization by the Medical Assistance Unit.

Coverage and Limitations of the Adult Program

- A. One visual examination and one pair of glasses are available to eligible Medicaid beneficiaries every twelve (12) months
- B. One prescription service fee every 12 months from the last date of service
- C. Lens replacement as medically necessary with prior authorization
- D. Lens power for single vision must be a minimum of:
 - 1. +1.00 OR -0.75 sphere
 - 2. -0.75 axis 90 or 0.75 axis 180 cylinder or at any axis
- E. Tinted lenses, photogray lenses or sunglasses are limited to post-operative cataract or albino patients
- F. Bifocals for presbyopia must have a power of +1.00 and any changes in bifocals must be in increments of at least +0.50
- G. Bifocal lenses are limited to: D-28 and Kryptok
- H. For beneficiaries who are eligible for both Medicare and Medicaid, see Section I for coinsurance and deductible information.
- I. Plastic or polycarbonate lenses only are covered under the Arkansas Medicaid Program.
- J. Low vision aids are covered on a prior authorization basis.
- K. Medicaid eligible beneficiaries, with the exception of nursing home residents, who are 21 or older, will pay a \$2.00 co-payment to the visual care provider for prescription services. Beneficiaries who are in nursing facilities or in group homes will have no co-pays. All co-pays will be applied to examination codes rather than to tests or procedures.
- L. Adult diabetics are eligible (with prior authorization) to receive a second pair of eyeglasses within the twelve month period if their prescription changes more than one diopter.
- M. One visual prosthetic device every 24 months from the last date of service
- N. Eye prosthesis and polishing services are covered with a prior authorization.
- O. Trifocals are covered if medically necessary with a prior authorization.
- P. Progressive lenses are covered if medically necessary with a prior authorization.

Coverage and Limitations of the Under Age 21 Program

- A. One examination and one pair of glasses are available to eligible Medicaid beneficiaries every twelve months.
- B. Prescriptive and acuity minimums must be met before glasses will be furnished. Glasses should be prescribed only if the following conditions apply:
 - 1. The strength of the prescribed lens (for the poorer eye) should be a minimum of $-.75D + 1.00D$ spherical or a minimum of $.75$ cylindrical or the unaided visual acuity of the poorer eye should be worse than 20/30 at a distance.
 - 2. Reading glasses may be furnished based on the merits of the individual case. The doctor should indicate why such corrections are necessary. All such requests will be reviewed on a prior approval basis.
- C. Plastic or polycarbonate lenses only are covered under the Arkansas Medicaid Program.
- D. When the prescription has met the prescriptive and acuity minimum qualifications, Medicaid will purchase eyeglasses through a negotiated contract with an optical laboratory.
- E. The eyeglasses will be forwarded to the doctor's office where he or she will be required to verify the prescription and fit or adjust them to the patient's needs.

- F. Eye prosthesis and polishing services require a prior authorization.
- G. Contact lenses are covered if medically necessary with a prior authorization. Please refer to Section 212.000 for contact lens guidelines.
- H. Eyeglasses for children diagnosed as having the following diagnoses must have a surgical evaluation in conjunction with supplying eyeglasses:
 - 1. Ptosis (droopy lid)
 - 2. Congenital cataracts
 - 3. Exotropia or vertical tropia
 - 4. Children between the ages of twelve (12) and twenty-one (21) exhibiting exotropia

Vision Therapy Developmental Testing with prior approval.

ORTHOPTIC AND PLEOPTIC TRAINING WITH CONTINUING MEDICAL DIRECTION AND EVALUATION.

SENSORIMOTOR EXAMINATION

With multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).

DEVELOPMENTAL TESTING

Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.