The Eyeglass/Hearing Aid Authorization Request Form (DOM - 210) must be completed and submitted to DOM for all services requiring prior authorization. Forms must contain the preprinted authorization number in the appropriate field. Forms are available through the fiscal agent.

The Eyeglass/Hearing Aid Authorization Form is a multi-copy form. All copies must be legible. Mail **all three** completed copies to the following address:

Division of Medicaid
Vision Program
~~Suite 801, Robert E. Lee Bldg.~~ Walter Sillers Building
~~239 N. Lamar St.~~ 550 High Street, Suite 1000
~~Jackson, MS 39201-1399~~ Jackson, MS 39201

Medicaid staff will render a decision to approve or deny services, write the decision on the form, and mail a copy back to the provider.

The provider must send an invoice along with the prior authorization request when billing codes that require manual pricing. Invoices must be itemized.

Codes that require manual pricing are listed on the Hearing and Vision Services fee schedule. Providers may access the fee schedule from the DOM website at www.dom.state.ms.us. Use the drop down and click on Fee Schedules for Medicaid Provider Services. Go to the Hearing and Vision Services Fee Schedule.

Emergency Situations

In emergency situations, providers may call the Bureau of Medical Services, telephone number (601)359-5683, for instructions.