

Section: Vision Services

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Cross Reference:
Lens Coating 29.07
Documentation 29.13

Subject: Eyeglasses

Coverage Criteria

DOM covers eyeglasses prescribed by an Ophthalmologist or Optometrist when documentation supports the following:

- Eyeglasses are medically necessary, **and**
- Eyeglasses are prescribed to significantly improve vision or correct a medical condition, **and**
- Eyeglasses meet eyeglass program specifications for frames and lenses.

Coverage Benefits/ Limitations

Benefit	Limitations	Prior Authorization
Eyeglass Lenses and Frames	Beneficiary Age 21 And Over: Allowed one (1) complete pair of eyeglasses every five (5) years.	NO Exception: Manually priced codes
	Beneficiary Under Age 21: Allowed one (1) complete pair of eyeglasses every fiscal year.	NO Exception: Manually priced codes
Eyeglass Repair and/or Replacement	Beneficiary Age 21 And Over: Repairs/Replacements are not covered	Not Applicable
	Beneficiary Under Age 21: Repairs/Replacements within the fiscal year are covered when medically necessary.	First pair of replacement glasses does not require PA; any additional pairs require PA. Exception: Manually priced codes

Prescriptions

Prescriptions for eyeglass lenses must include lens specifications such as lens type, power, axis, prism, absorptive power, and impact resistance.

Prescriptions for lens coating must include ICD-9 diagnosis and/or narrative diagnosis. Coverage for lens coating is limited. Refer to Provider Policy Manual Section 29.07 for Lens Coating policy.

Lenses

Lenses may be glass or plastic. All lenses must meet FDA impact resistant regulations.

Frames

Only standard frames (V2020) are covered. Deluxe frames (V2025) are **not** covered. Eyeglass frames should be durable and constructed to be normally resistant to damage or breakage to minimize the need for replacement.

Fitting

Fitting is a separate service. Fitting includes measurement of anatomical facial characteristics, the writing of laboratory specifications, and the final adjustment of spectacles to the visual axes and anatomical topography.

Lost or Stolen Lenses and Frames

Replacement of lost or stolen lenses and/or frames is **not** covered for beneficiaries age twenty-one (21) and over.

Replacement of lost or stolen lenses and/or frames is covered for beneficiaries under age twenty-one (21). The provider should only replace the part that is lost (Example: If a lens falls out and is lost, replace only the lens).

Damaged Lenses and Frames

Repair of damaged lenses and/or frames is **not** covered for beneficiaries age twenty-one (21) and over.

Repair of damaged lenses and/or frames is covered for beneficiaries under age twenty-one (21). The provider must document a description of the damage in the medical record. The provider must repair only the part that is damaged.

If damage cannot be repaired or repair costs exceed the Medicaid allowable amount for new frames and lenses, the provider must dispense new eyeglasses.

Prior Authorization

Beneficiaries age twenty-one (21) and over: Prior authorization is **not** required, **except** when billing codes that are manually priced. Replacement and/or repairs are **not** covered.

Beneficiaries under age twenty-one (21): Prior authorization is **not** required for the initial pair of eyeglasses, or the first replacement pair, **except** when billing codes are manually priced. Any additional eyeglasses within the same fiscal year will require prior authorization. Prior authorization is **not** required for repairs.

Information regarding codes that are manually priced may be found by accessing the DOM website at <http://www.medicaid.ms.gov/>. Use the provider tab and go to fee schedules.

Providers must submit prior authorization requests on the Eyeglass/Hearing Aid Authorization Form. See the Eyeglass/Hearing Aid Authorization Form section of this manual section.

Documentation

Refer to Provider Policy Manual Section 29.13 for Documentation policy.