



VISION SERVICES BENEFIT COVERAGE STANDARD

Note: Capitalized terms within this Benefit Coverage Standard, which do not refer to the title of a benefit, program, or organization, have the meaning specified within the *Definitions* section, found on page 6.

BRIEF COVERAGE STATEMENT

The Colorado Medicaid vision services benefit works to prevent and ameliorate vision loss and ocular disease through Medically Necessary screenings, eye care, and eyewear for individuals enrolled in Colorado Medicaid.

RELATED BENEFITS ADDRESSED IN OTHER BENEFIT COVERAGE STANDARDS

- None

ELIGIBLE PROVIDERS

All providers must be enrolled with Colorado Medicaid. These include:

ORDERING, PRESCRIBING, OR REFERRING (OPR) PROVIDERS

- Optometrists
- Ophthalmologists
- Physicians

RENDERING PROVIDERS

- Optometrists
- Ophthalmologists
- Opticians

Note: Eyeglasses or contact lenses dispensed by an optician are a covered Vision Services benefit when ordered by an Eligible Prescribing Provider.

ELIGIBLE PLACES OF SERVICE

- Clinic

Issue Date: x/x/xxxx

Review Date: x/x/xxxx

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- Outpatient Hospital
- Skilled Nursing Facility
- Federally Qualified Health Center
- OPR Provider Office
- Rural Health Center
- Nursing Home
- Off-Site Mobile Unit

ELIGIBLE CLIENTS

All Colorado Medicaid eligible clients may receive vision services as described in the *Covered Services* section of this Benefit Coverage Standard when Medically Necessary.

SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for Medicaid clients ages 20 and younger if the service is Medically Necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is:

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.



COVERED SERVICES

Colorado Medicaid covers the following vision services:

EXAMS AND EYE CARE SERVICES

- Annual Comprehensive Eye Exams (CEEs)
 - Additional CEEs may be covered, if Medically Necessary to address a change in condition.
 - Detection, treatment, or management of Ocular and Systemic Diseases, including the following:
 - Refractive Errors
 - Ocular Diseases
 - Systemic Diseases manifesting in the eyes

EYEGASSES

- For Colorado Medicaid clients age 20 years old and younger, when prescribed by an Eligible Prescribing Provider and purchased through a Colorado Medicaid-enrolled provider.
- For Adults age 21 years and older who have previously undergone eye surgery, when prescribed by an Eligible Prescribing Provider and purchased through a Colorado Medicaid-enrolled provider.
 - Surgery may have occurred at any time in a client's history.
 - Limited to one pair of eyeglasses per 24-month period

Per prescription, Colorado Medicaid covers:

- One standard eyeglasses frame; and
- Up to two eyeglass lenses that meet the following criteria:
 - single or multi-focal;
 - clear glass or plastic; and
 - without filters or coatings

Non-standard eyeglasses frames or lenses may be a covered benefit for Colorado Medicaid clients age 20 and under, with prior authorization, if determined to be Medically Necessary.



CONTACT LENSES

- Colorado Medicaid clients age 20 years and younger, with prior authorization, when a Refractive Error is detected that is not treatable with eyeglasses.
- For Colorado Medicaid clients age 21 years and older, with prior authorization, only after eye surgery and when a Refractive Error is detected that is not treatable with eyeglasses.

OCULAR PROSTHETICS

- For Colorado Medicaid clients of all ages, with prior authorization.

EYEWEAR REPLACEMENT

- There is no yearly maximum for eye exams, eyeglasses, or contact lenses for Colorado Medicaid clients age 20 years and younger.
- Eyewear replacements for Colorado Medicaid clients age 20 years and younger are covered in the event of a change in prescription or when damaged to the point where repair cost exceeds the cost of replacement.

PRIOR AUTHORIZATION REQUIREMENTS

Prior authorization by Colorado Medicaid or its Designated Review Entity is required for:

- Contact lenses
- Ocular prosthetics
- Non-standard or deluxe frames or lenses

All Prior Authorization Requests (PARs) must:

- Be submitted to Colorado Medicaid or its Designated Review Entity using the approved online utilization management portal, in accordance with the Colorado Medicaid PAR rule at 10 CCR 2505-10, Section 8.058.
- Include sufficient documentation to support the Medical Necessity of the requested services.
- Include any other information determined necessary by Colorado Medicaid or its Designated Review Entity to make a decision on the Medical Necessity of the proposed treatment plan, upon request.

Approval of the PAR does not guarantee payment by Colorado Medicaid.



The client and the Rendering Provider must meet all applicable eligibility requirements at the time services are rendered and services must be delivered in accordance with all applicable service limitations.

Medicaid is the payer of last resort and the presence of an approved or partially approved PAR does not release a provider from the requirement to bill Medicare or other third party insurance prior to billing Medicaid.

- Vision PARs may be submitted for up to a full year of anticipated services unless:
 - The client is not expected to need a full year of services;
 - The client's eligibility is not expected to span the entire year; or
 - The Colorado Medicaid Designated Review Entity anticipates that Medical Necessity Criteria will not be met for an entire year.
- A PAR will be pended by Colorado Medicaid or its Designated Review Entity if all of the required information is not provided in the PAR, or additional information is required by the Designated Review Entity to complete the review.

It is the provider's responsibility to provide sufficient documentation to support the Medical Necessity for the requested services.

NON-COVERED SERVICES AND GENERAL LIMITATIONS

The following services are not covered under the Vision Services benefit:

- Orthoptic or pleoptic vision training.
- Vision services covered under a client's Individualized Education Program (IEP) or Individual Family Service Plan (IFSP).
- Any services not listed in the Covered Services section above.

General limitations include the following:

- Nonstandard or deluxe eyeglasses frames or lenses for adults may be provided only if one of the two following criteria are met:
 - The Colorado Medicaid Designated Review Entity assesses the items as meeting Medical Necessity criteria, OR
 - The provider explains to the Colorado Medicaid member that the member will be liable for the non-covered costs, and the member provides written agreement to pay the provider the non-covered costs.
 - Allowable non-covered costs that may be charged to the member are those representing the difference between the provider's usual and customary charges for



Colorado Medicaid standard frames and lenses, and the retail amount for the upgraded frames or lenses.

- These requirements also apply to the replacement or repair of non-standard eyeglasses frames or lenses.

DEFINITIONS

All the terms within this Benefit Coverage Standard are not necessarily part of the vision benefit but are mentioned within the body of this document and are defined below. These definitions are only applicable within the scope of this Benefit Coverage Standard.

TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
Colorado Medicaid	Colorado Medicaid is a free or low cost public health insurance program that provides health care coverage to low-income individuals, families, children, pregnant women, seniors, and people with disabilities. Colorado Medicaid is funded jointly by the federal and state government, and is administered by the Colorado Department of Health Care Policy and Financing.
Comprehensive Eye Exams	Comprehensive eye exams include the examination, diagnoses, treatment, and management of diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identified related systemic conditions affecting the eye.



TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
Designated Review Entity	The third-party vendor in a contractual relationship with Colorado Medicaid to perform review of prior authorization requests
Individualized Education Program (IEP)	A document pursuant to the federal Individuals with Disabilities Education Act (IDEA). The IEP guides the delivery of special education supports and services for the student with a disability.
Individual Family Service Plan (IFSP)	A document developed pursuant to the IDEA. The IFSP guides the delivery of early intervention services provided to infants and toddlers (birth to age 3) who have disabilities, including developmental delays. The IFSP also includes family support services, nutrition services, and case management.
Medical Necessity, Medically Necessary	Medical Necessity is defined in Colorado Medical Assistance Program rule at 10 C.C.R. 2505-10, § 8.076.1.8. See also 10 C.C.R. 2505-10, § 8.280 for children age 20 and younger.



TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
Non-Standard or Deluxe Eyeglass Frames	Include one or more specialty features that make them more durable or cosmetic, such as spring hinge temples or titanium frames.
Non-Standard Eyeglass Lenses	Include one or more specialty features that make them more durable or functional, such as to UV filters or lenses that change from clear to tinted when exposed to sunlight
Ocular Diseases	Diseases of the eye or vision system
Ordering, Prescribing, or Referring (OPR) Provider	A provider who only orders, prescribes, or refers items or services covered by Colorado Medicaid for Colorado Medicaid clients. Prescribing Providers do not submit claims for payment of services rendered.
Refractive Errors	Vision impairments of a significant degree that require corrective lenses to mitigate. Such conditions include but are not limited to: myopia, hyperopia, presbyopia, astigmatism, and anisometropia.



TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
Rendering Provider	A provider who provides services to Colorado Medicaid clients and submits claims for payment of services rendered.
Systemic Diseases	Diseases that impact multiple organs or tissues, and/or one that impacts a client's whole body
Medicaid Director Signature	Date