



Benefits Collaborative FAQs: Vision

This FAQ document summarizes:

- Frequently asked questions regarding Department efforts to define the existing vision services benefit through the Benefits Collaborative Process; and
- Suggestions made within the Benefits Collaborative Process, and supported by more than one stakeholder, for how to improve the draft Vision Services Benefit Coverage Standard.

Below each item, the Department has provided an *interim* response.

Important Note: The development of Vision Services Benefit Coverage Standard is ongoing; there are many stages of the Benefits Collaborative Process that the draft has yet to complete. This FAQ document is a snap-shot of the Department position as of 11/24/2015 and should not be read as a final policy determination

Item 1

What *was* the vision services policy proposed by the Department as of October 22, 2015?

- On October 22, 2015, the Department shared a draft Benefit Coverage Standard that outlined the proposed amount, scope and duration of the vision services benefit. To view the draft standard, follow the link below:

<https://www.colorado.gov/pacific/sites/default/files/Benefits%20Collaborative%20Vision%20Services%20Coverage%20Standard%20October%2022%2C%202015.pdf>

Item 2

How can I learn more about the Department's proposal?

- To learn more about what the Department proposed at the start of the 2015 Vision Services Benefits Collaborative Process – and why, you may view slides 25-27 of the



Power Point presentation dated October 22, 2015, located on the Benefits Collaborative Meeting Schedule webpage at the link bellow.

<https://www.colorado.gov/pacific/sites/default/files/Benefits%20Collaborative%20Vision%20Services%20Presentation%20October%2022%2C%202015.pdf>

Item 3

How do you define medically necessary glasses?

- The Department is currently working to create a definition of medical necessity that will be used for all benefits. A link to the [FAQ about this process is here](#). When this process is complete, the Medical Necessity rule at 8.076.1.8 will be updated.
- The EPSDT Medical Necessity rule at 8.280 will refer to this new rule and specify the specific needs of the pediatric population. Information about this process is also included in the above FAQ.

Item 4

What coverage is there for eyewear outside of eyeglasses and contacts, e.g. low vision aids?

- Response forthcoming

Item 5

Adults currently have access to exams, how can adults access material benefits, e.g. glasses and contacts?

- Response forthcoming

How does Colorado compare to other states regarding this coverage?

- Response forthcoming



Item 6

Can adults receive glasses before their 24 month frequency limitation if they have a significant change in prescription?

- Response forthcoming

Item 7

Can this benefit include policy about vision and telehealth?

- Response forthcoming

Item 8

Will this benefit cover vision therapy?

- Response forthcoming

For which providers?

- Response forthcoming