



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. Eye patches and prescription eye drops are covered as part of the Durable Medical Equipment benefit and are not included below.

ELIGIBLE CLIENTS

- All Colorado Medicaid clients, who meet the criteria listed within the *Covered Services* section of this Benefit Coverage Standard, may receive vision services when Medically Necessary.
- The federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program requires that children ages 20 years and younger receive coverage of all Medically Necessary services that are recognized under section 1905 of the Social Security Act, whether or not such services are covered under this state plan benefit.

COVERED SERVICES

The following services are a benefit of the Colorado Medicaid program:

EXAMS AND EYE CARE SERVICES

- Annual Comprehensive Eye Exams (CEEs) for the detection, treatment, or management of Ocular and Systemic Diseases, including the following:
 - Refractive Errors
 - Ocular Diseases
 - Systemic Diseases manifesting in the eyes
- Post-CEE, additional follow-up visits are covered if Medically Necessary to address a change in condition.



- Orthoptic and/or pleoptic vision therapy services are covered for Colorado Medicaid clients age 20 years and younger, with a diagnosis of convergence insufficiency.

EYEGLASSES

- 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
- Eyeglasses are covered 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.
 - Clients are limited to one pair of eyeglasses per 24-month period.
 - Non-standard eyeglasses frames or lenses are covered for Colorado Medicaid clients age 20 and younger, when Medically Necessary (see *Limitations* section).
- Eyeglasses are covered for Colorado Medicaid clients age 20 years and younger, when prescribed by an Eligible Prescribing Provider and purchased through a Colorado Medicaid-enrolled provider.
 - Non-standard eyeglasses frames or lenses are covered for Colorado Medicaid clients age 20 and younger, when Medically Necessary.

CONTACT LENSES

- Contact lenses are covered for Colorado Medicaid clients age 21 years and older only after eye surgery and when a Refractive Error is detected that is not treatable with eyeglasses.
- Contact lenses are covered for Colorado Medicaid clients age 20 years and younger when a Refractive Error is detected that is not treatable with eyeglasses.

OCULAR PROSTHETICS

- Ocular prosthetics are covered for Colorado Medicaid clients of all ages.



LOW VISION AIDS

- Low vision aids are covered for Colorado Medicaid clients age 20 years and younger.

EYEWEAR REPLACEMENT

- Eyewear replacements are covered for Colorado Medicaid clients age 20 years and younger in the event of loss, a change in prescription, or when damaged to the point where repair cost exceeds the cost of replacement.

ELIGIBLE PROVIDERS

All providers who prescribe or render services must be enrolled with Colorado Medicaid per federal regulation 42 CFR 455.410.

ORDERING, PRESCRIBING, REFERRING (OPR) PROVIDERS

Providers who are eligible to prescribe this service are limited to the following:

- Optometrists
- Ophthalmologists
- Physicians

RENDERING PROVIDERS

Providers may render services within the scope of their licensure, as defined by the Colorado Department of Regulatory Agencies, or the regulatory agency of the state in which they do business.

Providers who are eligible to render this service are limited to the following:

- Optometrists
- Ophthalmologists
- Opticians

NON-COVERED SERVICES

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

- Vision services covered under a client's Individualized Education Program (IEP) or Individual Family Service Plan (IFSP).
- Orthoptic and/or pleoptic vision therapy for clients with diagnoses other than convergence insufficiency.



- Eyewear replacement for adults age 21 and over within 24 months of receiving the original eyewear.
- Any services not listed in the *Covered Services* section above.

PRIOR AUTHORIZATION REQUIREMENTS

Prior authorization is not required for vision services, subject to the following exceptions:

- Vision therapy for convergence insufficiency
- Contact lenses
- Ocular prosthetics
- Non-standard or deluxe frames or lenses
- Complex low vision aids consisting of telescopic, distance vision, near vision and compound microscopic lens systems

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; or
- 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.

LIMITATIONS

- Nonstandard or deluxe eyeglasses frames or lenses for adults after surgery 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 client that the client will be liable for the non-covered costs, and the client provides written agreement to pay the provider the non-covered costs.
 - Allowable non-covered costs that may be charged to the client 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

The definitions below 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.
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.



TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
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.
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.



TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
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.
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