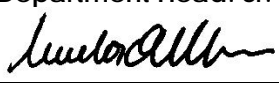
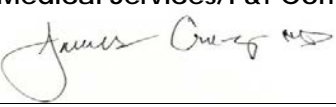


Policy Title: Vision Care Services		POLICY #: 10.2.32	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 11/97	Effective Date 5/19	Revision Date 12/18
Department Head: Sr. Director, UM 			Date: 3/21
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date: 3/21

PURPOSE

To cover and ensure the provision of eye examination and covered services to eligible Blue Shield of California Promise Health Plan (Blue Shield Promise) members.

POLICY

Optometry services are covered for children or people less than 21 years old who have full Medi-Cal benefit.

Optometry services are Medi-Cal covered benefit for adult beneficiaries 21 years of age or older under the Medi-Cal program, to comply with federal law. Optometry services include routine eye examinations, office visits, and all diagnostic, ancillary and supplemental procedures used for the evaluation of the visual system.

Services relating to the supply, replacement or repair of eyeglasses and other eye appliances are non-covered benefits for adult Medi-Cal beneficiaries 21 years of age and older.

PROCEDURE

1. Blue Shield Promise is contracted with a network of participating ophthalmologists and optometrists in order to provide enrolled members with convenient access to vision care services.
2. Referrals for vision care services are obtained through the member's PCP and processed in accordance with Policy # 70.2.50 Prior Authorization & Review Process.
3. Blue Shield Promise Health Plan shall arrange for the fabrication of optical lenses for Members as ordered by participating vision care providers through Prison Industry Authority (PIA) optical laboratories. Participating vision care providers are required to submit claims for vision care services and appliances to Blue Shield Promise or PPG, in accordance with Medi-Cal vision care policies and billing instructions. Providers must use the Prison Industry Authority (PIA) Optical lab for all glass lens Rx's. (DHCS will reimburse PIA for the fabrication of the optical lenses in accordance with the contract between DHCS and PIA)

4. For simple refractions, members may obtain the services from an optometrist. If the optometrist for any reason believes the member should be referred to an ophthalmologist or other physician, he/she is to call the member's PCP for a referral authorization. This is necessary to ensure the PCP is aware of any potential conditions, which may be related to the general health of the member.

5. Non-Covered Services

- a. Orthoptics and pleoptics
- b. Control of myopia
- c. Orthokeratology
- d. Syntonics
- e. Holistic vision care
- f. Iridology
- g. Supplies and services outside the scope of licensure or registration of a practitioner
- h. New eyeglasses or to fix eyeglasses
- i. Contact lenses
- j. Magnifying glasses, telescopes
 - i. Exceptions: Medi-Cal will pay for eyeglasses, contact lenses or other things for the following group of people:
 1. Pregnancy-related services and services for treatment of other conditions that might complicate the pregnancy
 2. For beneficiaries residing in a skilled nursing facility (that is, Nursing Facilities Level A and Level B, as defined in (c) and (d) of Section 1250 of Health and Safety Code
 3. Residents of an Intermediate Care Facility – Developmentally Disabled (ICF/DD)

6. Covered Services

- a. Examinations
 - i. Low-vision examination
 - ii. Contact lens evaluation requiring treatment authorization requests, example – keratoconus, aphakia
 - iii. Comprehensive eye examinations are covered once every two years for recipients of any age
 - iv. Interim examinations – a second eye examination with refraction within 24 months is covered only when a sign or symptom indicates a need for this service
- b. Contact lenses
 - i. Prescribed contact lenses are not covered benefits for adult Medi-Cal beneficiaries.
 - ii. Bandaged contact lenses used for the treatment of medically necessary conditions, such as corneal abrasions are Medi-Cal covered benefits.
 - iii. Bandage contact lenses may be fitted only as prescribed by a physician or a Therapeutic Pharmaceutical Agent (TPA) certified optometrist.

Eyeglass Lenses:

When medically justified and the criteria for single vision, multifocal and replacement lenses are met, tinted and photogrey glass lenses may be ordered with no power restriction from a PIA optical laboratory. Plastic photochromatic lenses (transitions) have a power requirement in the distance prescription of 4.0 or more diopters in one meridian of either lens.

1. Balance Lenses

- a. A balance lens, when the corrected acuity for the poorer eye is not better than 0.10 decimal notation, 20/200 snellen or equivalent at specified distances
 - i. Coverage for the poorer eye is limited to a single vision balance lens unless a prescription lens is medically justified.
 - ii. Multifocal balance lenses are not covered
- b. Single Vision Eyeglasses in lieu of bifocals
 - i. Two pairs of single vision eyeglasses, one for near vision and one for distance vision, are covered in lieu of multifocal eyeglasses only when one of the following conditions exists:
 - 1. There is evidence that a recipient cannot wear bifocal lenses satisfactorily
 - 2. A recipient currently uses two pairs of such eyeglasses and does not use multifocal eyeglasses
- c. Lenses that require additional justification
 - i. Eyeglass lenses that are supplied for correction of nearpoint accommodative or convergence anomalies are covered only when sufficient medical justification is present in terms of the type of anomaly and relevant quantitative clinical findings.
 - ii. All multifocal lenses and nearpoint lenses must be justified for recipients under 38 years of age. Multifocal and nearpoint lenses also must be justified for diagnoses other than presbyopia for recipients of any age.
 - iii. Fresnal Prisms
 - 1. Fresnal prisms are a benefit when prescribed to fully or partially compensate a phoric or tropic condition. Fresnal prisms are not covered when used for orthopic, pleoptic or other vision training purposes.

REFERENCES

Medi-Cal Provider Manual – Vision Care
 California Code of Regulations Title 22, Section 51317
 Optional Benefits Exclusion, July 2010