

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 18-24**

**TO:** District of Columbia Medicaid Vision Care Providers

**FROM:** Angelique Martin  
Interim Medicaid Director

A handwritten signature in black ink, appearing to read 'Angelique Martin', with a long horizontal stroke extending to the right.

**DATE:** July 30, 2018

**SUBJECT:** Update to Vision Care Transmittal No. 98-11

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The purpose of this transmittal is to update the Department of Health Care Finance (DHCF) Policy on Vision Care Services, Transmittal No. 98-11, to include clarification of coverage for contact lens. See section “Contact Lens” for information on coverage scope and limitations.

**Coverage of Pediatric Vision Services**

Medicaid reimbursement of eye exams for Medicaid beneficiaries from birth through twenty (20) years of age shall be based on Early and Periodic Screening, Diagnostic, and Treatment services (EPSDT) services benefit as set forth in 42 C.F.R. Section 440.40(b). Vision screening is a part of a child’s periodic well-child visit with their primary care provider (PCP). If referred by a PCP or school nurse, DC Medicaid will cover at least one eye examination by a specialist each year. DC Medicaid will cover additional vision services for children if they are determined medically necessary by the child’s optometrist or ophthalmologist.

For children and youth under the age of 21, DC Medicaid covers one pair of eyeglasses per year. When a child has lost his or her eyeglasses or when the prescription for eye glasses has changed by more than one-half (.5) dipter, then another set of eyeglasses is covered. If replacement glasses are needed within a given year, the request will require authorization. Contact lenses will be covered if they are determined medically necessary by the child’s optometrist or ophthalmologist.

**Coverage of Adult Vision Services**

**Eye Exams**

Medicaid reimbursement of eye exams for Medicaid beneficiaries twenty-one years of age or older shall be limited to the following criteria:

- The services shall be medically necessary and required to monitor a chronic condition that could harm a beneficiary’s vision; or

- The beneficiary has an acute condition that, if left untreated, may cause permanent or chronic damage to the eye.

### *Eyeglasses*

Medicaid reimbursement for eyeglasses for Medicaid beneficiaries twenty-one years of age or older may be provided where DHCF has provided prior authorization and shall be limited to one (1) complete pair of eyeglasses in a twenty-four (24) month period unless:

- The new prescription represents a change of at least +/- 0.50 diopters from the prior prescription;
- A prescription represents a change from the prior prescription of a least = 0.75 sphere or – 0.50 sphere, 0.50 cylinder, ½ prism diopter vertical, or 3 prism diopter lateral;
- There has been a major change in visual acuity documented by an optometrist licensed pursuant to the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.*), as amended; and the new lenses cannot be accommodated by a beneficiary's existing eyeglasses; or
- The frames or lenses have been lost, broken beyond repair or scratched to the extent that visual acuity is compromised, as determined by the dispensing provider.

### *Contact Lens*

Medicaid reimbursement for contact lens shall be limited to two (2) boxes (1 per eye) in a six (6) month period with a prior authorization. Replacement contact lenses may be obtained every six (6) months with a prescription that is dated one (1) year or less from the date of service.

### *Repairs and Replacement Eyeglasses*

All repairs and replacement of any form of eyewear must be medically necessary and requires prior authorization by DHCF.

### *Limitations*

Special glasses, such as sunglasses and tints, must be justified in writing by the ophthalmologist or optometrist. Special tints and sunglasses are not allowed in addition to un-tinted eyewear. In addition, the optometrist must adhere to the dispensing procedures in the providers Medical Assistance Manual located at [www.dc-medicaid.com](http://www.dc-medicaid.com).

### *Copayment*

There is a \$2.00 copayment for eyewear for adult Medicaid beneficiaries. If a Medicaid beneficiary expresses an inability to pay the \$2.00, the copay will be waived.

If you have questions about these changes, please contact Cavella Bishop, Program Manager of the Department of Health Care Finance Division of Clinicians, Pharmacy, and Acute Provider Services via e-mail at [cavella.bishop@dc.gov](mailto:cavella.bishop@dc.gov). Please do not send protected health information (PHI) via e-mail.

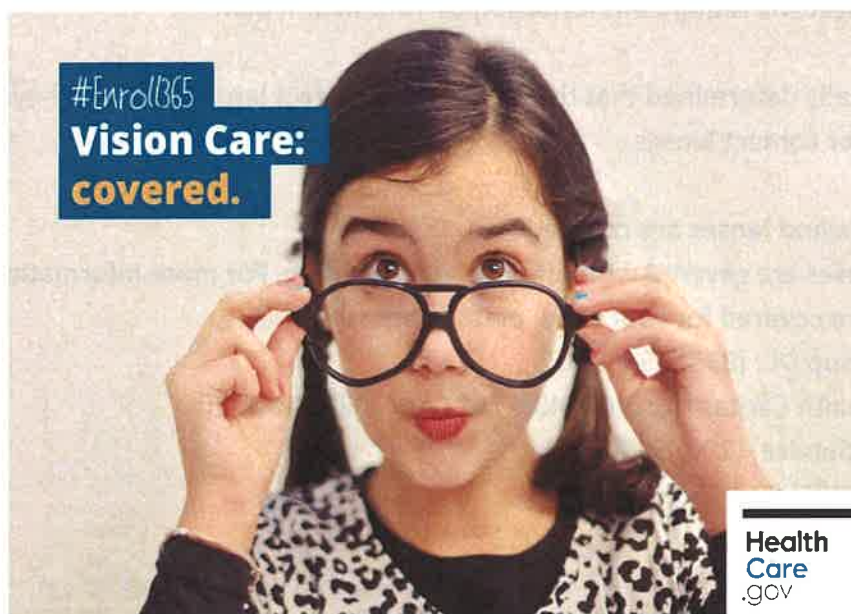
cc: Medical Society of the District of Columbia  
DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Care Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers



## Vision Services for Children Enrolled in DC Medicaid



If your child is enrolled in DC Medicaid, vision services are available through your child's primary care provider or needed eye specialists!



**If your child's school nurse or doctor refers them to an eye specialist and you need help finding an optometrist, please contact:**

- Amerigroup DC: **(833) 554-1012**
- AmeriHealth Caritas DC: **(800) 408-7511** or **(202) 408-4720**
- Fee for Service: **(202) 698-2000**
- HSCSN: **(866) 937-4549**
- Trusted Health Plan: **(833) 554-1013**

To see if your child is eligible for DC Medicaid, visit [dchealthlink.com/individuals/medicaid](https://dchealthlink.com/individuals/medicaid) or call **(855) 532-5465**.

# Vision Benefits Frequently Asked Questions

## 1. Are eye exams covered?

Yes, vision screening is a part of your child's periodic well-child visits with their primary care provider (PCP). If referred by your child's PCP or school nurse, DC Medicaid will cover at least one eye examination by a specialist each year. DC Medicaid will cover additional vision services if they are determined medically necessary by the child's optometrist or ophthalmologist.

## 2. Are eyeglasses or contact lenses covered?

For children and youth under the age of 21, DC Medicaid covers one pair of eyeglasses per year. When a child has lost his or her eyeglasses or when the prescription for eye glasses has changed by more than one-half (.5) diopter, then another set of eyeglasses is covered. If replacement glasses are needed within a given year, the request will require authorization by your health plan.

If it has been medically determined that the child needs contact lenses instead of eyeglasses, then your health plan will cover contact lenses.

## 3. What types of frames and lenses are covered?

Most frames and lenses are covered without prior authorization. For more information on which types of frames and lenses are covered for your child, please contact:

- Amerigroup DC: (833) 554-1012
- AmeriHealth Caritas DC: (800) 408-7511 or (202) 408-4720
- Fee-For-Service: (202) 698-2000
- HSCSN: (866) 937-4549
- Trusted Health Plan: (833) 554-1013

## 4. Does DC Medicaid pay for rides to medical appointments and language services?

If your child is enrolled in DC Medicaid, he or she is eligible to receive free rides to and from their appointments. You must call at least 2 days before your child's appointment to schedule a ride.

Call below to schedule a free ride:

- Amerigroup DC: (888) 828-1081
- AmeriHealth Caritas DC: (800) 315-3485
- Fee-For-Service: (866) 796-0601
- HSCSN: (866) 991-5433
- Trusted Health Plan: (855) 824-5693

Language services are available at (202) 639-4030.

If you have trouble getting services, contact your health plan's member services office or the DC Office of Health Care Ombudsman and Bill of Rights: **(877) 685-6391**