



## Division of Medical Services Program Planning & Development

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**TO:** Arkansas Medicaid Health Care Providers – Visual Care

**DATE:** April 1, 2009

**SUBJECT:** Provider Manual Update Transmittal #120

### REMOVE

Section	Date
214.200	12-1-06

### INSERT

Section	Date
214.200	4-1-09

### Explanation of Updates

Section 214.200 is revised to provide procedures for obtaining a second (or more) replacement of glasses within a one-year period by allowing providers to be paid by going through a prior authorization process.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

*TOC not required***214.200 Coverage and Limitations of the Under Age 21 Program**

4-1-09

- A. One examination and one pair of glasses are available to eligible Medicaid beneficiaries every twelve months.
  - 1. If repairs are needed, the eyeglasses must have been originally purchased through the Arkansas Medicaid Program in order for repairs to be made.
  - 2. If the glasses are lost or broken beyond repair within the twelve month benefit limit period, one additional pair will be available through the optical laboratory. After the first replacement pair, any additional pair will require prior authorization.
  - 3. All replacements will be made by the optical laboratory and the doctor's office may make repairs only when necessary.
- B. Prescriptive and acuity minimums must be met before glasses will be furnished. Glasses should be prescribed only if the following conditions apply:
  - 1. The strength of the prescribed lens (for the poorer eye) should be a minimum of  $-.75D + 1.00D$  spherical or a minimum of  $.75$  cylindrical or the unaided visual acuity of the poorer eye should be worse than 20/30 at a distance.
  - 2. Reading glasses may be furnished based on the merits of the individual case. The doctor should indicate why such corrections are necessary. All such requests will be reviewed on a prior approval basis.
- C. Plastic or polycarbonate lenses only are covered under the Arkansas Medicaid Program.
- D. When the prescription has met the prescriptive and acuity minimum qualifications, Medicaid will purchase eyeglasses through a negotiated contract with an optical laboratory.
- E. The eyeglasses will be forwarded to the doctor's office where he or she will be required to verify the prescription and fit or adjust them to the patient's needs.
- F. Eye prosthesis and polishing services require a prior authorization.
- G. Contact lenses are covered if medically necessary with a prior authorization. Please refer to section 212.000 for contact lens guidelines.
- H. Eyeglasses for children diagnosed as having the following diagnoses must have a surgical evaluation in conjunction with supplying eyeglasses:
  - 1. Ptosis (droopy lid)
  - 2. Congenital cataracts
  - 3. Exotropia or vertical tropia
  - 4. Children between the ages of twelve (12) and twenty-one (21) exhibiting exotropia