

Medicaid Services Manual
Transmittal Letter

December 26, 2023

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 1100 – Ocular Services

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 1100 – Ocular Services are being proposed to update the language indicating a prior authorization is no longer required for polycarbonate lenses.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Physician (PT 20), Optometrist (PT 25),
Optician and Optical Business (PT 41).

Financial Impact on Local Government: Unknown at this time.

These changes are effective January 1, 2024.

Material Transmitted	Material Superseded
MTL OL MSM Chapter 1100- Ocular Services	MTL 24/15 MSM Chapter 1100- Ocular Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1103.1A(3)(a)(3)	Coverage and limitations	Removed section
1103.1A(3)(a)(4)		Removed language that polycarbonate lenses are only covered under EPSDT when medically necessary.

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1103
MEDICAID SERVICES MANUAL	Subject: POLICY

1103 POLICY

1103.1 OCULAR SERVICES

1103.1A COVERAGE AND LIMITATIONS

Medicaid will reimburse for routine comprehensive ophthalmological examinations and/or refractive examinations of the eyes and glasses with a prescription for and provision of corrective eyeglasses to eligible Medicaid recipients of all ages once every 12 months. Any exceptions require prior authorizations.

1. HEALTHY KIDS (EPSDT)

- a. Nevada Medicaid provides for vision screenings as referred by any appropriate health, developmental or educational professional after a Healthy Kids Screening Exam. Optometrists and ophthalmologists may perform such exams without prior authorization upon request or identification of medical need. "Medical Need" may be identified as any ophthalmological examination performed to diagnose, treat or follow any ophthalmological condition that has been identified during the Healthy Kids examination.
- b. Glasses may be provided at any interval without prior authorization for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) recipients, as long as there is a change in refractive status from the most recent exam, or for broken or lost glasses. Physician records must reflect this change and the records must be available for review for the time mandated by the federal government. Recipients enrolled in a Managed Care plan are mandated to access Healthy Kids EPSDT ocular services through their Managed Care provider.

2. EXAMINATIONS

- a. Refractive examinations performed by an optometrist or ophthalmologist are covered for Medicaid recipients of all ages once every 12 months. Any exceptions require prior authorization.
- b. Ocular examinations performed by an optometrist for medical conditions within the scope of their license do not require a prior authorization.
- c. Ocular examinations performed by an ophthalmologist for medical conditions do not require prior authorization and are considered a regular physician visit. Current limitations are based on medical necessity.

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- d. Following cataract surgery, if the recipient is Medicare eligible and requires eyeglasses, the provider must bill Medicare first and attach the Medicare Explanation of Benefits (EOB) to the claim for co-insurance and deductible.

3. LENSES

Lenses are covered for recipients of all ages. No prior authorization is needed for recipients under 21. For recipients over 21, a prior authorization is required if the 12-month limitation is exceeded.

a. COVERED

The following are covered for Nevada Medicaid recipients of all ages as noted:

1. A change in refractive error must exceed plus or minus 0.5 diopter or 10 degrees in axis deviation in order to qualify within the 12-month limitation;
2. Lens material may be tempered glass tillyer grade or equivalent or standard plastic, at recipient's option;
- ~~3. Ultra lightweight plastics, e.g., Lite Style and polycarbonate style, are covered when they are medically necessary to avoid very heavy glasses which would hurt the bridge of the nose. The acceptable means for avoiding severe imbalance of the weight of the glasses are up to ±7 diopters in children;~~
- ~~3. 4. Polycarbonate lenses are covered under EPSDT when medically necessary;~~
4. ~~5.~~ Safety lenses when the recipient has vision in only one eye;
5. A single plano or balance lens is handled as if it were a corrective lens and so called "half glasses" are handled as if they were standard size corrective lenses;
6. Slab-off lenses, Prisms, Aspheric, Lenticular lenses;
7. "Executive" bifocals may be covered for children with: esotropia, and esophoria, accommodation, oculomotor dysfunction such as tracking and saccadic problems. Prior authorization is not required when using one of the above medical diagnoses;
8. Filters: PLS 40 filters when prescribed for patients with the following diagnoses: macular degeneration, retinitis pigmentosa, rod/cone dystrophy or