Medicaid Services Manual
Transmittal Letter

February 25, 2025

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 revised to add language to clarify routine and medical eye examinations.

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.

Entities Financially Affected: None.

Financial Impact on Local Government: None.

These changes are effective February 26, 2025.

Material Transmitted	Material Superseded
MTL OL MSM Chapter 1100 – Ocular Services	MTL 24/15, 26/23 MSM Chapter 1100 – Ocular Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1103.1A	**Coverage and Limitations**	Grammar and language changes made for clarity.
1103.1A(1)(a-b)		Grammar and language changes made for clarity.
1103.1A(2)(a)	**Examinations**	Definition of routine eye examinations added.
1103.1A(2)(1)		Limitations and prior authorization (PA) requirements defined for routine eye examinations.
1103.1A(2)(b)		Definition of medical eye examinations added.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1103.1A(2)(b)(1)		Limitation language added based on medical necessity.

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 frames ~~glasses~~ with a prescription for ~~and provision of~~ corrective lenses ~~eyeglasses~~ to eligible Medicaid recipients of all ages. ~~once every 12 months. Any exceptions require prior authorizations.~~

1. HEALTHY KIDS (Early and Periodic Screening, Diagnostic and Treatment) (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 referral or prior authorization upon request or identification of medical need. "Medical Need" may be identified as any ophthalmological examination performed to diagnose, treat, or monitor ~~follow~~ any ophthalmological condition that has been identified during the Healthy Kids examination.

   b. Glasses may be provided at any ~~interval~~ time without prior authorization for ~~Early and Periodic Screening, Diagnosis and Treatment~~ Healthy Kids~~(EPSDT)~~ recipients, when ~~as long as~~ there is a change in refractive status from the last documented ~~most recent~~ exam, or when eyeglasses are ~~for~~ broken or lost ~~glasses~~. Physician documentation ~~records~~ must reflect a ~~this~~ change and ~~the records~~ must be available for review in ~~for~~ the time mandated by the federal government. Recipients enrolled in a Managed Care plan must ~~are mandated to~~ access Healthy Kids ~~EPSDT~~ ocular services through their Managed Care provider.

2. EXAMINATIONS

   a. Routine ocular examinations include the evaluation of vision and eye health to detect early signs of eye diseases and screening for refractive errors. Routine exams include diagnosis and treatment of non-medical complaints such as nearsightedness, farsightedness, and astigmatism, as well as prescriptions for corrective lenses when applicable.

      ~~a.~~1. Routine ~~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. Medical ocular examinations include the evaluation and medically necessary testing to diagnose and treat medical conditions of the eyes, such as, but not limited to, glaucoma, conjunctivitis, and cataracts.

1. ~~b.~~ Ocular examinations performed by an optometrist for medical conditions within the scope of their license do not require a prior authorization. Current limitations are based on medical necessity.

2. ~~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.

3. ~~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 years of age or older, 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. Polycarbonate lenses;

4. 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