

Sec. 17b-262-570. Payment limitations

(a) Contact lenses shall be covered, when such lenses provide better management of a visual or ocular condition than can be achieved with spectacle lenses, including, but not limited to the diagnosis of: Unilateral Aphakia, Keratoconus, Corneal Transplant, and High Anisometropia.

(b) Prescription sunglasses shall be covered when light sensitivity which will hinder driving or seriously handicap the outdoor activity of a client is evident.

(c) Trifocals shall be covered only when the client has a special need due to a job training program or extenuating circumstances.

(d) Oversize lens shall be covered only when needed for physiological reasons, and not for cosmetic reasons.

(e) Services and materials covered shall be limited to those listed in the department's fee schedule.

(f) Extended wear contact lenses shall be covered for aphakia and for clients whose coordination or physical condition makes daily usage of contact lenses impossible.

(g) When the preliminary findings of an eye examination reveal that a visual analysis cannot or should not be completed, payment shall be made only for an incomplete eye exam.

(h) Providers shall be limited to a maximum of six full or partial eye examinations in a chronic disease hospital, boarding home, home for the aged, nursing facility, ICF/MR, or state-owned or state-operated institution in any one day, in any one home or institution.

(i) A written request shall be provided by the provider from the prescribing practitioner of a nursing facility and state-owned or state-operated institution, for a full or partial eye examination, to be performed on a client in the facility or institution.

(j) Payment for ocular prosthesis shall be made only to the provider performing the actual fitting.

(k) The payment limitations set forth in section 17b-262-448 of the department's regulations governing physicians' services are hereby incorporated by reference and made applicable to services provided by ophthalmologists.

(l) The department shall pay for eyeglasses for a client, as long as the client was eligible on the date the eyeglasses were ordered or requested by the client.

(m) The department shall pay for eyeglass frames when the client meets all eligibility requirements. The Medical Assistance Program published fee shall be considered maximum payment in full. A provider shall not bill the Medical Assistance Program for eyeglass frames and receive payment from the client for the difference in cost.

(Adopted effective March 6, 1998; Amended June 11, 2003)