

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Vision Services and Optical Eyewear - CA	
Effective Date 06/01/1996	Date of Last Review 02/08/2024	Date of Last Revision 01/25/2023	Dept. Approval Date 02/08/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid (Anthem) ensures that all members have access to covered services for vision care including eye examinations and prescriptions for corrective lenses.

Anthem is contracted with Vision Service Plan (VSP) to perform medical management for these services.

VSP orders the fabrication of optical lenses for members from the Prison Industry Authority (PIA) Optical Laboratories as per Medi-Cal requirements.

DEFINITIONS:

None

PROCEDURE:

I. Accessing Services

Members may self-refer to any VSP provider listed in the VSP Provider Directory. The directory may be found on Anthem’s website. Prior authorization is not required from Anthem or from their Primary Care Provider (PCP). The member may call 1-800-877-7195 for questions related to vision benefits.

Anthem contracts with VSP for the provision of basic vision care and primary eye care services. VSP providers arrange for the provision of prescribed lenses through the Prison Industry Authority (PIA) Optical Laboratories as required by Medi-Cal. Ophthalmologists may order medically necessary vision aids for a member by writing a prescription and referring the member to a VSP provider for the provision of the eye appliances.

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II. Covered Services

Children and young adults under 21 years of age:

- One eye exam and one pair of glasses every two years.

Adult beneficiaries 21 years of age or older under the Medi-Cal program:

- One eye exam every two years
- Within two years, a second eye exam if you have a symptom that shows the need for this exam.
- Contact lenses and vision aids that are medically necessary.

Eyewear may be replaced sooner than every two years if the eyewear is lost, stolen or destroyed in circumstances beyond the member’s control. The member or his/her representative must supply the provider with a signed statement outlining the circumstances of the loss or destruction and the steps taken to recover the lost item, and certify that the loss, breakage or damage was beyond the member’s control. A provider may certify that specific items require replacement due to normal wear and tear or aging and that no abuse is evident.

III. Non-Covered Services

- Eyeglasses or contact lenses used for reasons other than to correct vision (such as for cosmetic or work-related reasons)
- Eye surgery to correct vision (such as near-sightedness)

REFERENCES:

- Anthem Blue Cross Providers Manual, Last updated January 2023
- California Code of Regulations, Title 22§ 51317. Eyeglasses, Contact Lenses, Low Vision Aids, Prosthetic Eyes and Other Eye Appliances
- Central Valley/Bay Area, Tulare, Sacramento, and Tri-county (Fresno, Kings, & Madera) contracts, Exhibit A, Attachment 10
- Medi-Cal Member Services Guide, Evidence of Coverage, Effective 2023

RESPONSIBLE DEPARTMENT:

Primary Department:

Utilization Management (UM)

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Secondary Department(s):
Case Management (CM)

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
02/08/24	<ul style="list-style-type: none"> Annual Review—no changes
01/25/23	<ul style="list-style-type: none"> Annual Review Updated References section Updated Primary Department section from "Medical Management: Utilization Management (UM) & Case Management (CM)" to "Utilization Management (UM)" to match primary department in header Added "Case Management (CM)" as a secondary department
02/03/22	<ul style="list-style-type: none"> Annual Review, updated references and placed in alphabetical order
01/27/21	<ul style="list-style-type: none"> Annual Review, no changes
01/29/20	<ul style="list-style-type: none"> Annual Review, updated references
01/30/19	<ul style="list-style-type: none"> Annual Review, updated references
01/30/18	<ul style="list-style-type: none"> Annual Review, updated references
01/30/17	<ul style="list-style-type: none"> Annual Review, no changes
02/17/16	<ul style="list-style-type: none"> Updated References
03/13/15	<ul style="list-style-type: none"> Removed Healthy Families
03/13/14	<ul style="list-style-type: none"> Corrected company name as per directive from Compliance Updated references
02/11/13	<ul style="list-style-type: none"> Minor grammar and formatting changes Updated benefits to match those in regulations Updated references.
04/20/12	<ul style="list-style-type: none"> Revised covered and non-covered services, added MMCD letter