

Children's Special Health Care Services Administrative Policy Manual

Benefit – Basic Services Policy # C-1d

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Latest Revision Date: October 13, 2010

Effective Date: January 1, 2005

Revision Reason: New Policy

Title: Vision Care

Purpose: To define the vision care benefit to be provided as **Basic Services** included in the **Health Care Service Package**.

Rule References:

410 IAC 3.2-7-1 – Health care delivery system

410 IAC 3.2-7-2 – Basic services included in the health care service package

410 IAC 3.2-7-3 – Limited health care services included in the health care service package

Policy: Vision Care may be provided to CSHCS participants with the following eligible medical conditions:

Diabetes

Marfan syndrome

Cerebral Palsy

(periventricular leukomalacia)

Encephalopathy

Apert syndrome

(Acrocephalosyndactyly)

Sickle Cell

Sarcoidosis

Mocopolysacchariodosis

(inborn errors or metabolism)

Hydrocephalus (with shunt)

Fragile X

Brain Tumor

Neurofibromatosis

Down's Syndrome

Chronic Pulmonary Disease

(perinatal chr resp dis)

Glaucoma

Cataract

Gonadal Dysgenesis

(Turners Syndrome)

Arthritis (if on steroids)

Asthma (if on steroids)

Reduction Deform Brain

Eye tumors

Osteopetrosis - Blindness

Glasses may be authorized for glaucoma, bupthalmus, cataract, hydrocephalus with shunt, or cerebral palsy if eye muscle problem is documented.

Note: one pair per year

- Routine vision examination – once every 12 months

If correction is required for the following eligible diagnoses:

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- **Either glasses or contact lenses, but not both:**
 - **If glasses:**
 - **Non-tinted lens/lenses – glass (rarely), plastic or poly-carbon, once every 12 months**
 - **Frames – once every 24 months**
 - **If contact lens/lenses: [**
 - **Permanent “daily wear” – one pair – once every 12 months**
or
 - **Disposable “daily wear” – twelve pairs – once every 12 months**
or
 - **Disposable “extended wear” – Will only pay the Disposable “daily wear” price towards these lenses.**

Exception: Vision Care benefits for CSHCS participants may be approved more frequently with a letter of medical necessity from their “Linked” Vision Care Provider when required by their medically eligible condition.