
CHAPTER 46: VISION (EYEWEAR) SERVICES

SECTION 46.0: OVERVIEW**PAGE(S) 1**

OVERVIEW

Medicaid covered eyewear services are available to Medicaid eligible beneficiaries who are under the age of 21 years. No eyewear services are available for beneficiaries aged 21 years and older unless the beneficiary receives both Medicare and Medicaid, and in such cases, Medicare covers the required eyewear. In this instance, Medicaid may pick up a calculated portion of the payment as a Medicare crossover claim.

Eyewear is limited to three (3) pairs per calendar year without review. Billing for the fourth and subsequent pairs must have documentation attached justifying the need for more than three (3) pairs of eyewear per year.

Providers may NOT require a payment/deposit for eyewear pending payment from Medicaid. Payment from the Medicaid must be accepted as payment in full.

NOTE: Beneficiaries are not allowed to pay any remaining difference for eyewear under any circumstance, including upgrades for cosmetic purposes.