
CHAPTER 46: VISION (EYEWEAR) SERVICES

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BENEFICIARY REQUIREMENTS

Medicaid covered eyewear services must be medically necessary and are available to eligible Medicaid beneficiaries who meet the following criteria:

1. Under the age of 21; and
2. Aged 21 years and older ONLY if the beneficiary receives both Medicare and Medicaid and Medicare covers the required eyewear. In this instance, Medicaid may pick up a calculated portion of the payment as a Medicare crossover claim.

Eligibility Verification

It is the responsibility of the provider to verify the beneficiary's Medicaid eligibility for each date of service. All beneficiaries enrolled in the Louisiana Medicaid program are issued plastic identification cards. These permanent identification cards contain a card control number (CCN) that can be used by the provider to verify Medicaid eligibility. Louisiana Medicaid offers several options to assist providers with verification of current eligibility.

The following eligibility verification options are available:

1. **Medicaid Eligibility Verification System (MEVS)**, an automated eligibility verification system using a swipe card device or PC software through vendors;
2. **Recipient Eligibility Verification System (REVS)**, an automated telephonic eligibility verification system; and
3. **e-MEVS**, a web application via the Louisiana Medicaid website (see Appendix D for website address).

These eligibility verification systems provide confirmation of the following:

1. Beneficiary eligibility;
2. Third party (insurance) resources;
3. Service limits and restrictions;
4. Lock-In; and

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5. Managed Care Organization Plan Linkage.

Before accessing the REVS, MEVS, and e-MEVS eligibility verification systems, providers should be aware of the following:

1. Providers will be required to supply two identifying pieces of information about the beneficiary when prompted; and
2. Specific dates of service must be requested. A date range in the date of service field on an inquiry transaction is not acceptable.