

8.280.5 LIMITATIONS/SPECIAL CONSIDERATIONS

8.280.5.A. Experimental services or procedures are excluded.

8.280.5.B. Services or items not generally accepted as effective by the medical community are excluded.

8.280.5.C. Pharmaceutical items not requiring a prescription are excluded unless prior authorized and medically necessary.

8.280.5.D. Determination of the refractive state only is allowable as a partial vision screening. The code shall not be billed with general ophthalmologic examinations or other evaluation and management codes. Separate or "stand-alone" charges for refractions are not billable to clients as non-benefit services.

8.280.5.E. Eyeglasses are a benefit only when ordered by an ophthalmologist or an optometrist. Vision benefits are limited to single or multi-focal clear plastic lenses and one standard frame. Repair of eyeglasses is covered only when due to broken frames or lenses. Replacement glasses shall be provided when medically necessary or when the glasses are damaged to the extent that repairs are not cost effective.

1. If a child, parent or legal guardian desires options that have additional costs, the amount reimbursed for standard frames and clear lenses shall be applied to the total cost of these services. This shall also apply to repair or replacement of broken eyeglasses. The EPSDT provider shall be permitted to charge the child for the difference between the retail price of the service and the amount paid by the Department. Providers shall notify the child and the child's parent or legal guardian or the child's designated client representative in writing of the difference and obtain the signature of the child's parent or guardian or designated client representative indicating agreement to pay the additional costs.
2. Contact lenses or orthoptic vision treatment services shall be a benefit when medically necessary and shall require prior authorization submitted by an Ophthalmologist, Optometrist, or Optician.

~~3. Orthodontic services are available for children with congenital, severe developmental or acquired handicapping malocclusions when the orthodontist documents Medical Necessity that is confirmed by pre-treatment case review. Orthodontists shall submit requests for prior authorization of covered orthodontic services.~~

8.280.5.F. Orthodontic services are available for children when:

1. The client has a severe handicapping malocclusion. A malocclusion is characterized as "severe handicapping" when it results from a severe skeletal discrepancy or a severe dental discrepancy that can be objectively documented.
2. The provider has submitted a request for prior authorization of covered orthodontic services and has received approval.