



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

June 3, 2016

GCR 16-031
CLARIFICATION

Contact Lens Prior Authorization

Policy Summary:

Vermont Medicaid is issuing this notice in order to clarify that coverage for contact lenses requires prior authorization. As a result of this clarification, three existing provider billing codes related to contact lenses will now require prior authorization.

Effective Date:

July 1, 2016

Authority/Legal Basis:

These changes are being made pursuant to 42 CFR §430.12(c)(1)(ii) under the Medicaid State Plan, which can be found here: <http://dvha.vermont.gov/administration/state-plan>.

Population Affected:

All Medicaid.

Fiscal Impact:

This clarification is estimated to result in an annualized savings of less than \$200.

Additional information:

Codes affected:

92310

92311

92312

The DVHA Fee Schedules can be viewed at the DVHA website here:

<http://dvha.vermont.gov/for-providers/claims-processing-1>