
Eyewear and Vision Care Services

4.214 Eyewear and Vision Care Services (01/01/2020, GCR 19-058)

4.214.1 Definitions

For the purposes of this rule, the term:

- (a) **“Vision care services”** means services, and the prescription of therapeutic drugs, related to the diagnosis and treatment of vision and vision disorders.
- (b) **“Eyewear”** means eyeglasses, contact lenses, and other aids to vision, that are prescribed by an optometrist or a licensed physician skilled in diseases of the eye.
- (c) **“Eyeglasses”** means lenses and/or frames.

4.214.2 Conditions for Coverage

(a) Eligibility for Eyewear and Vision Care Services:

- (1) Vision care services are provided to beneficiaries of any age.
- (2) Coverage of eyewear is limited to beneficiaries under the age of 21.

(b) Qualified Providers of Eyewear and Vision Care Services:

- (1) Vision care services must be provided by a licensed physician skilled in diseases of the eye or an optometrist working within the scope of his or her practice, and enrolled in Vermont Medicaid.
- (2) An optician, optometrist, or ophthalmologist may provide eyeglass-dispensing services.
- (3) Eyeglasses and their repairs or replacements are provided through the Department of Vermont Health Access' contracted vendor.

4.214.3 Covered Services

(a) Vision care services approved for coverage include:

- (1) Refraction and eye exams when provided by an ophthalmologist or optometrist enrolled in Vermont Medicaid.
- (2) Routine eye exams with the following limitations:
 - (A) One comprehensive eye exam and one intermediate eye exam within a two-year period, or
 - (B) Two intermediate eye exams within a two-year period.
- (3) Diagnostic testing.
- (4) Non-eyewear aids to vision, such as closed-circuit television, when the beneficiary is legally blind and when providing the aid to vision will foster independence by improving at least one activity of daily living or instrumental activity of daily living.

(b) Eyeglasses, with the following limitations, are covered as follows:

- (1) For beneficiaries under the age of six:
 - (A) One pair of eyeglass frames per year, and
 - (B) One new lens per eye per year, and
 - (C) One fitting per year.

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- (2) For beneficiaries ages six through 20:
 - (A) One pair of eyeglass frames per two years, and
 - (B) One new lens per eye per two years, and
 - (C) One fitting per two years.

- (c) Earlier replacement of eyeglasses is limited to the following circumstances, unless medically necessary:
 - (1) Eyeglasses have been lost.
 - (2) Eyeglasses have been broken beyond repair.
 - (3) Lenses are scratched to the extent that visual acuity is compromised.
 - (4) The beneficiary's vision has changed by at least one-half diopter in a single lens.
 - (5) Frame size changed due to significant inter-pupillary distance change.

4.214.4 Prior Authorization Requirements

- (a) The Vermont Medicaid Fee Schedule contains a detailed list of covered services and indicates which services require prior authorization. The Fee Schedule can be found on the Department of Vermont Health Access website.