September 12, 2006

Dear Vision Services Provider:

The 2006 Florida Legislature has reinstated Medicaid coverage of vision services for adult beneficiaries, age 21 and over. Effective for dates of service on or after July 1, 2006, Medicaid covers vision services for all eligible Medicaid beneficiaries, regardless of age. The new vision services or items reimbursable by Medicaid when provided for medically-necessary reasons are:

- One pair of eyeglasses within a 365-day period.
- A second pair of eyeglasses may be provided, without prior authorization, within a 365-day period, if a beneficiary requires another. Please refer to the Medicaid Vision Services Coverage and Limitations Handbook, Appendix A, for a list of medically necessary reasons justifying the provision of a second pair. A copy of Appendix A is enclosed for your convenience.
- Should a beneficiary require a third pair of eyeglasses for medical necessity within the 365-day period, prior authorization from Medicaid headquarters is required for the third pair. Do not send prior authorization requests to the area Medicaid offices. It should be noted that a beneficiary may not receive two pairs of eyeglasses at any single vision service encounter.
- Eyeglass repairs and adjustments.
- If contact lenses are provided instead of eyeglasses, prior authorization from Medicaid is required for them. Contacts are allowed for medically necessary reasons.
- Eye exams for medically-necessary reasons are covered, such as, for a reported vision problem, illness, disease, or injury.

There is a two dollar co-pay requirement for beneficiaries per provider or group provider per day, unless otherwise exempt. Please refer to the Medicaid Provider General Handbook, Chapter 1, for listed exemptions to co-payments and coinsurances.

The updated vision and optometric fee schedules are available on the fiscal agent website at http://floridamedicaid.acs-inc.com. Click on “Provider Support,” and then click on “Fees.” Select the vision or optometric fee schedule. Please note that fees have not changed, but the age restriction on the services noted above has been removed to allow coverage for adults.
If you have further inquiries regarding the new coverage, please call your local area Medicaid office. A listing of area office telephone numbers and addresses can be found in your Florida Medicaid Provider General Handbook, Appendix C. This handbook is also available at the fiscal agent website noted above. Click on “Provider Support,” then “Handbooks.”

We appreciate the services you provide to Florida’s Medicaid beneficiaries.

Sincerely,

[Signature]

Thomas W. Arnold
Deputy Secretary for Medicaid

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Enclosure