

Title 23: Division of Medicaid

Part 217: Vision Services

Chapter 1: General

Rule 1.4: Non-Covered Services

- A. The Division of Medicaid does not cover vision services including, but not limited to, eye exams, eyeglasses, frames, lenses, and/or contact lenses, for beneficiaries enrolled in the Family Planning Waiver (FPW).
- B. The Division of Medicaid does not cover the following including, but not limited to:
1. Eyeglasses solely for protective, fashion, cosmetic, sports, occupational or vocational purposes,
 2. More than one (1) pair of eyeglasses every five (5) years,
 3. Single vision eyeglasses in addition to multifocal eyeglasses,
 4. Progressive bifocals,
 5. Sunglasses,
 6. Upgraded frames,
 7. Eyeglass cases,
 8. Engraving,
 9. Contact lens supplies and/or solutions,
 10. Eyeglass or contact lens insurance,
 11. Lens coating, unless specified by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid, or designated entity,
 12. Orthoptics,
 13. Dispensing fees,
 14. Contact lenses, unless specified by a UM/QIO, the Division of Medicaid, or designated entity,
 15. Refractive surgery including, but not limited to, Lasik surgery, radial keratotomy,

photorefractive keratectomy, and/or astigmatic keratotomy,

16. Services and items requiring prior authorization for which authorization has been either denied or not requested, or

17. Replacement of lenses or frames due to:

a) Provider error in prescribing, frame selection, or measurement, or

b) Poor workmanship and/or materials.

Source: 42 CFR §§ 435.116, 441.30; Miss. Code Ann. §§ 43-13-117, 43-13-121; SPA 13-0019; Healthier Mississippi Waiver.

History: Revised to correspond with SPA 13-0019 (eff. 01/01/14) and Healthier Mississippi Waiver (HMW) Renewal (eff. 07/24/2015) eff. 04/01/2016.

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