**Title 23: Division of Medicaid**

**Part 217: Vision Services**

**Part 217 Chapter 1: General**

*Rule 1.3: Reimbursement*

A. Medicaid covers vision services under a statewide uniform fixed fee schedule for the professional services of the optometrist or ophthalmologist plus actual acquisition cost for eyeglass frames and lenses. The provider of eyeglasses must bill the actual acquisition cost (AAC) for the frames and lenses. Medicaid will cover the frames and lenses based on the lower of AAC or the maximum fee as determined by Medicaid. Effective as of July 1, 2021 all rates and/or fees for items and services will remain the same as those in effect for State Fiscal Year (SFY) 2021.

B. Medicaid does not permit providers of optometric services to charge a beneficiary an additional amount for services or supplies, like frames, above the fee established. The provider cannot dispense a more expensive frame than is covered under the Medicaid program and collect the difference from the beneficiary.

C. A beneficiary may purchase non-covered services, like scratch resistant lens coating. Providers cannot bill Medicaid and hold the eyeglasses or contacts until Medicaid pays the provider. Providers may not bill Medicaid for replacement costs associated with provider error or poor workmanship.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 07/01/2021.

*Rule 1.5: Eye Examinations/Refractions*

A. Medicaid requires eye examinations/refractions to be performed by an optometrist or an ophthalmologist. Medicaid covers for one (1) refraction every five (5) years. No prior authorization is required. The appropriate procedure code must be billed.

B. Medicaid covers medically necessary diagnostic services that aid in the evaluation, diagnosis, and or treatment of ocular disease or injury for all beneficiaries regardless of age. Coverage is limited to the eye examination. The exam counts toward the sixteen (16) physician office visits. Providers must bill using the appropriate procedure codes for new and established patients.

Source: 42 CFR § 441.30; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 07/01/2021.