

- Dispensing providers will evaluate existing frames to ensure lenses can be inserted.
- The eyeglass contractor will decide if the existing frame can be used for Medicaid covered lenses. If the existing frame cannot be used, the eyeglass contractor will inform the dispensing provider.
- If the existing frame breaks (after lenses are dispensed to the client), Medicaid will pay for a contract frame but not new lenses. The client can choose to pay privately for new lenses or find a contract frame that the lenses will fit. New lenses are not covered in this case.

Lens add-ons

Medicaid covers some “add-on” or special features for eyeglass lenses, and some are available on a private pay basis (see following table).

Lens Add-Ons			
Lens Feature	Medicaid Covers for Children (Ages 20 & Under)	Medicaid Covers for Adults (Ages 21 and Older)	Client Cost Per Lens
Photochromic - plastic (i.e. Transition)	Yes - if medically necessary	No	\$18.50
Photochromic - Glass (i.e. photogray, photo-brown)	Yes - if medically necessary	No	\$4.50
Progressive	No, but Medicaid will pay \$21.00 and client must pay balance	No, but Medicaid will pay \$21.00 and client must pay balance	VIP \$30.50 XL \$30.50 Percepta \$34.00 Confort \$35.50
Polycarbonate lenses (Single vision, Bifocal, or Trifocal lenses)	Yes - if client is monocular	Yes - if client is monocular	\$4.00
Tints Rose 1 and Rose 2 (applicable to CR-39 and Polycarbonate lenses only)	Yes	Yes	No charge
Tints other than Rose 1 and Rose 2 (applicable to CR-39 and Polycarbonate lenses only)	Yes - if medically necessary	No	\$1.25
UV and scratch-resistant coatings	Yes - if medically necessary	No	\$1.50
Slab-off and fresnell prism	Yes - if medically necessary	Yes - if medically necessary	No charge

Any lens style, lens material, tint, coating lens enhancement (polished edge, etc.) not specifically noted above or within this manual will be billed to the dispensing provider at the contractor’s normal and customary charges.

Lens styles and materials

All eyeglass lenses fabricated by the eyeglass contractor for Medicaid clients must be in the edged form, edged to shape and size for a specific frame and returned to the dispensing provider as “lenses only,” or edged and mounted into a specific frame and returned to the dispensing provider as “complete Rx order.” Orders for “uncut” lenses are not accepted.

Medicaid covers the following lens styles:

- Single vision
- Flattop segments 25, 28, 35
- Round 22
- Flattop trifocals 7 x 25, 7 x 28
- Executive style bifocals.

Medicaid covers the following lens materials (no high index):

- Glass
- CR-39
- Polycarbonate for monocular clients only. Medicaid clients who are not monocular can choose polycarbonate lenses and pay the difference as an add-on (see previous table of *Lens Add-Ons*).

Replacement lenses and frames

All frames provided by the Medicaid contractor carry a 24-month manufacturer warranty on replacement fronts and temples. Medicaid clients must bring their broken frames into the dispensing provider for the contractor to repair. No new frame style or color can replace the broken frame.

If an adult (ages 21 and older) loses his or her eyeglasses within the 24 months, Medicaid will not cover another pair. If an adult’s lenses are broken or unusable, the client is eligible for replacement lenses (not frames) 12 months after the initial dispensing of contract eyeglasses.

If a child (ages 20 and under) loses or breaks the first pair of eyeglasses, and the damage is not covered by the warranty, Medicaid will replace one pair of eyeglasses within the 365 day period. Additional replacements must be reviewed by the Department Program Officer (see *Key Contacts*).