Marketplace Benefit Interpretation

Marketplace National Regional Benefit Interpretation Document

Benefit Name	VISION CARE AND SERVICES (ADULT AND PEDIATRIC)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	This policy addresses eyeglasses, eye surgery and vision. Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern. **A. FEDERAL/STATE MANDATED REGULATIONS** **Note: The most current federal/state mandated regulations for each state can be found in the links below.** **OHIO:** Ohio Rev. Code § 1751.85: Information for vision care services or materials. **WASHINGTON:** WAC 284-43-5782: Pediatric vision services. **B. STATE MARKET PLAN ENHANCEMENTS** Pediatric and Adult Vision (as purchased), are administered by VSP. We do not receive claims for these services. We should only be receiving and paying claims on medically related eye care. The +Vision means that the specific product has these additional VSP administered benefits available. Adult Vision routine services should be redirected to VSP unless it is related to a medical condition (VSP- Vendor for Vision)

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

VISION CARE AND SERVICES

CALIFORNIA:

Vision Services (Adult and Pediatric): All Members are covered for diabetic eye examinations (dilated retinal examinations), as well as services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Benefits are not available for charges connected to routine refractive vision examinations, to correction of refractive defects of the eye (such as myopia, hyperopia, or astigmatism), or to the purchase or fitting of eyeglasses or contact lenses, except as described in this "Vision Services" section.

Specialty Vision Services: Molina covers the following special contact lenses when prescribed by a Participating Provider, subject to Specialist office visit Cost Sharing:

- Up to two Medically Necessary contact lenses per eye (including fitting and dispensing) in any 12-month period to treat aniridia (missing iris), whether provided by the plan during the current or a previous 12-month contract period.
- Up to six Medically Necessary aphakic contact lenses per eye (including fitting and dispensing) per calendar year to treat aphakia (absence of the crystalline lens of the eye), whether provided by the plan under the current or a previous contract in the same calendar year.

Pediatric Vision Services: Molina Healthcare covers the following vision services for Members up to age 19:

- Routine vision screening and eye exam every calendar year, including refraction, and including dilation when professionally indicated.
- One pair of prescription glasses (frames and lenses) every calendar year with glass, plastic, or polycarbonate lenses; available in single vision, conventional bifocal, conventional trifocal, and lenticular lenses in all lens powers.
- Contact lens exam (fitting and evaluation), including standard and premium fits covered in full.

- Prescription contact lenses are available instead of glasses. Members can choose from any available prescription contact lens material, including a minimum 3-month supply for any of the following modalities: standard (1 pair annually), monthly (6-month supply), bi-weekly (3-month supply), dailies (3-month supply).
- Necessary contact lenses are covered in full for Members who have specific conditions for which contact lenses provide better visual correction, in lieu of prescription lenses and frames, for the treatment of aniridia, aniseikonia, anisometropia, aphakia, corneal disorders, irregular astigmatism, keratoconus, pathological myopia, post-traumatic disorders. Refer to "Specialty Vision Services" above for coverage of special contact lenses for aniridia and aphakia.
- Low-vision optical devices including low-vision services, training, and instruction to maximize remaining usable vision with follow-up care, when services are Medically Necessary and Prior Authorization is obtained. With Prior Authorization, coverage includes:
    - One comprehensive low-vision evaluation every 5 years.
    - High-powered spectacles, magnifiers, and telescopes as Medically Necessary.
    - Follow-up care, including 4 visits in any 5-year period.

CW: Limit 1 pair of Contact Lenses every calendar year, in lieu of Rx glasses as Medically Necessary for specified medical conditions

FLORIDA:
Vision Services: Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses, which are limited to one pair every calendar year
- Contact lenses, which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: Adult routine vision services are available on some plans. Refer to the Schedule of Benefits to see if these services are covered on your Plan. When covered, these benefits include the following vision services for Members aged 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copayment applies)
- Glasses, which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

CW: Limit 1 pair of Contact Lenses every calendar year, in lieu of Rx glasses as Medically Necessary for specified medical conditions

IDAHO:
Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once ever calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Molina covers the following vision services for Members age 19 and older on Plans with routine adult vision benefits:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (Copayment applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

Members should refer to their Plan's Schedule of Benefits or Summary of Benefits and Coverage for this plan to learn more about routine adult vision coverage under this Plan, available at MyMolina.com or Molina Marketplace.com. Members should contact Molina Customer Support if they have any questions.

CW: Limit 1 pair of Contact Lenses every calendar year, in lieu of Rx glasses as Medically Necessary for specified medical conditions

ILLINOIS:
Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: Adult routine vision services are available on some plans. Refer to the Schedule of Benefits to see if these services are covered on your Plan. When covered, these benefits include the following vision services for Members age 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copay applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

CW: Limit 1 pair of Contact Lenses every calendar year, in lieu of Rx glasses as Medically Necessary for specified medical conditions

KENTUCKY:
Vision Services (Adult and Pediatric): Passport covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Passport also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Passport covers the following vision services for Members under the age of 21:

- Comprehensive vision exam limited to one every calendar year

- Glasses which are limited to one pair every calendar year, and one replacement if Medically Necessary
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized

CW: Limit 1 pair of Contact Lenses every calendar year, in lieu of Rx glasses as Medically Necessary for specified medical conditions

MICHIGAN:
Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: Adult routine visions services are available on some plans. Refer to the Schedule of Benefits to see if these services are covered on your plan. When covered, these benefits include the following vision services for Members age 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copay applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

MISSISSIPPI:

Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: Adult routine vision services are available on some plans. **Refer to the Schedule of Benefits to see if these services are covered on your Plan.** When covered, these benefits include the following vision services for Members age 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copay applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

NEVADA:
Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: Adult routine vision services are available on some plans. Refer to the Schedule of Benefits to see if these services are covered on your Plan. When covered, these benefits include the following vision services for Members age 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copay applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

NEW MEXICO:
Vision Services (Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
    - Frames
        - Limited to 1 pair of frames every calendar year
        - Limited to a selection of covered frames
    - Lenses
        - Limited to 1 pair every calendar year
        - Single vision, lined bifocal, lined trifocal, lenticular lenses, polycarbonate lenses
        - All lenses include scratch resistance coating UV protection
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses
    - Standard (one pair annually)
    - Monthly (six-month supply)
    - Bi-weekly (three-month supply)
    - Dailies (three-month supply)
- Medically Necessary contact lenses for specified medical conditions
- Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Eyeglasses and contact lenses (Limited) will only be covered under the following circumstances:

- Contact lenses are covered for the correction of aphakia (those with no lens in the eye), keratoconus, or conditions related to IEM. This includes the eye refraction examination.
- One pair of standard (non-tinted) eyeglasses (or contact lenses if medically necessary) is covered within 12 months after cataract surgery or when related to genetic inborn error of metabolism. This includes eye refraction examination, lenses and standard frames.

OHIO:
Vision Services (Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations). Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to 1 every calendar year
- Prescription glasses which are limited to 1 pair every calendar year (subject to a limited selection of frames) with glass, plastic, or polycarbonate lenses; available in single vision, conventional bifocal, conventional trifocal, and lenticular lenses in all lens powers. Anti-reflective coatings, progressive lenses, photochromatic glass lenses, and hi-index lenses also available.
- Contact lenses which are limited to 1 pair of standard contact lenses every calendar year instead of prescription glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

We offer the Adult Vision on Silver 1 and Gold 1 Plans

IMPORTANT: If a Member opts to receive vision care services or vision care materials that are not covered benefits under this Plan, a Participating Provider may charge you his or her normal fee for such services or materials. Prior to providing a Member with vision care services or vision care materials that are not covered benefits, the Participating Provider will provide the Member with an estimated cost for each service or material upon request.

SOUTH CAROLINA:
Vision Services: Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once every calendar year. Molina also covers

services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses, which are limited to one pair every calendar year
- Contact lenses, which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: Adult routine vision services are available on some plans. Refer to the Schedule of Benefits to see if these services are covered on your Plan. When covered, these benefits include the following vision services for Members age 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copay applies)
- Glasses, which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

TEXAS:
Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once ever calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: When covered, these benefits include the following vision services for Members aged 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copay applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

UTAH:
Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once ever calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year
- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Molina covers the following vision services for Members age 19 and older, when provided by a Participating Provider on Plans with routine adult vision benefits:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (Copayment applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

Members should refer to their Plan's Schedule of Benefits or Summary of Benefits and Coverage for this plan to learn more about routine adult vision coverage under this Plan, available at MyMolina.com or Molina Marketplace.com. Members should contact Molina Customer Support if they have any questions.

WASHINGTON:
Pediatric Vision Services: Molina covers the following vision services for Members under the age of nineteen (19):

- Routine vision screening and comprehensive eye exam which includes dilation as professionally indicated and with refraction every Plan year
- Prescription glasses: frames and lenses, limited to one (1) pair of prescription glasses once every twelve (12) months
- Covered frames include a limited selection of frames. Participating Providers will offer the limited selection of frames available to Members under this Agreement. Frames that are not within the limited selection of frames under this Agreement are not covered.
- Prescription lenses include single vision, lined bifocal, lined trifocal, lenticular lenses, and polycarbonate lenses. Lenses include scratch resistant coating and UV protection.
- Prescription contact lenses: In lieu of prescription lenses and frames, Molina covers prescription contact lenses limited to one (1) year supply every twelve (12) months. This includes evaluation, fitting, and follow-up care. Also covered in lieu of prescription lenses and frames, are prescription contact lenses for the treatment of:
    - Aniridia
    - Aniseikonia
    - Anisometropia
    - Aphakia
    - Corneal disorders
    - Irregular astigmatism
    - Keratoconus
    - Pathological myopia
    - Post-traumatic disorders
- Low vision optical devices are covered including low vision services training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorization is obtained. Coverage includes, with Prior Authorization:
    - One comprehensive low vision evaluation every five (5) years
    - High-power spectacles, magnifiers, and telescopes as Medically Necessary; and
    - Follow-up care

WISCONSIN:
Vision Services (Adult and Pediatric): Molina covers, for all Members, diabetic eye examinations (dilated retinal examinations) once ever calendar year. Molina also covers services for medical and surgical treatment of injuries and/or diseases affecting the eye.

Pediatric Vision Services: Molina covers the following vision services for Members under the age of 19:

- Comprehensive vision exam limited to one every calendar year

- Glasses which are limited to one pair every calendar year
- Contact lenses which are limited to one pair of standard contact lenses every calendar year instead of glasses.
- Medically Necessary contact lenses for specified medical conditions.

Low vision optical devices are covered, including low vision services, training, and instruction to maximize remaining usable vision. Follow-up care is covered when services are Medically Necessary and Prior Authorized.

Adult Routine Vision Services: Adult routine vision services are available on some plans. Refer to the Schedule of Benefits to see if these services are covered on your Plan. When covered, these benefits include the following vision services for Members age 19 and older when provided by a Participating Provider:

- Comprehensive vision exam limited to one every calendar year
- Routine retinal screening (copay applies)
- Glasses which are limited to one pair every calendar year
- Contact lenses in lieu of glasses

PRESCRIPTION EYE DROPS:

KENTUCKY:

Prescription Eye Drops: Passport covers prescription eye drop refills as follows:

- If your prescription calls for a 30-day supply, you may obtain a refill between 25-30 days from the later of: (i) the original date you received the prescription or (ii) the date of your most recent refill;
- If your prescription calls for a 90-day supply, you may obtain a refill between 80-90 days from the later of: (i) the original date you received the prescription or (ii) the date of your most recent refill.
- You are also permitted one (1) additional bottle of prescription eye drops if your prescription states than an additional bottle is needed for use in a day care center or school.
- Coverage for an additional bottle shall be limited to one (1) bottle every three (3) months.

NEW MEXICO:

Prescription eye drops: Molina covers medically necessary prescription eye drops as identified on the formulary and as prescribed as the Members provider. The following must be met for a renewal of a prescription:

- the renewal is requested by the Member at least twenty-three days for a thirty-day supply of eye drops, forty-five days for a sixty-day supply of eye drops or sixty-eight days for a ninety-day supply of eye drops from the later of the date that the original prescription was dispensed to the

Member or the date that the last renewal of the prescription was dispensed to the Member; and
- the participating provider indicates on the original prescription that additional quantities are needed, and that the renewal requested by the insured does not exceed the number of additional quantities needed.

TEXAS:
Eye Drops to treat chronic eye disease: Molina's pharmacy system will allow the Member to obtain refills for eye drops to treat chronic eye diseases and conditions at 21 day, 43 day and 63 day intervals

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

EYEGLASSES AND CONTACT LENSES FOR ADULTS/VISION CARE SERVICES

MISSISSIPPI:
Eyeglasses and Contact Lenses for Adults: Benefits are not available for charges connected to the purchase or fitting of eyeglasses or contact lenses. Vision Care Services: Molina does not cover the following: Eyeglasses, eyeglass frames, all types of contact lenses or corrective lenses, Eye exercises, visual training, orthoptics, sensory integration therapy, Radial keratotomy, laser surgeries, and other refractive keratoplasties and Refractions (tests to determine if eyeglasses are needed, and if so, what prescription)
RPM: This applies, but only for the non-vision plans. This does not apply on the Silver 1 + Vision or the Gold 1 + Vision.

NEW MEXICO:
Vision Care Services: Molina does not cover the following unless specifically stated in the agreement:
- Eyeglasses, eyeglass frames, all types of contact lenses or corrective lenses
- Eye exercises, visual training, orthoptics, sensory integration therapy
- Radial keratotomy, laser surgeries, and other refractive keratoplasties
- Refractions (tests to determine if eyeglasses are needed, and if so, what prescription)

RPM: True, because there is a pediatric vision addendum. In general, we cover EHB ped vision just like other states.
Adult Vision is no longer covered for New Mexico.
TEXAS:

Vision Care Services: Molina does not cover the following except as stated in the Pediatric Vision Services Section and Adult Routine Vision Services:

- Eyeglasses, eyeglass frames, all types of contact lenses or corrective lenses
- Eye exercises, visual training, orthoptics, sensory integration therapy
- Radial keratotomy, laser surgeries, and other refractive keratoplasties
- Refractions (tests to determine if eyeglasses are needed, and if so, what prescription)

WISCONSIN:
Eyeglasses and Contact Lenses for Adults: Benefits are not available for charges connected to the purchase or fitting of eyeglasses or contact lenses

Vision Care Services:
Molina does not cover the following:

- Eye exercises, visual training, orthoptics, sensory integration therapy
- Radial keratotomy, laser surgeries, and other refractive keratoplasties

RPM: This applies, but only for the non-vision plans. This does not apply on the Silver 1 + Vision or the Gold 1 + Vision.)

ITEMS AND SERVICES TO CORRECT REFRACTIVE DEFECTS OF THE EYE

CALIFORNIA, WASHINGTON:
Items and Services to Correct Refractive Defects of the Eye: Items and services such as eye surgery or contact lenses to reshape the eye to correct refractive defects such as myopia, hyperopia, or astigmatism are not covered. This exclusion does not apply to those Covered Services listed in Section C.

FLORIDA:
Items and Services to Correct Refractive Defects of the Eye: Items and services (such as eye surgery or contact lenses to reshape the eye) to correct refractive defects of the eye such as myopia, hyperopia, or astigmatism are not covered. This exception does not apply to the following Covered Services: Covered Services listed under "Pediatric Vision Services" and optional Routine Adult Vision., Soft lenses or sclera shells for the treatment of aphakic patients, Initial glasses or contact lenses following cataract surgery and Physician services to treat an injury to or disease of the eye
Clinical Approved

MISSISSIPPI, NEW MEXICO, SOUTH CAROLINA:
Items and Services to Correct Refractive Defects of the Eye: Items and services such as eye surgery or contact lenses to reshape the eye to correct refractive

defects such as myopia, hyperopia, or astigmatism are not covered. This exclusion does not apply to those Covered Services listed in Section C and optional Routine Adult Vision.

MISSISSIPPI:
Vision Care Services: Molina does not cover the following:

- Eyeglasses, eyeglass frames, all types of contact lenses or corrective lenses
- Eye exercises, visual training, orthoptics, sensory integration therapy
- Radial keratotomy, laser surgeries, and other refractive keratoplasties
- Refractions (tests to determine if eyeglasses are needed, and if so, what prescription)

TEXAS:
Items and Services to Correct Refractive Defects of the Eye: Items and services (such as eye surgery or contact lenses to reshape the eye) for correcting refractive defects of the eye such as myopia, hyperopia, or astigmatism, except those Covered Services listed in Section C and optional Routine Adult Vision.

UTAH, WISCONSIN:
I**tems and Services to Correct Refractive Defects of the Eye:** Molina does not cover items and services (such as eye surgery or contact lenses to reshape the eye) for correcting refractive defects of the eye such as myopia, hyperopia, or astigmatism, except those Covered Services listed in Section C and optional Routine Adult Vision.

IDAHO, ILLINOIS, KENTUCKY, AND OHIO:
Vision Care Services: Molina and Passport (KY) do not cover refractions (tests to determine if eyeglasses are needed, and if so, what prescription) except those Covered Services listed in Section C and optional Routine Adult Vision.

LASER SURGERY

ALL STATES:
Laser corrective surgery is not covered.

E. DEFINITIONS

See Glossary

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description

	7/1/2023	• Added NV 2024 EOC Language

Prior Authorization	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: a. Covered and No PA Required b. Not Covered You cannot use the MHI PA Matrix to make coverage determinations. PA Lookup Tool

Approval	Departments	Product	CIM	Clinical Management
	Date	12/15/2021	4/13/2022	11/30/2021
	Revised (for 1/1/2023)	12/13/2022	4/12/2023	12/13/2022
	Revised (for 1/1/2024)	12/7/2023		12/8/2023