Children's Special Health Care Services
Administrative Policy Manual

Benefit – Basic Services Policy # C-1d
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Latest Revision Date: October 13, 2010
Effective Date: January 1, 2005
Revision Reason: New Policy

Title: Vision Care

Purpose: To define the vision care benefit to be provided as Basic Services included in the Health Care Service Package.

Rule References:
410 IAC 3.2-7-1 – Health care delivery system
410 IAC 3.2-7-2 – Basic services included in the health care service package
410 IAC 3.2-7-3 – Limited health care services included in the health care service package

Policy: Vision Care may be provided to CSHCS participants with the following eligible medical conditions:

- Diabetes
- Marfan syndrome
- Cerebral Palsy
  (periventricular leukomalacia)
- Encephalopathy
- Apert syndrome
  (Acrocephalosyndactyly)
- Sickle Cell
- Sarcoidosis
- Mucopolysaccharidosis
  (inborn errors or metabolism)
- Hydrocephalus (with shunt)
- Fragile X
- Brain Tumor

Glasses may be authorized for glaucoma, buphthalmus, cataract, hydrocephalus with shunt, or cerebral palsy if eye muscle problem is documented.

Note: one pair per year

- Routine vision examination – once every 12 months
If correction is required for the following eligible diagnoses:

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- Either glasses or contact lenses, but not both:
  - If glasses:
    - Non-tinted lens/lenses – glass (rarely), plastic or poly-carbon, once every 12 months
    - Frames – once every 24 months
  - If contact lens/lenses:
    - Permanent “daily wear” – one pair – once every 12 months or
    - Disposable “daily wear” – twelve pairs – once every 12 months or
    - Disposable “extended wear” – will only pay the Disposable “daily wear” price towards these lenses.

Exception: Vision Care benefits for CSHCS participants may be approved more frequently with a letter of medical necessity from their “Linked” Vision Care Provider when required by their medically eligible condition.