

NOTICE: EPSDT Services- Eyeglass Replacement and Repair – Coverage Clarification

May 31, 2022

Dear Provider,

In adherence and accordance with your subcontract and AHCCCS Provider Participation Agreement, part of EPSDT, eyeglasses and other vision services, including replacement and repair of eyeglasses, for members under the age of 21 years are covered by AHCCCS to correct or ameliorate conditions discovered during vision screenings for EPSDT. There are **no restrictions** for EPSDT members for replacement and repair of eyeglasses, **when medically necessary for vision correction**. This includes, but is not limited to, loss, breakage, or change in refraction including special additions (lenses). To receive eyeglass replacement or repair, EPSDT members do not need to wait for their next scheduled EPSDT well child visit.

As a reminder, for members under the age of 21, federal law requires AHCCCS to cover all services listed in 42 USC 1396d(a) when medically necessary and cost effective, even when the services are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies. This means that health plans shall cover these services for EPSDT members if the treatment or service is necessary to “correct or ameliorate” defects or physical and behavioral illnesses or conditions, as long as the services are not experimental.

Subsequent to this clarification and on behalf of AHCCCS, Health Choice is requiring providers to be in adherence to the following:

- Providers place no restriction on eyeglass replacement and repair, as stated above, and educate all vision providers and dispensers of visual equipment of this coverage,
- **By June 7, 2022, for Vision Providers**, update language on vision providers website to include that EPSDT vision services include coverage of eyeglass replacements and repair, as outlined in this memo,
- Ensure coverage specifics are shared with AHCCCS members.

In addition, providers and dispensers are cautioned about “upselling” equipment for members and discouraged from promoting the purchase of insurance or warranty plans. Members are not required to agree to any upgrades. To the extent that any upgrade is not AHCCCS covered and is to be a member responsibility, the provider must ensure the member agrees to accept financial responsibility and signs a document, in advance, and not until prior communication with approval from the health plan occurs, accepting payment responsibility. The member agreement of financial responsibility document must also provide a description and approximate cost. General requirements for member billing are discussed in AAC R9-22-701.

The Covered Services Page on the AHCCCS website has also been updated to clarify this coverage [Covered Services \(azahcccs.gov\)](#). A One Pager has been developed by AHCCCS for members and can be found on the Office of Individual and Family Affairs (OIFA) page of the AHCCCS website [EyeglassCoverage 2022-2-22.pdf \(azahcccs.gov\)](#).

Should you have any questions, please contact your Network Services Provider Performance Representative.

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