

EFFECTIVE  
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NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

471 NAC 24

TITLE 471 NEBRASKA MEDICAL ASSISTANCE PROGRAM SERVICES

CHAPTER 24 VISUAL CARE SERVICES

001. SCOPE AND AUTHORITY. The regulations govern the services provided under Nebraska's Medicaid program as defined by Nebraska Revised Statute (Neb. Rev. Stat.) §§ 68-901 et seq.

002. DEFINITIONS. The following definitions apply:

002.01 EYEGLASSES. A set of both lenses and a frame, used to correct deficiencies in vision.

002.02 SIMPLE PHOTOPHOBIA. A photophobia condition which is not caused by a disease or other significant health issue. Also referred to as a sensitivity.

003. PROVIDER REQUIREMENTS.

003.01 GENERAL PROVIDER REQUIREMENTS. To participate in Nebraska Medicaid, providers of visual care services must comply with all applicable participation requirements codified in 471 Nebraska Administrative Code (NAC) 1, 2 and 3. In the event that participation requirements in 471 NAC 1, 2 or 3 conflict with requirements outlined in this 471 NAC 24, the participation requirements in 471 NAC 24 will govern.

003.02 SERVICE SPECIFIC PROVIDER REQUIREMENTS. To participate in Nebraska Medicaid, providers of visual care services must:

- (1) Be enrolled in Nebraska Medicaid by complying with provider agreement requirements;
- (2) Be licensed to practice by the Nebraska Department of Health and Human Services, Division of Public Health, or if the service is provided in another state, be licensed by the other state;
- (3) Practice within their scope of practice as defined in Neb. Rev. Stat. §§ 38-2601 to 38-2623, or if the service is provided in another state, within the scope of practice as defined by the licensing laws of the other state; and
- (4) Comply with all applicable state and federal laws and regulations governing the provision of their services.

003.02(A) PROVIDER AGREEMENT. Providers of visual care services must complete and sign Form MC-19, Service Provider Agreement, and submit the completed form to the Department for approval to participate in Nebraska Medicaid.

003.02(B) CONTACT LENS SERVICES. Only providers whose licensure allows prescription, fitting, and supervision of adaptation, will be approved for payment of contact lenses.

#### 004. SERVICE REQUIREMENTS

##### 004.01 GENERAL REQUIREMENTS.

004.01(A) MEDICAL NECESSITY. Nebraska Medicaid incorporates the definition of medical necessity from 471 NAC 1 as is fully rewritten herein. Services and supplies that do not meet the 471 NAC 1 definition of medical necessity are not covered.

004.01(B) SERVICES PROVIDED FOR RECIPIENTS ENROLLED IN THE NEBRASKA MEDICAID MANAGED CARE PROGRAM. See 471 NAC 1.

004.01(C) EARLY AND PERIODIC, SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) SERVICES. See 471 NAC 33.

004.02 COVERED SERVICES. Nebraska Medicaid covers medically necessary and appropriate visual care services within program guidelines. Examination, diagnosis and treatment services are also allowable to diagnose or treat a specific eye illness, symptom, complaint, or injury.

##### 004.02(A) EXAMINATION, DIAGNOSIS, AND TREATMENT SERVICES.

###### 004.02(A)(i) EYE EXAMINATIONS.

004.02(A)(i)(1) RECIPIENTS AGE 21 AND OLDER. Eye examinations are limited to once every 24 months. More frequent eye examinations will be covered when medically necessary and appropriate to diagnose or treat a specific eye illness, symptom, complaint or injury.

004.02(A)(i)(2) RECIPIENTS AGE 20 AND YOUNGER. Eye examinations are limited to once every 12 months. More frequent eye examinations will be covered when medically necessary and appropriate to diagnose or treat a specific eye illness, symptom, complaint, or injury.

004.02(A)(ii) VISION THERAPY. Nebraska Medicaid covers vision therapy, orthoptics, and is limited to 22 session.

##### 004.02(B) FRAMES.

004.02(B)(i) COVERAGE CRITERIA. Eyeglass frames are covered once each coverage period when one of the following conditions is met:

- (1) A medical reason of:
  - (a) The individual's first pair of prescription eyeglasses;
  - (b) Size change needed due to growth; or

- (c) A prescribed lens change, only if new lenses cannot be accommodated by the current frame.
- (2) The recipient's current frame is no longer useable due to irreparable wear, damage, breakage, or loss.

004.02(B)(ii) COVERAGE PERIOD.

004.02(B)(ii)(1) RECIPIENTS AGE 21 AND OLDER. Eyeglass frames are limited to once every 24 months. Replacement of frames which are irreparable due to breakage or loss, is allowed one additional time per coverage period.

004.02(B)(ii)(2) RECIPIENTS AGE 20 AND YOUNGER. Eyeglass frames are limited to once every 12 months. Eyeglass frames are covered more frequently if medically necessary.

04.02(B)(iii) FRAME SPECIFICATION. The following specifications apply to all eyeglass frames:

- (1) Plastic and metal frames are covered; rimless frames are not covered;
- (2) Discontinued frames with new prescription lenses are not covered; and
- (3) Frame cases are covered with new eyeglasses.

004.02(B)(iv) FRAME REPAIR. Nebraska Medicaid covers frame repair if less costly than providing a new frame and if the repair would provide a serviceable frame for the recipient. Applicable manufacturer warranties are considered to be a third party resource, and must be utilized in accordance with 471 NAC 3.

004.02(C) LENSES.

004.02(C)(i) COVERAGE CRITERIA. Nebraska Medicaid covers one pair of eyeglass lenses each coverage period. If one lens meets the coverage criteria, both lenses may be provided, unless the prescribing practitioner specifies replacement of only one lens. In order to be covered one of the following conditions must be met:

- (1) A medical reason including:
  - (a) The individual's first pair of prescription eyeglasses;
  - (b) Size change needed due to growth; or
  - (c) A new prescription with the refraction correction meeting one of the following criteria:
    - (i) A change of 0.50 diopters in the meridian of greatest change when placed on an optical cross;
    - (ii) A change in axis in excess of 10 degrees for 0.50 cylinder, 5 degrees for 0.75 cylinder; or
    - (iii) A change of prism correction of ½ prism diopter vertically or 2 prism diopters horizontally or more.
- (2) The current lenses are no longer useable due to damage, breakage, or loss.

004.02(C)(ii) COVERAGE PERIOD.

004.02(C)(ii)(1) RECIPIENTS AGE 21 AND OLDER. Eyeglass lenses are limited to once every 24 months.

004.02(C)(ii)(2) RECIPIENTS AGE 20 AND YOUNGER. Eyeglass lenses are limited to once every 12 months. Eyeglass lenses are covered more frequently if medically necessary.

004.02(C)(iii) LENS SPECIFICATION. The following specifications apply to all eyeglass lenses;

- (1) Lenses are covered only if the refraction correction is at least 0.50 diopters in any meridian;
- (2) Plastic or glass lenses are covered;
- (3) All plastic lenses must include front surface scratch resistant coating that is factory applied or "in-house" dipped;
- (4) Lenses must be of a quality at least equal to Z-80 standards of the American National Standard Institute; and
- (5) All lenses dispensed must be prescribed by a licensed practitioner. A copy of the prescribing practitioner's original prescription must be maintained in the provider's records and must be available for review by the Department upon request.

004.02(C)(iv) COVERED SPECIAL LENS FEATURES AND LAB PROCEDURES.

- (1) Bifocal and trifocal segments exceeding 28mm if necessary for specific employment or educational purposes, or due to a specific disability which limits head and neck movement.
- (2) High index lenses if the refraction correction is at least +/- 10.00 diopters in meridian of greatest power when placed on an optical cross.
- (3) Myodisc lenses when prescribed.
- (4) Nylon cord, metal cord, or rimless mount only when the recipient purchases their own frames or uses previously purchased frames.
- (5) Oversize lens charges if medically necessary or if the recipient purchases their own frame or uses previously purchased frame.
- (6) Standard polycarbonate lenses for recipients age 20 and younger. For recipients age 21 and older, covered only if prescribed for significantly monocular vision.
- (7) Thin polycarbonate lenses for recipients age 20 and younger. For recipients age 21 and older, covered only if the refraction correction is at least +/- 8.00 diopters in the meridian of greatest power when placed on an optical cross.
- (8) Scratch resistant coating is required for plastic lenses. Additional scratch resistant coating is not covered.
- (9) Slab-off prism if there is at least 3.00 diopters of anisometropia in the vertical meridian.
- (10) Special base curve only if prescribed for aniseikonia.
- (11) Tint only for chronic disorders which cause significant photophobia under indoor lighting conditions. Simple photophobia is not an accepted diagnosis for coverage.
- (12) Ultraviolet lens coating only for chronic disorders that are complicated or accelerated by ultraviolet light.

004.02(C)(v) LENS REPLACEMENT. Replacement of lenses which are irreparable due to wear, damage, breakage, or loss, is limited to once per lens in 12 month period, for recipients age 21 years and older.

004.02(D) EYEGLOSS FITTING. Nebraska Medicaid covers fitting of eyeglasses associated with provision Nebraska Medicaid covered lenses, frames, or both. Fitting includes:

- (i) Measurement of anatomical facial characteristics;
- (ii) Writing of laboratory specifications;
- (iii) Ordering eyeglasses;
- (iv) Verifying order once received;
- (v) Final adjustment of the eyeglasses to the visual axes and anatomical topography;
- (vi) Dispensing; and
- (vii) Any associated overhead including shipping and postage charges.

004.02(E) CONTACT LENS SERVICES. Contact lens services include prescription, fitting, supervision of adaptation, and supply of contact lenses.

004.02(E)(i) COVERAGE CRITERIA. Nebraska Medicaid covers contact lens services only when prescribed for recipients with:

- (1) Keratoconus;
- (2) Aphakia excluding pseudophakia;
- (3) High plus corrections of +12.00 diopters spherical equivalent or greater due to the visual field defect caused by a high plus correction;
- (4) High minus corrections of -12.00 diopters spherical equivalent or greater, but only with an increase in binocular best visual acuity of at least 2 Snellen lines when comparing the contact lenses to the spectacle lens correction;
- (5) Anisometropia, difference in correction of at least 6.00 diopters spherical equivalent in order to avoid double vision; or
- (6) Other pathological conditions of the eye when useful vision cannot be obtained with eyeglasses.

004.02(E)(ii) REPLACEMENT CONTACT LENSES. Covered when required due to loss, damage, or for prescription changes when the recipient's condition meets Nebraska Medicaid's criteria for coverage of contact lens services.

004.03 NON-COVERED SERVICES. The following services are not covered by Nebraska Medicaid:

004.03(A) EYEGASSES.

- (i) Sunglasses;
- (ii) Multiple pairs of eyeglasses for the same individual;
- (iii) Non-spectacle mounted aids, hand-held or single lens spectacle mounted low vision aids, and telescopic and other compound lens systems; and
- (iv) Replacement insurance.

004.03(B) SPECIAL LENS FEATURES AND LAB PROCEDURES.

- (i) Anti-reflective and mirror lens coating;

- (ii) Blended and progressive multifocal lenses;
- (iii) Drilling, notching, grooving, faceting of lenses;
- (iv) Edging or beveling of lenses for cosmetic reasons;
- (v) Engraving;
- (vi) Roll and polish edges; or
- (vii) Photochromatic tints and sunglasses.

004.03(C) CONTACT LENSES.

- (i) Prescribed for routine correction of vision; and
- (ii) Disposable contact lenses.

005. BILLING AND PAYMENT FOR VISUAL CARE SERVICES.

005.01 BILLING.

005.01(A) GENERAL BILLING REQUIREMENTS. Providers must comply with all applicable billing requirements codified in 471 NAC 3. In the event that billing requirements in 471 NAC 3 conflict with billing requirements outlined in this 471 NAC 24, the billing requirements in 471 NAC 24 will govern.

005.01(B) SPECIFIC BILLING REQUIREMENTS.

005.01(B)(i) BILLING REQUIREMENTS. Providers must bill Nebraska Medicaid for visual care services on the appropriate claim form or electronic format.

005.01(B)(ii) USUAL AND CUSTOMARY CHARGE. The provider or their authorized agent must submit the provider's usual and customary charge for services rendered. The provider's total charge for services may not exceed the provider's usual and customary charge.

005.01(B)(iii) NON-COVERED SERVICES. If the provider furnishes items or services not covered by Nebraska Medicaid, on a private basis, the individual must pay the full charge of the items or services. The provider is prohibited from billing Nebraska Medicaid for any portion of the non-covered items or services.

005.01(B)(iv) BILLING THE RECIPIENT FOR FRAMES. Charges for frames purchased by a recipient on a private pay basis must include the associated fitting charge.

005.01(B)(v) BILLING FOR LENSES.

005.01(B)(v)(1) SCRATCH RESISTANT COATING. The cost for the scratch resistant coating must be included in the lens cost and is not billed under a separate procedure code. The laboratory invoice must indicate that the scratch resistant coating was provided. Nebraska Medicaid does not require that lenses with scratch resistant coating be warranted.

005.01(B)(v)(2) BILLING THE RECIPIENT.

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005.01(B)(v)(2)(a) LENSES. Charges for lens purchased by a recipient on a private pay basis must include the associated fitting charge.

005.01(B)(v)(2)(b) SPECIAL LENS FEATURES AND LAB PROCEDURES. If non-covered lens features or lab procedures other than non-covered tints are desired by recipients, they must be purchased on a private pay basis.

005.01(B)(v)(2)(c) LENS TINTS. The recipient can be billed for non-covered lens tints under the following conditions:

- (i) The recipient has been notified by the provider in writing that Nebraska Medicaid will not cover the lens tint; and
- (ii) The recipient voluntarily agrees to reimburse the provider for the lens tint on a private pay basis.

005.02 PAYMENT.

005.02(A) GENERAL PAYMENT REQUIREMENTS. Nebraska Medicaid will reimburse the provider for services rendered in accordance with the applicable payment regulations codified in 471 NAC 3. In the event that payment regulations in 471 NAC 3 conflict with payment regulations outlined in 471 NAC 24, the payment regulations in 471 NAC 24 will govern.

005.02(B) SPECIFIC PAYMENT REQUIREMENTS.

005.02(B)(i) REIMBURSEMENT. Nebraska Medicaid pays for covered visual care services in an amount equal to the lesser of:

- (1) The provider's submitted charge; and
- (2) The allowable amount for the procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service.

005.02(B)(ii) MEDICARE AND NEBRASKA MEDICAID CROSSOVER CLAIMS. For information on the payment of Medicare and Nebraska Medicaid crossover claims, see 471 NAC. 3.

005.02(B)(iii) COPAYMENT. For Nebraska Medicaid copayment requirements, see 471 NAC 3.

005.02(B)(iv) PAYMENTS FOR EYE EXAMS. Eye examinations provided primarily for the purpose of prescribing, fitting, or changing eyeglasses for refractive errors are reimbursed at the Nebraska Medicaid fee schedule allowable for intermediate level general ophthalmological services, as defined in the American Medical Association's Physicians' Current Procedural Terminology (CPT). Determination of the refractive state is reimbursed separately from examination services.

005.02(B)(v) PAYMENTS FOR VISION THERAPY TRAINING. Payment for vision therapy training includes all equipment and supplies necessary for home use.