

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Eyeglasses Replacement</b>
Initial Implementation Date:	7/8/2014
Last Review Date:	8/14/2025
Effective Date:	11/1/2025
Next Review/Revision Date:	November 2028
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Description</b>	
<p>Eyeglasses, lenses and frames, are covered for children. <u>Prior Authorization is required for additional eyeglasses for children beyond 2 pairs in a 12-month period.</u> It should be unusual for a child's vision to change so frequently that greater than two pair of eyeglasses are needed within a 12-month timeframe. However, if this should occur, the documentation should clearly demonstrate changes in the member's vision necessitating the new prescription. PA will be provided if the services are reasonable and medically necessary</p>	
<b>Approval Criteria</b>	
<p><b><u>INDICATIONS FOR ADDITIONAL EYEGLASSES:</u></b></p> <p><b>A. <u>Change in Vision</u></b></p> <ol style="list-style-type: none"> <li>1. Documentation should indicate a change in correction of 0.5 diopters or greater in either sphere or cylinder power in either eye since last examination; <b>OR</b></li> <li>2. A shift in axis of greater than 10 degrees in either eye since last examination; <b>OR</b></li> <li>3. A change in the member's head size warranting a new pair of eyeglasses; <b>OR</b></li> <li>4. The member has an allergic reaction to the eyeglasses materials; <b>OR</b></li> <li>5. A comprehensive or intermediate vision examination shows that a change in eyeglasses is medically necessary.</li> </ol> <p><b>B. <u>Irreparable Lenses and/or Frames</u></b></p> <p>Only the damaged portion of the eyeglasses will be replaced; i.e., if the lenses are significantly damaged or scratched, only the lenses will be replaced. If the frames are significantly damaged, only the frames will be replaced. An attempt to utilize the undamaged portion of any pair of eyeglasses should be made.</p> <ol style="list-style-type: none"> <li>a. Documentation should indicate the nature of the incident resulting in irreparable damage, including how and when the lenses and/or frames were damaged; <b>AND</b></li> <li>b. A statement indicating why the lenses and/or frames cannot be repaired.</li> </ol> <p><b>C. <u>Lost or Stolen Eyeglasses</u></b></p> <p>Documentation should include a signed statement from the parent/caregiver attesting to the loss of the eyeglasses and that reasonable attempts were made to locate the lost or stolen eyeglasses and failed.</p>	

\*\*All other indications for additional eyeglasses not otherwise noted above remain at discretion of the Oklahoma Health Care Authority.

#### **References**

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1
2. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-5-432.1