

Vision Aids (Eyeglasses, Contacts)

NOTE: HKP vision benefit coverage mirrors Medi-Cal vision benefits as defined in the California Code of Regulations, Title 22, §51317.

Benefit Coverage

Eye appliances are covered on the written prescription of a physician or optometrist. Providers shall make a reasonable effort to ascertain and record the age, source and characteristics of the patient's most recent ophthalmic correction.

Benefit Exclusion

Replacement of lost, broken or significantly damaged eye appliances are not covered unless the conditions in the California Code of Regulations, Title 22, Section 51317(2) are met.

Examples of Covered Benefits

1. Single vision lenses, based upon criteria specified in the California Code of Regulations, Title 22, Section 51317, subdivision (c)(1).
2. Multi-focal lenses with an add of at least 0.75 diopters.
3. Absorptive lenses which reduce the amount of light energy reaching the eye, based upon criteria specified in the California Code of Regulations, Title 22, Section 51317, subdivision (c)(4).
4. Trifocal lenses, but only for patients who currently wear trifocals.
5. A balance lens, which meets the criteria specified in the California Code of Regulations, Title 22, Section 51317, subdivision (c)(6).
6. Eyeglass frames when the patient does not possess a frame suitable for continued use.
7. Medically necessary contact lenses, for which the federal FDA has given approval in compliance to American National Standard Requirements and meets the criteria as specified in the California Code of Regulations, Title 22, Section 51317, subdivision (e)(1).
8. Low vision aides subject to the criteria specified in the California Code of Regulations, Title 22, Section 51317, subdivision (f).
9. Prosthetic eye, upon written prescription of a physician or optometrist.

Vision Aids (Eyeglasses, Contacts) (continued)

Examples of Non-Covered Benefits

1. Eyeglasses used primarily for protective, cosmetic, occupational or avocation purposes.
2. Eyeglasses prescribed for other than the correction of refractive errors or binocularity anomalies.
3. Double segment bifocal or no-line multi-focal lenses.
4. Multi-focal contact lenses.
5. Frames for use with lenses weaker than the minimums specified for an original prescription.
6. Spare pair of eyeglasses.
7. Single vision eyeglasses in addition to multi-focal eyeglasses.

Vision Examinations

NOTE: HKP vision benefit coverage mirrors Medi-Cal vision benefits as defined in the California Code of Regulations, Title 22, Section 51306.

Benefit Coverage:

Services provided by optometrists or ophthalmologists acting within the scope of their practice are limited to one (1) bilateral eye examination with refraction within a twenty-four month period. A second bilateral eye examination with refraction within a twenty-four month period is covered only when a sign or symptom indicates a need for this service. The provider of service shall make a reasonable effort to determine the date of the prior examination with refraction.

Benefit Exclusion

Orthoptics and pleoptics are not covered benefits.

Examples of Covered Benefits

1. One bilateral eye examination with refraction every twenty-four months.

Examples of Non-Covered Benefits

1. Orthoptics and pleoptics.
2. More than one bilateral eye examination within twenty-four months unless a symptom indicates a necessity for an additional examination.