POLICY AND PROCEDURE	
Policy # and TITLE: Vision Care	
Primary Policy owner: Utilization Management	**POLICY #:** UM56
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐All Departments 2) ☒Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☒ Care Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10)☐ Cultural & Linguistics (CL) 11)☐ Customer Service (CS)	12)☐ Facilities (FAC) 13)☐ Finance (FIN) 14)☐ Human Resources (HR) 15)☐ Information Technology / Core Systems (IT) 16)☐ Pharmacy (PH) 17)☐ Provider Networks (PRO) 18)☒ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19)☒ Utilization Management (UM) 20)☐ Procurement (PRM) 21)☐ Administration (SAF/BC/EM) 22)☐ Medical Management (MM)
PRODUCT TYPE: ☒Medi-Cal	**Supersedes Policy Number:** N/A

I. PURPOSE

This policy defines the provision of vision services provided to Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") Medi-Cal Members.

II. POLICY

A. Health Plan contracts with Vision Services Plan (VSP) to provide vision services to eligible Members. Members may see either an Optometrist or Ophthalmologist for their routine eye exam.

B. Routine vision services are provided as follows:

1. For Members under 21 years old:
    a. At intervals which meet reasonable standards of medical practice, as determined by the state after consultation with recognized medical organizations involved in child health care, and
    b. As medically necessary, to determine the existence of a suspected illness or condition; and
    c. Include diagnosis and treatment for defects in vision, including eyeglasses, at a minimum.
2. For Members 21 years old and above, routine eye exams are provided once every two (2) years.
3. Additional or more frequent eye exams are covered if medically necessary, such as for Members with diabetes, a diabetic retinal eye exam every twelve (12) months and when medically necessary is covered.

III. PROCEDURE

A. Members may self-refer to a VSP contracted vision provider by calling VSP Member Services at 1.800.877.7195 or by visiting their website at https://www.vsp.com.

1. Health Plan members are eligible for medically necessary frames and lenses every 2 years.
    a. Replacement of frames within two years of initial coverage is limited to the same model whenever feasible.
    b. Replacement of frames within two years is not covered if an existing frame can be made suitable for continued use by adjustment, repair, or replacement of a broken frame part. Medi-Cal does not replace frames that are deliberately destroyed, abused, or discarded by recipients.

2. Lenses are not approved for replacement unless sufficient documentation is presented to support the medical necessity to replace the lenses/glasses within the two (2) year limit.

IV. ATTACHMENT(S)

A. DHCS Medi–Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
B. Glossary of Terms Link
C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. American Diabetes Association Website: https://diabetes.org/health-wellness/eye-health
B. Department of Health Care Services (DHCS) 2024 Contract for Health Care Services Exhibit A, Attachment III 5.3 Scope of Services
C. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005 Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Beneficiaries under the Age of Twenty-One Dated March 16, 2023
D. Medi-Cal Provider Manual, Vision Care, Eyeglass Frames updated August 2020
E. Medi-Cal Provider Manual, Vision Care, Professional Services updated August 2020
F. Title 22, California Code of Regulations (CCR.), §§ 51306, 51317, 51518, 51519, 51519.1, and 51519.2 I.
G. Welfare and Institutions Code, § 14131.10

VI. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	08/05, 10/08, 06/15, 06/16, 12/18, 01/20, 09/20, 11/21, 03/23	N/A
001	Moved UM56 to new template	10/27/2023

002	Annual Review – Minor changes include updating to Cobranding and updating references.	4/4/2024
Initial Effective Date: 1/1/2000		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	002	8/15/2024
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		
• Audits & Oversight Committee		
• Policy Review	002	6/19/2024
Quality Improvement Health Equity Committee (QIHEC)		
• Quality Operations Committee		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract Manager	001	7/21/2023
Department of Managed Care (DMHC)			

IX. *Approval signature**

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy