Policy:	GG.1111
Title:	**Vision Services**
Department:	Medical Management
Section:	Utilization Management
CEO Approval:	*/s/ Michael Hunn 12/20/2024*
Effective Date:	10/01/1995
Revised Date:	12/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the provision of vision services to Members.

II. POLICY

A. CalOptima Health contracts with Vision Services Plan (VSP) to provide vision services to eligible Members. A Member shall refer to the Member Handbook or Evidence of Coverage (EOC) for benefit information, including exclusions and limitations.

B. Except as otherwise provided in Section II.C. of this Policy, CalOptima Health shall be financially responsible for the provision of polycarbonate lenses for Members.

C. A Health Network that is a Health Maintenance Organization (HMO) may elect to operate a vision services program for its Members. If a Health Network elects to operate a vision services program for its Members, it shall be financially responsible for the provision of all vision services for its Members, including polycarbonate lenses, in accordance with the HMO's Contract for Health Care Services.

D. Covered Services

1. Optical frames are a Covered Service under conditions specified in the Medi-Cal, and OneCare, vision benefit.

2. Subject to the provisions of this Policy, plastic and polycarbonate lenses are Covered Services. Glass lenses are not a Covered Service.

3. Polycarbonate lenses are a Covered Service if:

   a. CalOptima Health or a Member's Health Network determines that such polycarbonate lenses are Medically Necessary for safety and protection of the Member's vision.

4. CalOptima Health shall ensure any Prior Authorization or approval processes for polycarbonate lenses is consistently applied to medical/surgical, mental health, and substance use disorder services covered by CalOptima Health.

E. If a VSP Provider identifies an eye emergency, or a condition during a routine vision examination, that requires a referral to an ophthalmologist, they shall refer the Member for such services, in accordance with the terms and conditions of this Policy.

III. PROCEDURE

A. If a VSP Provider identifies an eye emergency during a routine vision examination that requires a referral to an ophthalmologist, the VSP Provider may refer the Member to an ophthalmologist or a hospital emergency department without Prior Authorization from CalOptima Health or the Member's Health Network.

B. If a VSP Provider identifies a condition during a routine vision examination that is not an eye emergency, but requires a referral to an ophthalmologist, they shall take the following steps:

1. The VSP Provider shall verify a Member's eligibility in their respective CalOptima Health program.

2. For a Health Network Member, the VSP Provider shall contact the Member's Primary Care Provider (PCP) and request initiation of the Member's referral to an ophthalmologist; and

3. For a CalOptima Health Member, the VSP Provider shall refer the Member to their PCP to be referred to a contracted ophthalmologist.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract for Health Care Services
B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
D. CalOptima Health Vision Services Management Contract
E. CalOptima Health Policy DD.2003: Member Identification and Eligibility Verification
F. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
G. 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 Members Under the Age of 21 (Supersedes APL 19-010)
H. Title 22, California Code of Regulations (CCR.), §§ 51306, 51317, 51518, 51519, 51519.1, and 51519.2
I. Welfare and Institutions Code, § 14131.10

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
11/03/2015	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/1995	GG.1111	Vision Services/VSP Referrals for Medical Ophthalmology Service	Medi-Cal
Revised	03/01/1999	GG.1111	Vision Services/VSP Referrals for Medical Ophthalmology Service	Medi-Cal
Revised	03/01/2007	GG.1111	Vision Services/VSP Referrals for Medical Ophthalmology Service	Medi-Cal
Revised	09/01/2015	GG.1111	Vision Services	Medi-Cal OneCare OneCare Connect
Revised	10/01/2016	GG.1111	Vision Services	Medi-Cal OneCare OneCare Connect
Revised	10/01/2017	GG.1111	Vision Services	Medi-Cal OneCare OneCare Connect
Revised	01/01/2018	GG.1111	Vision Services	Medi-Cal OneCare OneCare Connect
Revised	09/01/2019	GG.1111	Vision Services	Medi-Cal OneCare OneCare Connect
Revised	08/01/2020	GG.1111	Vision Services	Medi-Cal OneCare OneCare Connect
Revised	04/01/2021	GG.1111	Vision Services	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1111	Vision Services	Medi-Cal OneCare
Revised	12/31/2023	GG.1111	Vision Services	Medi-Cal OneCare
Revised	12/01/2024	GG.1111	Vision Services	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Covered Services	Medi-Cal: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;

Term	Definition
	8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. <u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.
Delegation	Process by which CalOptima Health expressly grants, by formal written agreement, to another entity the authority to carry out a function that CalOptima Health would otherwise be required to perform in order to meet its obligation under its contract with DHCS.
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
Health Network	A Physician Hospital Consortium (PHC), , physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.

Term	Definition
Medically Necessary or Medical Necessity	Medi-Cal: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child. OneCare: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.
Member	A beneficiary enrolled in a CalOptima Health program.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and for maintaining the continuity of patient care. A PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.
Prior Authorization	Medi-Cal: A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services. OneCare: A process through which a physician or other health care provider is required to obtain advance approval from the plan that payment will be made for a service or item furnished to a Member.
Vision Services Plan (VSP) Provider	An optometrist or ophthalmologist who is duly licensed in California and has a subcontract with VSP to provide Vision Services to Members.