

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #:16-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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June 8, 2016

Justin M. Senior  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, Mailstop #20  
Tallahassee, FL 32308

ATTN: April Cook

RE: Title XIX State Plan Amendment 16-0007

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-0007. This amendment updates outdated language pertaining to visual services coverage policy. The update includes two pair of eyeglasses per 365 days for children and one pair of eyeglasses every two years for adults.

Based on the information provided, this amendment is approved on June 8, 2016. The effective date is January 1, 2016. We are enclosing the approved form HCFA 179 and plan pages. If you have any questions, please contact Cheryl L. Brimage at 404-562-7116 or [cheryl.brimage@cms.hhs.gov](mailto:cheryl.brimage@cms.hhs.gov).

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations



Early and Periodic Screening and Diagnosis of recipients under the age of 21 years, and  
Treatment of conditions found:

4. Description

Visual aid services provide visual aids to recipients to alleviate visual impairments.

Who Can Receive

Visual aid services are available to Florida Medicaid recipients under the age of 21 years who require medically necessary visual aid services.

Who Can Provide

Practitioners certified or licensed within their scope of practice.

Allowable Benefits

- Eyeglasses  
Up to two pairs per 365 days
  
- Contact Lenses  
For limited conditions and requires prior authorization by the Agency for Health Care Administration or its designee
  
- In accordance with section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d(a), services that exceed coverage may be approved, if determined medically necessary. The provider is required to obtain prior authorization from the Agency or its designee.

Amendment 2016-007  
Effective 1/01/16  
Supersedes 93-02  
Approval 06-08-16

For non-Early and Periodic Screening and Diagnosis recipients 21 years of age and older:

12d. Description - Eyeglasses

Visual aid services provide visual aids to recipients to alleviate visual impairments.

Who Can Receive

Visual aid services are available to Florida Medicaid recipients 21 years of age or older who require medically necessary visual aid services.

Who Can Provide

Practitioners certified or licensed within their scope of practice:

- Optometrist and certified optometrist licensed in accordance with Chapter 463, F.S.
- Ophthalmologist licensed in accordance with Chapter 458, F.S.
- Optician licensed in accordance with Chapter 484, F.S.

Allowable Benefits

- Eyeglasses  
Up to one frame every two years  
Up to two lenses every 365 days
- Additional eyeglass frames, lenses, pairs of glasses, and special order frames may be provided with prior authorization by the Agency for Health Care Administration or its designee
- Contact lenses  
For limited conditions and requires prior authorization by the Agency for Health Care Administration or its designee
- Prosthetic eyes and services related to measuring, fitting, and dispensing

Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment: 2016-007  
Supersedes: 09-016  
Effective: 1/01/16  
Approval: 06-08-16

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- Optician licensed in accordance with Chapter 484, F.S.

Allowable Benefits

- Eyeglasses  
Up to one frame every two years  
Up to two lenses every 365 days
- Additional eyeglass frames, lenses, pairs of glasses, and special order frames may be provided with prior authorization by the Agency for Health Care Administration (Agency) or its designee.
- Contact Lenses

For limited conditions and requires prior authorization by the Agency for Health Care Administration or its designee.

- Prosthetic eyes and services related to measuring, fitting, and dispensing.

Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment 2016-007  
Effective 1/01/16  
Supersedes 2009-027  
Approval: 06/08/16

VISUAL SERVICES

Payment for visual aid services are based on a state developed fee schedule, which is the same for both governmental and private providers. The agency's visual aid services rates were set as of 1/01/16, and are effective for services on or after this date. The fee schedules are published at [http://portal.flmmis.com/FLPublic/Provider\\_ProviderServices/Provider\\_ProviderSupport/Provider\\_ProviderSupport\\_FeeSchedules/](http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_ProviderSupport/Provider_ProviderSupport_FeeSchedules/) .

Amendment: 2016-007  
Supersedes: 2009-016  
Effective Date: 1/01/16  
Approved: 06/08/16