

STATE: MINNESOTA  
Effective: March 2, 2010  
TN: 10-02  
Approved: **MAY 1 1 2010**  
Supersedes: 02-02 (00-11)

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12.d. Eyeglasses.

- Comprehensive vision examinations and intermediate vision examinations are eligible for payment.
- Medically necessary eyeglasses are specifically defined.
- Eyeglasses which have been lost, stolen, or irreparably damaged must be an identical replacement.
- Payment will be made for a new pair of eyeglasses for:
  - 1) A change in the recipient's head size.
  - 2) A change in eyeglasses that are medically necessary ~~mandated by medical necessity.~~
  - 3) An allergic reaction to the eyeglass material.
  - 4) A prescription change of .5 diopter or greater.
- The following eyeglasses or ~~eyeglass~~ vision services are not covered:
  - 1) Cosmetic services.
  - 2) Contact lenses prescribed for reasons other than aphakia, keratoconus, aniseikonia, marked acuity improvement over correction with eyeglasses, or bandage lenses.
  - 3) Dispensing services related to a noncovered service.
  - 4) Replacement of lenses or frames to change the style or color.
  - 5) Fashion tints and polarized lenses, unless medically necessary.
  - 6) Protective coating for plastic lenses.
  - 7) Edge and anti-reflective coating of lenses.
  - 8) Industrial or sport eyeglasses, unless they are the recipient's only pair and are necessary for vision correction.
  - 9) Eyeglasses, lenses, or frames that are not medically necessary.
  - 10) Invisible bifocals or progressive bifocals.

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12.d. Eyeglasses. (continued)

- 11) An eyeglass service for which a required prior authorization was not obtained.
- 12) Replacement of lenses or frames due to provider error in prescribing, frame selection, or measurement. The provider making the error is responsible for bearing the cost of correcting the error.
- 13) Services or materials that are considered to be experimental or nonclinically proven by prevailing community standards or customary practice.
- 14) Eyeglass repair during the warranty period if the repair is covered by warranty.
- 15) Backup eyeglasses.
- 16) Photochromatic lenses, except for a recipient who has a diagnosis of albinism, achromatopsia, aniridia, blue cone monochromastism, cyctinosis, or retinitis pigmentosa, or any other condition for which such lenses are medically necessary.
- ~~17) Transition lenses unless medically necessary.~~
- ~~18) High index plastic lenses.~~
- ~~19) Eyeglasses or lenses for occupational or educational needs, unless it is the recipient's only pair and are necessary for vision correction.~~
18. Purchase of eyeglass frames or lenses not covered by a contract obtained through the competitive bidding process.

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12.d. Eyeglasses.

- Comprehensive vision examinations and intermediate vision examinations are eligible for payment.
- Medically necessary eyeglasses are specifically defined.
- Eyeglasses which have been lost, stolen, or irreparably damaged must be an identical replacement.
- Payment will be made for a new pair of eyeglasses for:
  - 1) A change in the recipient's head size.
  - 2) A change in eyeglasses that are medically necessary ~~mandated by medical necessity~~.
  - 3) An allergic reaction to the eyeglass material.
  - 4) A prescription change of .5 diopter or greater.
- The following eyeglasses or ~~eyeglass~~ vision services are not covered:
  - 1) Cosmetic services.
  - 2) Contact lenses prescribed for reasons other than aphakia, keratoconus, aniseikonia, marked acuity improvement over correction with eyeglasses, or bandage lenses.
  - 3) Dispensing services related to a noncovered service.
  - 4) Replacement of lenses or frames to change the style or color.
  - 5) Fashion tints and polarized lenses, unless medically necessary.
  - 6) Protective coating for plastic lenses.
  - 7) Edge and anti-reflective coating of lenses.
  - 8) Industrial or sport eyeglasses, unless they are the recipient's only pair and are necessary for vision correction.
  - 9) Eyeglasses, lenses, or frames that are not medically necessary.
  - 10) Invisible bifocals or progressive bifocals.

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12.d. Eyeglasses. (continued)

- 11) An eyeglass service for which a required prior authorization was not obtained.
- 12) Replacement of lenses or frames due to provider error in prescribing, frame selection, or measurement. The provider making the error is responsible for bearing the cost of correcting the error.
- 13) Services or materials that are considered to be experimental or nonclinically proven by prevailing community standards or customary practice.
- 14) Eyeglass repair during the warranty period if the repair is covered by warranty.
- 15) Backup eyeglasses.
- 16) Photochromatic lenses, except for a recipient who has a diagnosis of albinism, achromatopsia, aniridia, blue cone monochromastism, cyctinosis, or retinitis pigmentosa, or any other condition for which such lenses are medically necessary.
- ~~17) Transition lenses unless medically necessary.~~
- ~~18) High index plastic lenses.~~
- ~~19) Eyeglasses or lenses for occupational or educational needs, unless it is the recipient's only pair and are necessary for vision correction.~~
18. Purchase of eyeglass frames or lenses not covered by a contract obtained through the competitive bidding process.

7.c. Medical supplies, equipment, and appliances suitable for use in the home.

Hearing aids, eyeglasses and oxygen are purchased on a volume basis through competitive bidding.

Effective for all of the following medical supplies, equipment and appliances provided on or after July 1, 2009, payment is reduced by three percent. Effective for medical supplies, equipment and appliances provided on or after July 1, 2009, and before July 1, 2011, rates are reduced by an additional one and one half percent.

Medical supplies and equipment that are not purchased on a volume basis are paid the lower of:

- (1) submitted charge;
- (2) Medicare fee schedule amount for medical supplies and equipment; or
- (3) if Medicare has not established a payment amount for the medical supply or equipment, an amount determined using one of the following methodologies:
  - (a) 50th percentile of the usual and customary charges submitted for the medical supply or equipment for the previous calendar year minus 20 percent;
  - (b) if no information about usual and customary charges exists for the previous calendar year, payment is based upon the manufacturer's suggested retail price minus 20 percent; or
  - (c) if no information exists about manufacturer's suggested retail price, payment is based on cost (wholesale) plus 20 percent.

Augmentative and alternative communication device manufacturers and vendors are paid the manufacturers's suggested retail price.

Enteral products are paid the lower of:

- (1) submitted charge; or
- (2) Medicare fee schedule amount for enteral products.

- Pediatric enteral products may be paid at the average wholesale price.

Parenteral products are paid using the methodology in item 12.a., Prescribed drugs, for drugs dispensed by a pharmacy.

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12.d. Eyeglasses.

Effective March 2, 2010, payment for eyeglasses is based on volume purchase contracting established through the competitive bidding process.

Ophthalmologists, optometrists and opticians are paid for dispensing eyeglasses using the same methodology as item 5.a, Physicians' services.

Effective for services provided on or after January 15, 2002, payment for ~~eyeglasses and~~ ophthalmic materials is the lower of:

- 1) submitted charge; or
- 2) a) .481 of the July 2001 Medicare rate; or  
b) state agency established rate.

Effective for services rendered on or after July 1, 2009, payment is reduced by three percent. Effective for services rendered on or after July 1, 2009, and before July 1, 2011, these payment rates are reduced by an additional one and one half percent.