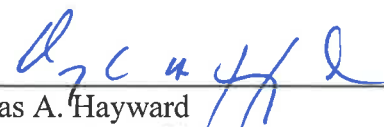


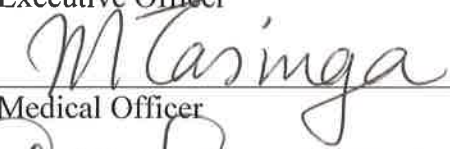


# KERN HEALTH SYSTEMS

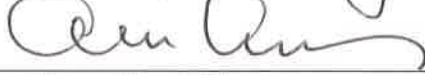
KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Vision Care			POLICY #: 3.07-P		
DEPARTMENT: Utilization Management					
Effective Date: 07/2000	Review/Revised Date: 10/25/2018	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

  
 \_\_\_\_\_  
 Douglas A. Hayward  
 Chief Executive Officer

Date 10/25/18

  
 \_\_\_\_\_  
 Chief Medical Officer


Date 10/19/18

  
 \_\_\_\_\_  
 Chief Operating Officer

Date 10/16/18

  
 \_\_\_\_\_  
 Director of Claims

Date 10/15/18

  
 \_\_\_\_\_  
 Administrative Director of Health Services

Date 10/12/18

**POLICY:**

Coverage for vision services differs by Kern Health Systems (KHS) Benefit Plan.

Vision services are covered under the Medi-Cal Plan. KHS contracts with Vision Service Plan (VSP) for the management and administration of optometric needs of Medi-Cal Plan members. VSP will care for the needs of the membership by providing optometric services through the VSP established network in Kern County. All VSP providers will be Prison Industry Authority (PIA) distributors and will coordinate lenses subscriptions with the PIA.

Vision care services for Medi-Cal members will be provided in accordance with DHS Contract Exhibit A – Attachment 10 (7)(c).

## PURPOSE:

To define the benefits, contract arrangements, and referral systems for vision services and products available to KHS members.

## PROCEDURES:

### 1.0 ACCESS

In cases where authorization is required for services (see Section 2.0), requests are processed in accordance with *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

#### Medi-Cal Members

The Primary Care Practitioner (PCP) or the member may directly initiate a referral to VSP contracting optometrists by telephone or walk-in. KHS authorization is not required.

Medi-Cal members may self-refer for optometric services by choosing a provider listed in the *KHS Provider Directory* or by contacting KHS Member Services at 1-800-391-2000. Upon request, Member Services staff assist members in initiating the self-referral process to VSP providers. Members may choose any approved vision provider based on provider availability.

Members are informed on how to access Vision Services through new member orientations and the *Member Handbook*.

### 2.0 COVERED SERVICES

#### Medi-Cal Members<sup>i</sup>

The following table lists the vision benefits for Medi-Cal members:

Benefit	Prior Authorization Required	Restrictions/Comments
Adult routine exams	No - if exam meets restrictions	One exam every 24 months. A second eye exam with refraction within 24 months is covered only when a sign or symptom indicates a need for this service. The provider of services must make a reasonable effort to ascertain the date of any prior eye examination with refraction.
Adult Diabetic Eye Exam	No - if exam meets restrictions	One exam every 12 months for a comprehensive Diabetic retinopathy eye exam
Adult Lenses and Frames	No	Frames and lenses eligibility once every 24 months
Child routine exams (under age	No - if exam meets restrictions	Exams allowed in accordance with CHDP Periodicity Guidelines

Benefit	Prior Authorization Required	Restrictions/Comments
21)		
Child Diabetic Eye Exam	No-if exam meets restrictions	One exam every 12 months for a comprehensive Diabetic retinopathy eye exam
Child Lenses and Frames	No	Frames and lenses eligibility once every 24 months
Pregnant women through postpartum	No	Frames and lenses eligibility once every 24 months
Contact Lenses	Yes	Must be medically necessary
Other vision services/products	Yes	Must be medically necessary

### 3.0 COORDINATION OF CARE

VSP administers the vision benefit and tracks the benefit limitations for each member. KHS members are informed by VSP of their current benefit status when a service request is processed by VSP.

VSP Providers dispense lenses from the Prison Industry Authority (PIA) to the member.

Vision providers identifying conditions that could require medical intervention or referrals for specialty care should contact the member's PCP for case management. KHS Utilization Management staff are available to assist vision providers with questions regarding the referral process at 1-800-391-2000.

### 4.0 REIMBURSEMENT

#### 4.1 Medi-Cal Members

KHS has a capitated arrangement with VSP for all optometric services covered presently by benefits, i.e., frames. VSP providers must inform members in writing of any financial responsibility when a member requests a product that is outside of the VSP capitation (not a Medi-Cal benefit). The member must sign for financial responsibility for those non-covered services requested by the member. The provider may bill the member when the member accepts these conditions.

### 5.0 PROVIDER EDUCATION

KHS providers are informed of the KHS Policy and Procedure for vision services through Provider Orientations, the *Provider Manual*, and *Provider Newsletters*.

## REFERENCE:

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**Revision 2018-09:** Policy review by Administrative Director of Health Services as part of Internal Compliance Review of APL 17-006. No material revisions made to policy. **Revision 2014-12:** Diabetic benefits added. Healthy Families information removed. **Revision 2011-08:** Minor revisions provided by UM Supervisor. **Revision 2005-10:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). Includes *Member Notice of Vision Care Referral* which was previously included with policy #3.22 (2003-04). **Revision 2001-11:** Routine review. Insert information (CHDP periodicity requirement) previously contained in policy #3.22.

<sup>1</sup> Endnote Title 22 §51305(j); 51306