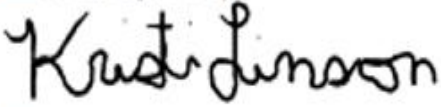


# Children's Special Health Care Services Administrative Policy Manual

## Benefit – Basic Services Policy # C-1d

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Children's Special Health Care Services (CSHCS)

**Latest Revision Date:** January 1, 2023

**Effective Date:** January 1, 2005

**Revision Reason:** New Policy

**Title:** Vision Care

**Purpose:** To define the vision care benefit to be provided as **Basic Services** included in the **Health Care Service Package**.

### Rule References:

410 IAC 3.2-7-1 – Health care delivery system

410 IAC 3.2-7-2 – Basic services included in the health care service package

410 IAC 3.2-7-3 – Limited health care services included in the health care service package

**Policy:** Vision Care may be provided to all CSHCS participants according to the following schedule unless eligible to receive or already received within the time interval specified, as a benefit from another source:

**Diabetes**

**Marfan syndrome**

**Cerebral Palsy**

(periventricular leukomalacia)

**Encephalopathy**

**Apert syndrome**

(Acrocephalosyndactyly)

**Sickle Cell**

**Sarcoidosis**

**Mucopolysaccharidosis**

(inborn errors of metabolism)

**Hydrocephalus (with shunt)**

**Fragile X**

**Brain Tumor**

**Neurofibromatosis**

**Down's syndrome**

**Chronic Pulmonary Disease**

(perinatal chronic respiratory disease)

**Glaucoma**

**Cataract**

**Gonadal Dysgenesis**

(Turners syndrome)

**Arthritis (if on steroids)**

**Asthma (if on steroids)**

**Reduction Deformity of the Brain**

**Eye tumors**

**Osteopetrosis – Blindness**

## **Children’s Special Health Care Services Administrative Policy Manual**

Glasses may be authorized for glaucoma, buphtalmus, cataract, hydrocephalus with shunt, or cerebral palsy if eye muscle problem is documented.

Note: one pair per year

- **Routine vision examination – once every 12 months**

If correction is required:

- **Either glasses or contact lenses, but not both:**

- **If glasses:**

- **Non-tinted lens/lenses – glass (rarely), plastic or poly-carbon, once every 12 months**
- **Frames – once every 24 months**

- **If contact lens/lenses:**

- **Permanent “daily wear” – one pair – once every 12 months**  
or
- **Disposable “daily wear” – twelve pairs – once every 12 months**  
or
- **Disposable “extended wear” – Will only pay the Disposal “daily wear” price towards these lenses.**

**Exception:** Vision Care benefits for CSHCS participants may be approved more frequently with a letter of medical necessity from their Vision Care Provider when required by their medically eligible condition.