



EPSDT SERVICES: EYEGLOSS REPLACEMENTS AND REPAIRS CLARIFICATION

June 7, 2022

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides comprehensive health care services through primary prevention, early intervention, diagnosis, and medically necessary treatment to correct or ameliorate defects and physical or mental illnesses discovered by the screenings for persons under the age of 21 years.

As part of EPSDT, eyeglasses and other vision services, **including coverage of special additions (e.g. lenses), replacement and repair of eyeglasses**, for members under the age of 21 years are covered by AHCCCS when medically necessary to correct or ameliorate conditions discovered during vision screenings for EPSDT.

There are **no restrictions or limitations** for EPSDT members for replacement and repair of eyeglasses, when medically necessary for vision correction. This includes, but is not limited to, loss, breakage, or change in refraction. To receive eyeglass replacement or repair, EPSDT members do not need to wait for their next scheduled EPSDT well child visit.

As a reminder, for members under the age of 21, federal law requires AHCCCS to cover all services listed in 42 USC 1396d(a) when medically necessary and cost effective, even when the services are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies. This means that health plans shall cover these services for EPSDT members if the treatment or service is necessary to “correct or ameliorate” defects or physical and behavioral illnesses or conditions, as long as the services are not experimental.

In addition, providers and dispensers are cautioned about “upselling” equipment for members or offering any additional service which may involve financial exposure for members. Activities promoting the purchase of insurance or warranty plans to members is discouraged given the extensive coverage for eyeglass repair and replacement for EPSDT members. The provider or dispenser must have documented approval from the health plan prior to any discussion with the family related to any upgrade that is not AHCCCS covered and may result in financial exposure for a member. Following approval from the health plan, the provider must ensure the member agrees to accept financial responsibility and signs a document, in advance, accepting payment responsibility. The member agreement of financial responsibility document must also provide a description and approximate cost. General requirements for member billing are discussed in AAC R9-22-701.

Additional Resources:

- The Covered Services Page on the AHCCCS website has also been updated to clarify this coverage.
<https://azahcccs.gov/Members/AlreadyCovered/coveredservices.html>
- A One Pager has been developed by AHCCCS for members and can be found on the Office of Individual and Family Affairs (OIFA) page of the AHCCCS website.
https://azahcccs.gov/AHCCCS/Downloads/EyeglassCoverage_2022-2-22.pdf

Please refer to the Prior Authorization Guidelines available on our website at www.care1staz.com for authorization requirements (if you do not have internet access, please let us know and we will provide you a hard copy).

If you have any questions regarding this change, please contact Network Management at the numbers listed below.

Thank You!

Care1st Network Management
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Looking for your assigned Provider Network Rep? On our website go to Providers > Provider Rep Contact Info