

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MCUP3102		Lead Department: Health Services	
		Business Unit: Utilization Management	
Policy/Procedure Title: Vision Care		<input checked="" type="checkbox"/> External Policy	
		<input type="checkbox"/> Internal Policy	
Original Date: 04/21/2010		Next Review Date: 01/14/2027	
		Last Review Date: 01/14/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 01/14/2026

I. RELATED POLICIES:

CMP36 – Delegation Oversight and Monitoring

II. IMPACTED DEPTS:

- A. Health Services
- B. Member Services
- C. Claims
- D. Compliance

III. DEFINITIONS:

- A. Optical Low Vision Aids: Low vision optical devices include a variety of devices, such as stand and handheld magnifiers, strong magnifying reading glasses, loupes, and small telescopes. Magnifying devices are generally either handheld or mounted on a stand, with zoom ranges from 2x to 10x.
- B. Optometry Services: Services provided by optometrists acting within the scope of their practice under California law. Orthoptics and pleoptics may be part of optometry services but are not covered benefits.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To describe the means for providing vision care services to Members of Partnership HealthPlan of California.

VI. POLICY / PROCEDURE:

- A. Provision of Services
 - 1. Partnership contracts with a vision care insurance organization, Vision Services Plan (VSP), for the provision of Medi-Cal vision care services to eligible Members. Members assigned to VSP must go to a VSP Medi-Cal participating provider for refraction services and eye glass frames.
 - 2. Members not assigned to VSP are billed directly to Partnership.
- B. Examination
 - 1. Benefits include one eye examination with refraction every 24 months. A second eye examination with refraction will be covered if the Member has a sign or symptom indicating medical necessity. The reimbursement rates of optometric services shall not exceed charges made to the general public.
- C. Eye Appliances
 - 1. A written prescription is required.
 - 2. The reimbursement rates for appliances shall not exceed charges made to the general public.

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3. Lenses and frames are covered every 24 months. Lenses may be covered more often if medically necessary.
 - a. Lost, stolen, broken or significantly damaged eye appliances may be replaced within 24 months if damage was beyond the recipient's control. Recipient must submit a signed statement describing the circumstances of replacement.
 4. All fabrication of optical lenses is provided by the Prison Industry Authority (PIA) optical laboratories except when a Member requires lenses not available through PIA. The Department of Health Care Services (DHCS) is responsible for reimbursement for the fabrication of the ophthalmic lenses in accordance with the Interagency Agreement between DHCS and PIA.
 5. Elective contact lenses are not a covered benefit.
 - a. In certain cases, contact lenses may be covered if medically necessary. Prior authorization is required.
 6. Optical low vision aids may be covered when medically necessary for those with vision impairment that is not correctable by standard glasses, contact lenses, medicine, or surgery and the subnormal vision interferes with the Member's ability to perform everyday activities. Prior authorization is required.
- E. Delegation Oversight and Monitoring
1. Partnership delegates the administration of vision care services to a vision care insurance organization.
 2. A formal agreement is maintained and inclusive of all delegated functions.
 3. Oversight/Regular monitoring activities include, but are not limited to, an audit conducted no less than annually.
 4. Results from the annual delegation oversight audit shall be presented to Partnership's Delegation Oversight Review Sub-Committee (DORS) for review and approval.

VII. REFERENCES:

- A. Title 22 California Code of Regulations (CCR) Sections [51306](#), [51317](#), [51518](#), [51519](#), [51519.1](#) and [51519.2](#)
- B. DHCS Contract Exhibit A, Attachment III, D.
- C. Medi-Cal Provider Manual/ Guidelines: Eye Appliances ([eye app](#)); Low Vision Aids ([low vision](#)); TAR Completion for Vision Care ([tar comp vc](#)); PIA Optical Laboratories ([pia](#))

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal
03/21/12; 01/21/15 (effective 02/01/15); 01/20/16; 01/18/17; *02/14/18; 02/13/19; 02/12/20; 01/13/21; 01/12/22; 01/11/23; 01/10/24; 01/08/25; 01/14/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.