



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
MEDICAL ASSISTANCE ADMINISTRATION  
2100 MARTIN LUTHER KING, JR., S.E.  
SUITE 302  
WASHINGTON, D.C. 20020**

**APR 13 1998**      **D.C. Medicaid Program  
Transmittal No. 98-11**

**TO: All D.C. Medicaid Vision Care Providers**  
**FROM: Paul Offner, Deputy Director**  
*Paul Offner*  
**Medical Assistance Administration**  
**DATE:**  
**SUBJECT: Vision Care**

The purpose of this transmittal is to restate policy on vision care in accordance with the District of Columbia's State Plan for Medical Assistance.

- Eyeglasses are limited to one complete pair in a twenty-four (24) month period. Exceptions to this policy are the following:
  - Recipients less than twenty-one (21) years of age
  - A change in the prescription of more than plus or minus .5 (one half) diopter
  - Broken or lost eyeglasses
- Special glasses such as sunglasses and tints must be justified in writing by the ophthalmologist or optometrist. Special tints and sunglasses are not allowed in addition to untinted eyewear;
- Contact lenses must be prior authorized by the Medical Assistance Administration; and
- Frames in excess of the Medical Assistance fee schedule are not covered.

Additionally, all D.C. Medicaid recipients are required to pay a \$2.00 co-payment for eyeglasses except the following:

- Children under age 21
- Pregnant women
- Residents of a nursing home or intermediate care facility
- Recipients enrolled in a Health Maintenance Organization (HMO)

Failure to comply with program guidelines, may result in denial of reimbursement. If you have any questions or need additional information, please contact Dorothy Jackson on (202) 727-0725.