STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – EYE GLASSES

The Nebraska Medical Assistance Program covers eye examinations, diagnostic services, and other treatment services within program guidelines when medically necessary and appropriate to diagnose or treat a specific eye illness, symptom, complaint, or injury.

NMAP covers annual eye examinations for clients age 20 and younger. More frequent exams will also be covered if needed to determine existence of suspected conditions. Eye examinations are recommended beginning at approximately age three.

NMAP covers eye examinations for clients age 21 and older once every 24 months. More frequent eye examinations will also be covered when reasonable and appropriate.

NMAP covers eyeglass frames under the following conditions:

1. The client's first pair of prescription eyeglasses; or
2. Size change due to growth; or
3. A prescribed lens change only if new lenses cannot be accommodated by the current frame; or
4. The client's current frame is no longer usable due to irreparable wear/damage; breakage or loss. Replacement of frames is limited to one per year for clients 21 years and older.

A pair of eyeglasses is covered for adults (21 and older) when one of the above conditions is met within a 24-month period.

NMAP covers eyeglass lenses under the following conditions:

1. The client's first pair of prescription eyeglasses; or
2. Change in size due to growth; or

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3. When new lenses are required due to a new prescription when the refraction correction meets one of the following criteria:

    a. A change of 0.50 diopters in the meridian of greatest change when placed on an optical cross;
    b. A change in axis in excess of 10 degrees for 0.50 cylinder, five degrees for 0.75 cylinder; or
    c. A change of prism correction of 1/2 prism diopter vertically or two prism diopters horizontally or more.

For persons 21 and older, NMAP covers a pair of lenses within a 24 month period when anyone of the above medical reasons exist.

Lenses must meet the specifications for eyeglass lenses and coverage criteria listed in state regulations.

NMAP covers contact lens services only when prescribed for correction of keratoconus, monocular aphakia, or other pathological conditions of the eye when useful vision cannot be obtained with eyeglasses. NMAP does not cover contact lenses when prescribed for routine correction of vision.

NMAP does not cover:

1. Sunglasses;
2. Multiple pairs of eyeglasses for the same individual (for example, two pairs of eyeglasses in lieu of bifocals or trifocals in single vision frame);
3. Non-spectacle mounted aids, hand-held or single lens spectacle mounted low vision aids, and telescopic and other compound lens systems (including distant vision telescopic, near vision telescopes, and compound microscopic lens systems); and
4. Replacement insurance.

Telehealth: Services requiring “hands on” professional care, such as eye glass fittings, are not covered when provided via telehealth technologies.