

PROVIDER BULLETIN

No. 08-19

June 26, 2008

TO: Vision Care Providers Participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care

RE: BENEFIT LIMIT FOR FRAMES AND LENSES FOR ADULTS

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL AND
BILLING STAFF.

Effective July 1, 2008, for adult clients (age 21 and older) coverage of frames and lens is limited to no more than one pair in a twenty four month period.

The client may choose to purchase his/her own frame and/or lenses. This arrangement must be on a private pay basis.

Information regarding whether a portion or all of a client's benefit has been used can be obtained by calling Medicaid Inquiry at 1-877-255-3092. Please note that information provided by Medicaid Inquiry will be based on Medicaid paid claims data which may not include all dates of service received by the client.

Medicaid regulations addressing this change may be found in Chapter 24 of Title 471. Medicaid regulations addressing this change will not be printed and mailed. All Medicaid regulations are posted on line at <http://www.dhhs.ne.gov/med/provhome.htm>.

Please contact John Naujokaitis at 402-471-6353 or john.naujokaitis@dhhs.ne.gov with questions regarding this Provider Bulletin or regulation change.