



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Vision Care	Policy #	3.07-P
Policy Owner	Utilization Management	Original Effective Date	07/2000
Revision Effective Date	10/2024	Approval Date	7/30/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To define the benefits, contract arrangements, and referral systems for vision services and products available to Kern Health System (KHS) members.

II. POLICY

Kern Health Systems (KHS) will cover vision care and ensure the provision of eye examinations and prescriptions for corrective lenses as appropriate for all Members. The fabrication of optical lenses for Members are covered through Prison Industry Authority (PIA) optical laboratories except when the Member requires lenses not available through PIA. KHS covers the cost of the eye examination and dispensing of the lenses fabricated by PIA. DHCS will reimburse PIA for the fabrication of the optical lenses in accordance with the contract between DHCS and PIA. KHS will cover the cost of fabrication and dispensing of lenses not available through PIA.

KHS contracts with Vision Service Plan (VSP) for the management and administration of optometric needs of Medi-Cal Plan members. VSP will care for the needs of the membership by providing optometric services through the VSP established network in Kern County. All VSP providers will be Prison Industry Authority (PIA) distributors and will coordinate lenses subscriptions with the PIA. Vision care services for Medi-Cal members will be provided in accordance with DHS Contract Exhibit A – Attachment 10 (7)(c).

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

A. ACCESS

1. In cases where authorization is required for services (see Section 2.0), requests are processed in accordance with KHS Policy and Procedure #3.22-P: Referral and Authorization Process.
2. The Primary Care Practitioner (PCP) or the member may directly initiate a referral to VSP contracting optometrists by telephone or walk-in. KHS authorization is not required.
3. Members may self-refer for optometric services by choosing a provider listed in the KHS Provider Directory or by contacting KHS Member Services at 1-800-391-2000. Upon request, Member Services staff assist members in initiating the self-referral process to VSP providers. Members may choose any approved vision provider based on provider availability.
4. Members are informed on how to access Vision Services through new member orientations and the Member Handbook.

B. COVERED SERVICES

The following table lists the vision benefits for Medi-Cal members:

Benefit	Prior Authorization Required	Restrictions/Comments
Adult routine exams	No - if exam meets restrictions	One exam every 24 months. A second eye exam with refraction within 24 months is covered only when a sign or symptom indicates a need for this service. The provider of services must make a reasonable effort to ascertain the date of any prior eye examination with refraction.
Adult Diabetic Eye Exam	No - if exam meets restrictions	One exam every 12 months for a comprehensive Diabetic retinopathy eye exam
Adult Lenses and Frames	No	Frames and lenses eligibility once every 24 months
Child routine exams (under age 21)	No - if exam meets restrictions	Exams allowed in accordance with CHDP Periodicity Guidelines
Child Diabetic Eye Exam	No-if exam meets restrictions	One exam every 12 months for a comprehensive Diabetic retinopathy eye exam
Child Lenses and	No	Frames and lenses eligibility once every 24

Benefit	Prior Authorization Required	Restrictions/Comments
Frames		months
Pregnant women through postpartum	No	Frames and lenses eligibility once every 24 months
Contact Lenses	Yes	Must be medically necessary
Other vision services/products	Yes	Must be medically necessary

C. COORDINATION OF CARE

1. VSP administers the vision benefit and tracks the benefit limitations for each member. KHS members are informed by VSP of their current benefit status when a service request is processed by VSP.
2. VSP Providers dispense lenses from the Prison Industry Authority (PIA) to the member.
3. Vision providers identifying conditions that could require medical intervention or referrals for specialty care should contact the member's PCP for case management. KHS Utilization Management staff are available to assist vision providers with questions regarding the referral process at 1-800-391-2000.

D. REIMBURSEMENT

KHS has a capitated arrangement with VSP for all optometric services covered presently by benefits, i.e., frames. VSP providers must inform members in writing of any financial responsibility when a member requests a product that is outside of the VSP capitation (not a Medi-Cal benefit). The member must sign for financial responsibility for those non-covered services requested by the member. The provider may bill the member when the member accepts these conditions.

E. PROVIDER EDUCATION

KHS providers are informed of the KHS Policy and Procedure for vision services through Provider Orientations, the Provider Manual, and Provider Newsletters.

V. ATTACHMENTS

N/A	
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VI. REFERENCES

Reference Type	Specific Reference
Other	NCQA (National Committee for Quality Assurance) Standards and Guidelines.
Other KHS Policies	KHS Policy and Procedure #3.22-P: Referral and Authorization Process.

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-10	Utilization Management Annual Policy Review	B.G. Utilization Management
Revised	2018-09	Policy review by Administrative Director of Health Services as part of Internal Compliance Review of APL 17-006. No material revisions made to policy.	-
Revised	2014-12	Diabetic benefits added. Healthy Families information removed.	-
Revised	2011-08	Minor revisions provided by UM Supervisor.	-
Revised	2005-10	Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). Includes <i>Member Notice of Vision Care Referral</i> which was previously included with policy #3.22 (2003-04).	-
Revised	2001-11	Routine review. Insert information (CHDP periodicity requirement) previously contained in policy #3.22. ¹ Endnote Title 22 §51305(j); 51306	-
Effective	2000-07	Policy Created by Utilization Management	-

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
N/A		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
N/A		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Health Equity Officer		
Chief Legal and Human Resources Officer		
Deputy Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 3.07-P Vision Care

Last approved version: 2024-10

Reason for revision: Utilization Management Annual Policy Review.

Director Approval		
Title	Signature	Date Approved
Christine Pence Senior Director of Health Services Utilization Management		
Dr. Maninder Khalsa Medical Director of Utilization Management		
Amisha Pannu Senior Director of Provider Relations		
Nate Scott Senior Director of Member Services		

Date posted to public drive: _____

Date posted to website (“P” policies only): _____