



Medicaid Transmittal Letter No. 3337-23-01

DATE: December 22, 2023

TO: Eligible Medicaid Providers
Chief Executive Officers, Managed Care Organizations
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: Revision of Ohio Administrative Code rule 5160-6-01

Rule 5160-6-01 of the Ohio Administrative Code (OAC), "Eye care services," sets forth coverage and payment policies for vision care services, vision care materials, low-vision aids, and ocular prostheses.

As a result of systematic review carried out in accordance with Section 106.03 of the Ohio Revised Code, changes have been made to this rule. For the sake of readability, the rule has been rescinded and replaced with a new rule of the same number and tagline, which incorporates the following changes:

- The text of the rule has been reorganized and streamlined.
- Terms specified in Am. Sub. H.B. 166 (133rd G.A.) as causing a rule to be deemed to contain regulatory restrictions—'shall', 'shall not', 'must', 'may not', forms of 'require', and forms of 'prohibit'—have been removed, and the passages in which they appear have been recast.
- A statement of scope has been added to clarify that additional provisions for eye care services provided through a Medicaid managed care organization are described in Chapter 5160-26 of the Administrative Code.
- The list of definitions has been updated.
- A provision has been added to state the expectation that rendering providers not only act within their scope of practice (current text) but also furnish services in accordance with professional standards. This addition acknowledges that it is the responsibility of the practitioner to arrive at a diagnosis and prescribe what is best for a particular individual. Consequently, a list of restrictive coverage criteria has been removed from the rule.
- The long list of covered spectacle lenses and frames has been replaced by two brief statements that distinguish between materials that are included in the volume purchase contract and materials that are not. Highly detailed and restrictive provisions for contact lenses have been distilled down to a policy statement and a non-exhaustive list of examples of conditions for which contact lenses may be appropriate.
- Because all necessary information about spectacle lenses and frames is included in the volume purchase contract, the appendix to the rule is redundant and has been rescinded.

- Two clarifying statements have been added concerning Medicaid payment and customer choice: First, the Medicaid payment amount for a covered item is compensation for the dispensing of that item and cannot be used as a "credit" toward payment for a substitute item; in particular, Medicaid payment for a covered frame listed in the volume purchase contract cannot be applied toward a frame not listed in the contract. Second, this rule does not prevent a Medicaid-eligible individual from voluntarily paying out of pocket for a non-covered additional service in accordance with OAC rule 5160-1-13.1.
- Certain outmoded provisions (e.g., a reference to a discontinued frame and an original wholesale cost) have been removed.
- Increases in maximum payment amounts authorized by H.B. 33 (135th G.A.) are reflected in Appendix DD to OAC rule 5160-1-60.

These changes take effect on January 1, 2024.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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