

WAC 182-544-0300 Vision care—Covered eyeglasses (frames and lenses)—Clients age twenty and younger. (1) The medicaid agency covers eyeglasses once every twelve months for clients when the following clinical criteria are met:

(a) The client has a stable visual condition;
(b) The client's treatment is stabilized;
(c) The prescription is less than eighteen months old; and
(d) One of the following minimum correction needs in at least one eye is documented in the client's file:

(i) Sphere power equal to, or greater than, plus or minus 0.50 diopter;

(ii) Astigmatism power equal to, or greater than, plus or minus 0.50 diopter; or

(iii) Add power equal to, or greater than, 1.0 diopter for bifocals and trifocals.

(2) If the client has a diagnosis of accommodative esotropia or any strabismus correction, the limitations of subsection (1) of this section do not apply.

(3) The agency covers one pair of back-up eyeglasses for clients who wear contact lenses as their primary visual correction aid (see WAC 182-544-0400(1)) limited to once every two years.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-14-067, § 182-544-0300, filed 6/29/17, effective 7/30/17. WSR 11-14-075, recodified as § 182-544-0300, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090. WSR 11-11-016, § 388-544-0300, filed 5/9/11, effective 6/9/11. Statutory Authority: RCW 74.08.090, 74.09.510, 74.09.520. WSR 08-14-052, § 388-544-0300, filed 6/24/08, effective 7/25/08. Statutory Authority: RCW 74.08.090, 74.09.510, 74.09.520 and 42 C.F.R. 440.120 and 440.225. WSR 05-13-038, § 388-544-0300, filed 6/6/05, effective 7/7/05. Statutory Authority: RCW 74.08.090, 74.09.510 and 74.09.520. WSR 01-01-010, § 388-544-0300, filed 12/6/00, effective 1/6/01.]