

**WAC 182-544-0400 Vision care—Covered contact lenses—Clients age twenty and younger.**

(1) The medicaid agency covers contact lenses as the client's primary refractive correction method when the client has a spherical correction of plus or minus 6.0 diopters or greater in at least one eye. See subsection (4) of this section for exceptions to the plus or minus 6.0 diopter criteria. The spherical correction may be from the prescription for the glasses or the contact lenses and may be written in either "minus cyl" or "plus cyl" form.

(2) The agency covers the following contact lenses:

(a) Conventional soft contact lenses or rigid gas permeable contact lenses that are prescribed for daily wear; or

(b) Disposable contact lenses that are prescribed for daily wear and have a monthly or quarterly planned replacement schedule, as follows:

(i) Twelve pairs of monthly replacement contact lenses; or

(ii) Four pairs of three-month replacement contact lenses.

(3) The agency covers soft toric contact lenses for clients with astigmatism when the following clinical criteria are met:

(a) The client's cylinder correction is plus or minus 1.0 diopter in at least one eye; and

(b) The client meets the spherical correction listed in subsection (1) of this section.

(4) The agency covers contact lenses when the following clinical criteria are met. In these cases, the limitations in subsection (1) of this section do not apply.

(a) For clients diagnosed with high anisometropia.

(i) The client's refractive error difference between the two eyes is at least plus or minus 3.0 diopters between the sphere or cylinder correction; and

(ii) Eyeglasses cannot reasonably correct the refractive errors.

(b) Specialty contact lens designs for clients who are diagnosed with one or more of the following:

(i) Aphakia;

(ii) Keratoconus; or

(iii) Corneal softening.

(c) Therapeutic contact bandage lenses only when needed immediately after eye injury or eye surgery.

(5) The agency covers replacement contact lenses for clients when lost or damaged.

[Statutory Authority: RCW 41.05.021, 41.05.160. WSR 17-14-067, § 182-544-0400, filed 6/29/17, effective 7/30/17. WSR 11-14-075, recodified as § 182-544-0400, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090. WSR 11-11-016, § 388-544-0400, filed 5/9/11, effective 6/9/11. Statutory Authority: RCW 74.08.090, 74.09.510, 74.09.520. WSR 08-14-052, § 388-544-0400, 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, § 388-544-0400, 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, § 388-544-0400, filed 12/6/00, effective 1/6/01.]