

WAC 182-544-0575 Vision care—Noncovered eyeglasses and contact lenses. (1) The agency does not cover the following:

- (a) Executive style eyeglass lenses;
- (b) Bifocal contact lenses;
- (c) Daily and two week disposable contact lenses;
- (d) Extended wear soft contact lenses, except when used as therapeutic contact bandage lenses or for aphakic clients;
- (e) Custom colored contact lenses;
- (f) Glass lenses;
- (g) Nonglare or anti-reflective lenses;
- (h) Progressive lenses;
- (i) Sunglasses and accessories that function as sunglasses (e.g., "clip-ons");

(j) Upgrades at private expense to avoid the medicaid agency's contract limitations (e.g., frames that are not available through the agency's contract or noncontract frames or lenses for which the client or other person pays the difference between the agency's payment and the total cost).

(2) A noncovered service may be requested as an exception to rule (ETR) as described in WAC 182-501-0160.

(3) When a noncovered service is recommended based on the early and periodic screening, diagnosis, and treatment (EPSDT) program, the agency evaluates the request for medical necessity based on the definition in WAC 182-500-0070 and the process in WAC 182-501-0165.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-14-067, § 182-544-0575, filed 6/29/17, effective 7/30/17. WSR 11-14-075, recodified as § 182-544-0575, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090. WSR 11-11-016, § 388-544-0575, filed 5/9/11, effective 6/9/11. Statutory Authority: RCW 74.08.090, 74.09.510, 74.09.520. WSR 08-14-052, § 388-544-0575, filed 6/24/08, effective 7/25/08.]