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## Memorandum

**Date:** August 6, 2010  
**To:** Alliance Providers  
**From:** Provider Services Department  
**Re:** Reinstatement of Optometry Services for Adult Medi-Cal Beneficiaries

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Effective July 1, 2009, the Department of Health Care Services (DHCS) reinstated optometry services as a covered benefit for adult Medi-Cal beneficiaries. As of that date, covered optometry services include diagnostic, ancillary and supplemental procedures used for the evaluation of vision. The current Optional Benefit Exclusion policy involving eyeglasses and other eye appliances remains in effect, with the exception of bandaged contact lenses (HCPCS code V2599), which will be covered for eligible beneficiaries based on medical necessity.

The State did not reinstate any of the other optional benefits eliminated for Medi-Cal beneficiaries in July 2009. You may recall that the Alliance made the decision to continue covering audiology, podiatry, speech therapy and incontinence creams and washes despite the State's decision to eliminate these benefits. The Alliance will continue to cover these services for our members.

As of August 1, 2010, eligible adult Alliance Medi-Cal members can access covered optometry services thru a contracted Vision Services Plan (VSP) provider and do not require a referral from their Primary Care Provider. Members are eligible for an eye exam every 2 years. If there is a need for a member to have an exam or new prescription sooner than 2 years, authorization is required from VSP.

Alliance adult Medi-Cal members that received routine optometry services from a contracted VSP provider between July 1, 2009 to August 1, 2010, paid for said services out of pocket, and were eligible for Medi-Cal on the date of service may be entitled to a refund by the Alliance. Such members must provide the Alliance with a receipt and will be refunded the Medi-Cal FFS rate, not the actual amount paid. Members may contact the Alliance Member Services Department to see if they qualify for a refund.

For a list of services now payable for adult beneficiaries under the Medi-Cal program, refer to the Rates: Maximum Reimbursement for Optometry Services section of the Medi-Cal Vision Care manual.

Please feel free to contact your Alliance Provider Services Representative with any questions at (831) 430-5504 for Santa Cruz/Monterey County or (800) 700-5514 for Merced County.