

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>10-010</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <i>Per ink change by permission of State/Turner</i> <del>4/1/2010</del> <b>7/1/10</b>	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
<b>X AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 440.50; 42 CFR 440.120</b>		7. FEDERAL BUDGET IMPACT a. FFY 09-10 ___ \$0 b. FFY 10-11 ___ \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement to Attachment 3.1-A 6.b: Ophthalmologist or Optometrist Services</b> <b>Supplement to Attachment 3.1-A 12.d.: Eyeglasses and Contact Lenses</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement to Attachment 3.1-A 6.b: Optometrists' Services (TN# 82-011)</b> <b>Supplement to Attachment 3.1-A 12.d.: Eyeglasses and Contact Lenses (TN# 81-016)</b>	
10. SUBJECT OF AMENDMENT <b>Ophthalmologist and Optometrist Services: Limitations to Care and Services.</b> <b>Eyeglasses and Contact Lenses: Limitations to Care and Services</b>			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<b>X OTHER, AS SPECIFIED</b>	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<b>Governor's letter dated 29 July 2009</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME <b>Sandeep Wadhwa, MD, MBA</b>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE <b>Director, Medical and CHP+ Program Administration Office</b>		Attn: David Smith	
15. DATE SUBMITTED <b>7/8/10</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>7/8/10</b>		18. DATE APPROVED <b>8/25/10</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/10</b>		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME <b>Richard C. Allen</b>		22. TITLE <b>ARA</b>	
23. REMARKS			

State:

AMOUNT, DURATTON, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

// Provided: // No limitations / X/ With limitations\*

// Not provided.

c. Chiropractors' services.

// Provided // No limitations // With limitations\*

/X/ Not provided.

d. Other practitioners' services.

/X/ Provided Identified on Supplement to Attachment 3.1-A,  
"Limitations to Care and Services"

// Not provided

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency  
or by a registered nurse when no home health agency exists in the area.

Provided: // No limitations / X/ With limitations\*

b. Home health aide services provided by a home health agency.

Provided: // No limitations / X/ With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: // No limitations /X/ With limitations\*

\*Description provided on attachment.

TN No. 10-010

Approval Date: 8/25/10

Supersedes TN No. 96-001 (page 3)

Effective Date: 7/1/2010

HCFA ID: 7986

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM**

**STATE OF COLORADO**

Supplement to Attachment 3.1-A  
Page 1 of 1

LIMITATIONS TO CARE AND SERVICES

12.d. Eyeglasses and Contact Lenses

- A. These are services for clients ages 21 and over. These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider:
- 1) Standard eyeglasses (one or two single or multifocal clear lenses with one standard frame) following eye surgery only. When a client chooses eyeglass options with additional costs, the provider is permitted to charge the client for the remaining amount not paid by Medicaid.
  - 2) Eyeglasses with tint, anti-reflective coating, U-V coating, occluder, progressive lenses, and oversized lenses, following eye surgery only, with prior authorization.
  - 3) Contact lenses following eye surgery only, with prior authorization.
- B. These are the services for clients ages 20 and younger (EPSDT program). These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider.
- 1) Standard eyeglasses (one or two single or multifocal clear lenses with one standard frame). When a client chooses options with additional costs, the provider is permitted to charge the recipient for the remaining amount not paid by Medicaid.
  - 2) Replacement or repair of standard eyeglass frames or lenses. Repairs are not to exceed the cost of replacement.
  - 3) Contact lenses, with prior authorization. No prior authorization is required if the contact lenses are for vision correction after surgery.
  - 4) Ocular prosthetics, with prior authorization.

TN No. 10-010  
Supersedes TN No. 81-016

Approval Date 8/25/10  
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Supplement to Attachment 3.1-A  
Page 1 of 1

LIMITATIONS TO CARE AND SERVICES

6.b. Ophthalmologist or Optometrist Services

- A. These are services for clients ages 21 and over. These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider.
  - 1) Diagnostic eye examinations, when medically necessary to diagnose, manage, or treat a client with signs or symptoms of injury or disease of the eye.
  - 2) Determination of the refractive state (an exam to test for visual acuity and the need for corrective lenses), only in these situations:
    - a.) As part of the diagnostic eye exam described in (1).
    - b.) After eye surgery.
  
- B. These are the services for clients ages 20 and younger (EPSDT program). These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider.
  - 1) Routine vision screening and diagnostic eye exams.
  - 2) Orthoptic vision treatment services, with prior authorization.

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TN No. 10-010  
Supersedes TN No. 82-011

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Approval Date 8/25/10  
Effective Date July 1, 2010