

24-003.02 Frames: NMAP covers a pair of eyeglass frames ~~when~~ within a 24-month period when:

1. Required for the following medical reasons –
 - a. The client's first pair of prescription eyeglasses;
 - b. Size change needed due to growth; or
 - c. A prescribed lens change only if new lenses cannot be accommodated by the current frame.
2. The client's current frame is no longer useable due to irreparable wear/damage, breakage, or loss. ~~Replacement of frames is limited to one per year for clients 21 years and older.~~

When billing NMAP for frames, the provider must document the reason for the frame or use the appropriate indicator as outlined in claim submission instructions. Frames must be billed at the actual cost (including discounts) from the provider's frame supplier (see 471 NAC 24-005.02 for invoice requirements). The provider may also bill a separate charge for "eyeglass fitting" (see 471 NAC 24-003.05).

24-003.02A Frame Specifications: The following specifications apply to all eyeglass frames:

1. Plastic and metal frames are covered; rimless frames are not covered;
2. Discontinued frames with new prescription lenses are not covered; and
3. Frame cases are covered with new eyeglasses.

24-003.02B Billing the Client for Frames: Providers shall not make arrangements to furnish non-covered frames and bill NMAP with the difference or balance in cost being paid by the client or others. The client may choose to purchase his/her own frame. This arrangement must be on a private pay basis. The charge for a frame furnished on a private pay basis must include the associated fitting charge. NMAP may only be billed for the fitting charge associated with services billed to NMAP.

24-003.02C Frame Repair: NMAP covers frame repair if less costly than providing a new frame and if the repair would provide a serviceable frame for the client. Applicable manufacturer warranties must be pursued for broken eyeglasses.

When billing NMAP for frame repair, the provider must bill at the provider's actual cost (including discounts) from the frame parts supplier (see 471 NAC 24-005.02 for invoice requirements). The provider may also bill a separate charge for "repair and refitting".

24-003.03 Lenses: NMAP covers a pair of eyeglass lenses within a 24-month period under the conditions listed below. When one lens meets the criteria for coverage, both lenses may be provided, unless the prescribing practitioner specifies replacement of one lens only.

1. Required for the following medical reasons –
 - a. The client's first pair of prescription eyeglasses;
 - b. Size change needed due to growth; or
 - c. New lenses are required due to a new prescription when the refraction correction meets one of the following criteria. (A copy of the former and current prescriptions must be maintained in the provider's records.):
 - i. A change of 0.50 diopters in the meridian of greatest change when placed on an optical cross;
 - ii. A change in axis in excess of 10 degrees for 0.50 cylinder, 5 degrees for 0.75 cylinder;
 - iii. A change of prism correction of ½ prism diopter vertically or 2 prism diopters horizontally or more; or
2. The client's current lenses are no longer useable due to damage, breakage, or loss. ~~Replacement of lenses is limited to once per year for clients 21 years and older.~~

When billing NMAP for lenses, the provider must document the reason for the lenses or use the appropriate indicator as outlined in claim submission instruction. Lenses and all lens charges must be billed at the actual cost (including discounts) from the optical laboratory that fabricated the lenses (see 471 NAC 24-005.02 for invoice requirements.) The provider may also bill a separate charge for "eyeglass fitting" (see 471 NAC 24-003.05).

24-003.03A Specifications for Lenses: The following specifications apply to all eyeglass lenses -

1. Lenses are covered only if the refraction correction is at least 0.50 diopters in any meridian;
2. Lenses may be plastic or glass. For special lens material, see 471 NAC 24-003.03B;
3. All plastic lenses must include front surface scratch resistant coating (factory applied or "in-house" dipped). The cost for the scratch resistant coating must be included in the lens cost and is not billed under a separate procedure code. The laboratory invoice must indicate that the scratch resistant coating was provided. NMAP does not require that lenses with scratch resistant coating be warranted;
4. Lenses must be of a quality at least equal to Z-80 standards of the American National Standard Institute; and
5. All lenses dispensed must be prescribed by a licensed practitioner. A copy of the prescribing practitioner's original prescription must be maintained in the provider's records and must be readily available for review by the Department upon request.