



South Carolina Specific Information

This document contains information specific to the State of South Carolina. Please refer to the Provider Reference Guide for general information regarding plan administration.

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1.1 Covered Benefits – Molina Healthcare of South Carolina (Medicaid)

Benefit Plan(s): M-SC-M, MSCM-21

Benefit	Benefit Limitations/Criteria
Exam	<ul style="list-style-type: none"> 1 service date every year.
Exam Replacement	<ul style="list-style-type: none"> Covered as needed ages 20 and under when one of the following criterion is met: <ul style="list-style-type: none"> The member is unable to return to or obtain the prescription from the previous provider AND criteria for replacement frame or lenses are met. A replacement exam is necessary to determine medical necessity for replacement frame or lenses.
Necessary Medical Services	<ul style="list-style-type: none"> Covered as needed when services are performed by an optometrist and are within the scope of licensure.
Frame	<ul style="list-style-type: none"> 1 unit every year ages 20 and under. 1 unit every 2 years ages 21 and older. Frame must be selected from the March frame kit.
Frame Replacement	<ul style="list-style-type: none"> Covered as needed ages 20 and under if one of the following criterion is met: <ul style="list-style-type: none"> The most recent pair of eyeglasses was lost or destroyed for reasons beyond control of the recipient. The additional pair is determined medically necessary by the practitioner. Frame must be selected from the March frame kit.
Lens (Single, Bifocal, Trifocal, Polycarbonate)	<ul style="list-style-type: none"> 2 units (1 pair) every year ages 20 and under. 2 units (1 pair) every 2 years ages 21 and older. Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information.
Lens Replacement	<ul style="list-style-type: none"> Covered as needed ages 20 and under if one of the following criterion is met: <ul style="list-style-type: none"> The most recent pair of eyeglasses was lost or destroyed for reasons beyond the control of the recipient. The additional pair is determined medically necessary by the practitioner. Lenses must be provided by the March lab. Please refer to Exhibit D in the Provider Reference Guide for lab information.
Necessary Contact Lenses	<ul style="list-style-type: none"> 2 units (1 unit per eye) every year ages 20 and under in lieu of frame and lenses. 2 units (1 unit per eye) every 2 years ages 21 and older in lieu of frame and lenses. One of the following criterion must be met: <ul style="list-style-type: none"> A diagnosis of aphakia A diagnosis of monocular aphakia A pathological condition of the cornea
Necessary Contact Lens Replacement	<ul style="list-style-type: none"> 2 units (1 unit per eye) every year ages 20 and under if the following criterion is met: <ul style="list-style-type: none"> The most recent pair of contact lenses was lost or destroyed for reasons beyond the control of the recipient, AND The member has one of the following diagnoses: <ul style="list-style-type: none"> Aphakia Monocular aphakia A pathological condition of the cornea
Non-Covered Services	<ul style="list-style-type: none"> Surgical eye care.