



# NEW HAMPSHIRE MEDICAID

REQUEST FOR SERVICE AUTHORIZATION

## NH Medicaid Eyeglass Program

(Fee-for-Service (FFS) Program Only - Not for Managed Care program use)

For State use only.

**APPROVED**

Date: \_\_\_\_\_ By: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

EPSDT: \_\_\_\_\_ SA #: \_\_\_\_\_

07/2023

**\*\*\*PLEASE PRINT OR TYPE ALL INFORMATION (all fields are required)\*\*\***

**Must use a separate request form for each discipline**

### RECIPIENT INFORMATION

RECIPIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RECIPIENT MEDICAID ID #: \_\_\_\_\_ DIAGNOSIS (NOT CODES): \_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_  
STREET CITY, STATE, ZIP CODE

ALTERNATE INSURANCE: NAME OF PLAN: \_\_\_\_\_

Providers are expected to follow all third party payors requirements for payment and all third party obligations shall be exhausted before billing Medicaid, in accordance with 42 CFR 433.139.

### PROVIDER INFORMATION

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EXT: \_\_\_\_\_ FAX #: \_\_\_\_\_

REQUESTING PHYSICIAN: \_\_\_\_\_ PHYSICIAN MEDICAID ID #: \_\_\_\_\_

PERFORMING PROVIDER: Classic Optical Lab. PERFORMING PROVIDER MEDICAID ID #: 3080114

OLD PRESCRIPTION DATE:

NEW PRESCRIPTION DATE:

	SPHERE	CYLINDER	AXIS		SPHERE	CYLINDER	AXIS
OD				OD			
OS				OS			
ADD				ADD			

Description of Glasses

Procedure Code

- ☐ Medically necessary.  
☐ Replacement frame or lenses due to damage, one (1) per 12 mos.  
☐ Replacement lost glasses (age 20 and under), one (1) time only.  
☐ Other:

CLINICAL INFORMATION :

Specialty Lenses refer to Fee Schedule

V2025 - Specialty Frame

V2300-V2399 - Trifocal Lenses

V2744 - Photochromic Lenses

V2782 - Hi Index 1.54-1.65

V2783 - Hi index > 1.66

I certify that the requested prescription and glasses are medically necessary and beneficial to the member.

Signature of Provider

Date

Printed Name

Title

*Approval is a determination that the services requested are medically necessary and not a guarantee of payment.*

PLEASE FORWARD THIS INFORMATION TO ATTENTION - MEDICAID MEDICAL SERVICES BY FAX OR MAIL

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