




---



---

**Rules of  
Department of Health and  
Senior Services**

**Division 40—Division of Maternal, Child and  
Family Health  
Chapter 11—Payments for Vision Examinations**

<b>Title</b>	<b>Page</b>
<b>19 CSR 40-11.010</b> Payments for Vision Examinations.....	3



**Title 19—DEPARTMENT OF  
HEALTH AND SENIOR SERVICES  
Division 40—Division of Maternal, Child  
and Family Health  
Chapter 11—Payments for Vision  
Examinations**

**19 CSR 40-11.010 Payments for Vision  
Examinations**

*PURPOSE: The Department of Health and Senior Services makes payments to appropriate medical providers to cover the cost of the comprehensive eye examination of first and third grade children not covered by insurance who fail public school vision screenings. This rule establishes the criteria by which comprehensive eye examination costs are paid.*

(1) Beginning July 1, 2008, and continuing through the 2010–2011 school year unless extended by act of the general assembly, all public school districts shall conduct a vision screening by methods approved by the Children’s Vision Commission for each student before the completion of first and third grade. The school district shall notify the parent or guardian of any child failing the vision screening, and propose that the student receive a comprehensive eye examination from an optometrist or physician.

(2) Subject to appropriation of funds and the cost cap set out in section 192.935, RSMo, the Blindness Education, Screening, and Treatment (BEST) Program fund shall cover the cost of vision examinations under section 167.195, RSMo, that are not covered by existing public health insurance provided that the cost of the examination does not exceed the allowable state MO HealthNet reimbursement amount for eye examinations.

(3) Prior to the beginning of the school year, vouchers for payment out of the BEST Program fund shall be distributed by the Missouri Department of Health and Senior Services to public school districts based on the following methodology:

(A) Calculating the number of children in first and third grade by school district;

(B) Calculating the number of children who are likely to fail the screening and require a comprehensive eye examination based on the most current estimates by the American Academy of Pediatrics;

(C) Excluding number of the children who are eligible for MO HealthNet;

(D) Calculating the number of children in each school district eligible for assistance based on the most current estimates from

Missouri Kids Count of children with no insurance and no vision insurance; and

(E) Dividing the total funds by the MO HealthNet reimbursement rate to determine the total number of exams to be reimbursed.

(4) At the time the school proposes that the student receive a comprehensive eye examination, the school district shall evaluate whether the child meets the qualifications in section (5) of this rule and, if so, may give the parent or guardian a voucher that may be used to cover the cost of the child’s eye examination, if a voucher is available.

(5) To qualify for coverage under the BEST Program fund, a child must:

(A) Be enrolled in public schools in grades one or three;

(B) Have failed a vision screening provided by a public school in accordance with the standardized screening methods provided by the Children’s Vision Commission;

(C) Need a comprehensive eye examination performed by a licensed optometrist or physician, as proposed by the school district;

(D) Lack any other means of insurance to provide payment for a comprehensive eye examination, as verified by the parent or guardian of the student to the school district, and be documented in writing in the child’s file; and

(E) Be a legal resident of the state of Missouri.

(6) To receive payment out of the BEST Program fund, an optometrist or physician who performs a comprehensive eye examination on a child based upon issuance of a voucher by a public school district shall complete the Missouri Eye Examination Form for School, included herein, and submit the form and voucher to the public school district. The public school district shall forward the voucher and an invoice listing the voucher number on the school district’s letterhead to the Department of Health and Senior Services, Attention: School Vision Program, PO Box 670, Jefferson City, MO 65102, no later than the last day of February of the school year in which the examination was performed in order to receive reimbursement.

(7) Vouchers allocated to the school districts that have not been distributed by the last day of February of each school year shall be returned to the Department of Health and Senior Services for reallocation to other school districts.

(8) Vouchers will have an expiration date of June 30 of each year.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
MISSOURI EYE EXAMINATION FORM FOR SCHOOL

PATIENT/PROVIDER IDENTIFIER																																																									
STUDENT NAME	PROVIDER LAST NAME (First Four Digits)																																																								
DATE OF BIRTH OF STUDENT	SSN (Last four digits of student)																																																								
PARENT / GUARDIAN NAME																																																									
CASE HISTORY																																																									
DATE OF EXAM																																																									
OCULAR HISTORY:	Normal <input type="checkbox"/> or Positive for:																																																								
MEDICAL HISTORY:	Normal <input type="checkbox"/> or Positive for:																																																								
DRUG ALLERGIES:	NKDA <input type="checkbox"/> or Allergic to:																																																								
FAMILY OCULAR and MEDICAL HISTORY:	<input type="checkbox"/> Amblyopia <input type="checkbox"/> Strabismus <input type="checkbox"/> Glaucoma <input type="checkbox"/> Diabetes Other:																																																								
OTHER PERTINENT INFORMATION																																																									
RESULTS																																																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">NORMAL</th> <th style="text-align: center;">ABNORMAL</th> <th style="text-align: center;">Not Able to Assess</th> </tr> </thead> <tbody> <tr> <td>AMBLYOPIA</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STRABISMUS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>INTERNAL EYE HEALTH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EXTERNAL EYE HEALTH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>VISUAL ACUITY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BINOCULAR VISION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><b>OD</b></td> <td></td> <td style="text-align: center;"><b>OS</b></td> </tr> <tr> <td>Distance Unaided Acuity (20 ft)</td> <td style="text-align: center;">20 /</td> <td></td> <td style="text-align: center;">20 /</td> </tr> <tr> <td>Distance Best Corrected Acuity (20 ft)</td> <td style="text-align: center;">20 /</td> <td></td> <td style="text-align: center;">20 /</td> </tr> <tr> <td>Near Unaided Acuity (14 in)</td> <td style="text-align: center;">20 / (eq)</td> <td></td> <td style="text-align: center;">20 / (eq)</td> </tr> <tr> <td>Near Best Corrected Acuity (14 in)</td> <td style="text-align: center;">20 / (eq)</td> <td></td> <td style="text-align: center;">20 / (eq)</td> </tr> <tr> <td>OD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OS</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NORMAL	ABNORMAL	Not Able to Assess	AMBLYOPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRABISMUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISUAL ACUITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BINOCULAR VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>OD</b>		<b>OS</b>	Distance Unaided Acuity (20 ft)	20 /		20 /	Distance Best Corrected Acuity (20 ft)	20 /		20 /	Near Unaided Acuity (14 in)	20 / (eq)		20 / (eq)	Near Best Corrected Acuity (14 in)	20 / (eq)		20 / (eq)	OD				OS			
	NORMAL	ABNORMAL	Not Able to Assess																																																						
AMBLYOPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
STRABISMUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
INTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
EXTERNAL EYE HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
VISUAL ACUITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
BINOCULAR VISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
	<b>OD</b>		<b>OS</b>																																																						
Distance Unaided Acuity (20 ft)	20 /		20 /																																																						
Distance Best Corrected Acuity (20 ft)	20 /		20 /																																																						
Near Unaided Acuity (14 in)	20 / (eq)		20 / (eq)																																																						
Near Best Corrected Acuity (14 in)	20 / (eq)		20 / (eq)																																																						
OD																																																									
OS																																																									
<input type="checkbox"/> Normal <input type="checkbox"/> Myopia <input type="checkbox"/> Hyperopia <input type="checkbox"/> Astigmatism <input type="checkbox"/> Strabismus <input type="checkbox"/> Amblyopia																																																									
OTHER:																																																									
RECOMMENDATIONS																																																									
1	Glasses Prescribed <input type="checkbox"/> Yes <input type="checkbox"/> No																																																								
2																																																									
3																																																									
<input type="checkbox"/> Constant Wear <input type="checkbox"/> Distance Vision Only <input type="checkbox"/> Near Vision Only <input type="checkbox"/> May be removed for recess/PE																																																									
<input type="checkbox"/> Insurance <input type="checkbox"/> MO HealthNet <input type="checkbox"/> Complimentary <input type="checkbox"/> Other form of payment																																																									
EXAMINER NAME	<input type="checkbox"/> OD <input type="checkbox"/> MD/DO																																																								
	TOTAL COST: DATE																																																								



*AUTHORITY: sections 167.195 and 192.935, RSMo Supp. 2008.\* Emergency rule filed Jan. 9, 2009, effective Jan. 19, 2009, expired July 17, 2009. Original rule filed Jan. 9, 2009, effective Aug. 30, 2009.*

*\*Original authority: 167.195, RSMo 2007 and 192.935, RSMo 2000, amended 2007.*