



## Medically necessary eye patches for your child can be covered by Vermont Medicaid.

Your child's ophthalmologist, or other medical doctor has told you that it is medically necessary for your child to wear an eye patch. They have given you instructions.

- If they do not give you a prescription, you will need to ask for one.
- If your pharmacy tells you they cannot supply the eye patches, you can use the following information.

## This vendor (medical supply store) can supply the eye patches. They can submit claims to Vermont Medicaid.

They will take your information, submit the claim to your primary insurance and VT Medicaid under medical supplies.

Herron & Smith, Inc.  
8 Industrial Park Drive, #20, Hooksett, NH 03106  
Toll Free: (800) 427-5990  
Fax: 603-626-0502  
[www.herronandsmith.com](http://www.herronandsmith.com)

You, or the doctor will need to fax to Herron & Smith the following:

1. Eye patch prescription
2. Demographics: You and your child's name, address, phone number
3. Insurance information
4. Completed first page of the Medicaid Medical Necessity Form (MNF) found at [Medical Necessity: Requests for Orthotics, Prosthetics, Medical Supplies and Equipment](#)
5. Clinical notes that document the need for the eye patches.

Herron & Smith will have the eye patches delivered or mailed to your home.

Each month that your child still requires the eye patches, you will need to go to the Herron & Smith website and click on their client reorder login link. Complete the Client Reorder form you will find there. This will initiate the next shipment.

For assistance with this process, you can ask your child's pediatric office care coordinator or case manager.



# Eye Patches for Your Child and Medicaid Coverage

November 2020

## Additional Information:

- The HCPCS (Healthcare Common Procedure Coding System) is A6412- Eye patch, occlusive, each.
- Vermont Medicaid Portal: <http://www.vtmedicaid.com/>
- Adopted Vermont Medicaid rules: [MedicaidPolicy/HCAR/4.214 Eyewear and Vision Care Services Adopted Rule.pdf](#)
- Early Periodic Screening Diagnostic Treatment (EPSDT): [dvha.vermont.gov//medicaid/epsdt](http://dvha.vermont.gov//medicaid/epsdt)

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