



Department of Health Care Services
MEMORANDUM

DATE: March 18, 2015

TO: All Medi-Cal Vision Providers

FROM: Donny Shiu, O.D., Chief
Medi-Cal Vision Program
Pharmacy Benefits Division
P. O. Box 997413, MS 4604
Sacramento, CA 95899-7413

SUBJECT: Provider Documentation Requirements for Product Dispensing

Dear Medi-Cal Providers,

Welfare and Institutions Code Section 14043.341 requires providers to obtain and keep a record of Medi-Cal recipients' signatures when dispensing a product or prescription or when obtaining a laboratory specimen.

Therefore, dispensing optical providers (ophthalmologists, optometrists, and dispensing opticians) who dispense a device (eye appliances) requiring a written order or prescription must maintain a record of the following items in their files to qualify for Medi-Cal reimbursement:

- Signature of the person receiving the eye appliance
- Medi-Cal recipient's printed name and signature
- Date signed
- Prescription number or item description of the eye appliance dispensed
- Relationship of the recipient to the person receiving the prescription if the recipient is not picking up the eye appliance.

These records must be maintained and available for review for a minimum period of three (3) years from the date of dispensing.

If you have any questions or need more information, please contact the Department at vision@dhcs.ca.gov or call (916) 552-9539.