

# Policy

<b>DEPARTMENT:</b> Utilization Management	<b>POLICY#:</b> UM - 028
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<b>DEPENDENCIES:</b>	

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## Purpose

Longevity Health offers vision benefits to its members in select markets. This policy outlines coverage guidelines that pertain to eye exams and eye wear.

## Definitions, Abbreviations, and Acronyms

Acronym	Meaning
LHP	Longevity Health Plan, the Plan
MC	Medicare

## Policy

Longevity Health offers supplemental vision benefits to members in select markets. Some vision services are covered under traditional Medicare. This policy serves to provide coverage guidelines to ensure that clinicians, and utilization management understand covered versus non-covered benefits.

## Medicare Vision Services

Traditional Medicare doesn't usually cover routine vision services such as eyeglasses and eye exams. Some vision costs related to eye problems may be covered because of an illness or injury if they meet these requirements:

- Fall within a statutorily defined benefit category
- Are reasonable and necessary to diagnose or treat an illness or injury or to improve functioning of a malformed body part
- Are not excluded from coverage

## Intraocular Lenses (IOLs) and New Technology Intraocular Lenses (NTIOLs)

Traditional Medicare will cover conventional intraocular lenses when it is implanted during a cataract surgery.

Covered Services:

- Conventional intraocular lenses implanted during a cataract surgery
- Facility and physician services and supplies needed to insert a conventional intraocular lens during a cataract surgery
- 1 pair of prosthetic eyeglasses or contact lenses provided after each cataract surgery with intraocular lens insertion

Ambulatory Surgical Center New Technology Intraocular Lenses have been classified by the US Food and Drug Administration into the following categories:

- Anterior chamber angle fixation lenses
- Iris fixation lenses
- Irido-capsular fixation lenses
- Posterior chamber lenses

Presbyopia and Astigmatism Correcting Intraocular Lenses

- Implantable convention intraocular lenses are covered by Traditional Medicare.

## **Glaucoma Screening**

Traditional Medicare covers high-risk patients' annual glaucoma screenings in at least one of the following groups:

- Patients with diabetes mellitus
- Patients with a family history of glaucoma
- African American patients aged 50 or older
- Hispanic American patients aged 65 or older

A covered glaucoma screening includes:

- Dilated eye exam with intraocular pressure measurement
- Direct ophthalmoscopy exam
- Slit-lamp bio microscopic exam

## **Other Eye-Related Medicare Covered Services**

- Eye prostheses for patients with absence or shrinkage of an eye due to a birth defect, trauma or surgical removal. Replacement is typically covered once every five years. Additionally, polishing and resurfacing may be covered.
- Eye exams to evaluate eye disease or signs/symptoms of eye disease in patients with diabetes.
- Certain diagnostic testing and treatments for patients with age-related macular degeneration

## **Longevity Health Supplemental Eye Benefits**

Longevity Health offers additional supplemental eye benefits in certain markets to members. Please refer to the state specific explanation of benefits for coverage limits and additional details.

Covered services may include:

- Routine eye exams
- Eye glass frames
- Eye glass lenses or contact lenses

## Associated CPT Codes

Group 1 Codes	Descriptor
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure) manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation
V2632*	Posterior chamber intraocular lens
V2787**	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens

Group 2 Codes	Descriptor
66982***	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique, (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic development stage; without endoscopic cyclophotocoagulation
66987***	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation

Associated HCPCS Codes

HCPCS Code	Description
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2218	Aniseikonic, per lens, bifocal
V2219	Bifocal seg width over 28mm
V2220	Bifocal add over 3.25d
V2221	Lenticular lens, per lens, bifocal
V2299	Specialty bifocal (by report)
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens, PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2599	Contact lens, other type



## Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
New		10/11/2022	Courtney Gonzales	New
1.1	Minor	12/16/2022	Courtney Gonzales	Addition of HCPCS Codes

## Appendices

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