



***VISION CARE**

Effective Date: April 20, 2011
Date Of Origin: July, 2007

Review Dates: 7/07, 4/08, 4/09, 4/10, 4/11
Status: Current

**Note this policy incorporates the previously separate policy Contact Lenses/Eyeglasses #91425 and the title of this policy changed from Vision Care/Eye Exam to Vision Care.*

Summary of Changes

Clarifications:

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Deletions:

- Pg 2, Section I, C, formerly titled “Prescription Lenses” removed and replaced by criteria from former *Contact Lenses/Eyeglasses Medical Policy #91425*.
- Pg 4, Section I, F, Intrastromal Corneal Ring Segments (ICRS, INTACS) removed from General Exclusions section.

Additions:

- The *Contact Lenses/Eyeglasses Medical Policy #91425* has been incorporated into this policy and will be retired on the effective date above.
- Pg 2, Section I, C & D, criteria added from former *Contact Lenses/Eyeglasses Medical Policy #91425*.
- Pg 2, Section I, C, 3, criteria for coverage of intrastromal corneal ring segments added.

I. POLICY/CRITERIA

An eye exam is not a covered benefit for common vision conditions, such as myopia, presbyopia, hyperopia, astigmatism. An eye exam performed by a ophthalmologist or optometrist is a covered benefit when a specific ophthalmic disease, medical condition or infective process is being monitored or treated such as glaucoma, diabetic retinopathy, cataracts, macular degeneration, keratoconus, strabismus and amblyopia. When additionally purchased, third party vision coverage is provided under an additional vision rider.

A. Eye Exams

- Eye exams are a covered benefit for members when seen by a ophthalmologist for the purpose of treatment or diagnosis of a specific illness, symptom, or complaint.
- Refraction examinations for assessment of visual acuity are not covered. (Vision coverage for refraction may be a benefit if a vision rider has been purchased – see specific rider language for coverage details.)
- Comprehensive eye exams in the absence of known diseases affecting the eye are not covered.
- If, after a refractive eye exam initiated by the member (which would not be covered), an ophthalmic medical condition is found (e.g., glaucoma, retinal disease, etc.), subsequent diagnosis and treatment is covered. See



medical policy 91529 *Refractive Keratoplasty* for specific covered conditions and criteria for refractive keratoplasty.

B. Diabetic Screening Eye Exams

- A self-referred, yearly diabetic eye exam (dilated eye exam) to **screen** for retinal disease for a diabetic member is a covered benefit for members when performed by an ophthalmologist or optometrist, or by the PCP when DigiScope/EyeTel services are available.
- If after a yearly diabetic eye exam, a new ophthalmic medical condition is found, subsequent diagnosis and treatment is covered.

C. Contact lenses / eyeglasses and associated services and supplies are a covered benefit only for the specific medical or surgical conditions listed below and must be provided by an ophthalmologist or optometrist.

Special Note: Vision care, services, and supplies may be covered with rider or group contract language.

1. Aphakia. Absence of the lens may be either surgical (cataract extraction) or congenital. **Coverage for aphakia is available only if an intraocular lens (IOL) is not present and lenses are paid at the prosthetic benefit level.**
 - a. Surgical aphakia. Refractive lenses are covered for up to six months post-cataract surgery as follows:
 - One pair of glasses or contact lenses per eye per lifetime
 - Traditional single, bifocal or trifocal lenses
 - Basic frames are covered only in conjunction with covered lenses
 - b. Congenital aphakia. Refractive lenses are covered annually as follows:
 - One pair of glasses or contact lenses per eye
 - Traditional single, bifocal or trifocal lenses
 - Basic frames are covered only in conjunction with covered lenses
2. Contact lenses for corneal pathology. Coverage is provided only for the initial pair of contact lenses when used as a corneal bandage for treatment of acute or chronic corneal pathology (e.g. keratitis, corneal ulcers, keratoconus).
3. Intrastromal corneal ring segments (e.g., INTACS® prescription inserts) are considered to be medically necessary in patients with keratoconus who meet ALL of the following criteria:



- progressive deterioration in vision, such that adequate functional vision on a daily basis with contact lenses or spectacles can no longer be achieved
- age 21 years of age or older
- clear central corneas
- corneal thickness of 450 microns or greater at the proposed incision site
- corneal transplantation is the only other remaining option for improving functional vision

4. Intraocular lens:

The cost of conventional IOLs only are a covered benefit. If the member selects anything other than a standard IOL, i.e. a presbyopia-correcting IOL or other non-standard IOL, the cost of the additional function is not a covered benefit. (See code description.)

D. Contact lenses coverage criteria for Medicaid members

1. Priority Health provides services for contact lenses for Medicaid members who have certain medical conditions. These services include comprehensive contact lens evaluation with fitting and contact lenses.
 - a. A comprehensive contact lens evaluation is a benefit for Medicaid members and does not require prior authorization when the member presents with one of the following conditions and visual performance is expected to be significantly improved with the application of a contact lens. Documentation must be available if requested.
 - Aphakia (congenital or surgical).
 - Keratoconus (if vision cannot be improved to 20/40 or better with eyeglasses).
 - Anisometropia or Antimetropia (of two diopters or greater that results in aniseikonia).
 - Congenital cataracts up to age six.
 - Other conditions which have no alternative treatment.
 - b. Limitations
 - One contact lens replacement in a year for each eye is allowed for Medicaid members age 21 and over.
 - Two replacements per year are allowed for each eye for members under age 21. (One year is defined as 365 days from the date the first pair of contact lenses (initial or subsequent) was ordered.



E. Prosthesis

A scleral shell to support a loss of orbital tissue is a covered benefit when an eye has been rendered sightless and shrunken by inflammatory disease.

An ocular prosthesis (artificial eye) is a covered benefit for members with an absence of an eye due to trauma, surgical removal or congenital defect.

Polishing and resurfacing of an ocular prosthesis is covered on an annual basis.

Replacement of an ocular prosthesis is covered every five years unless documentation supports the medical necessity of more frequent replacement.

F. General Exclusions

The following are not covered benefits:

- Refractive services unless covered by a vision rider
- Routine glaucoma screening
- Orthoptics or vision therapy* (vision therapy has not been shown to be clinically efficacious nor are there any clear selection criteria for its use and it is not considered to be standard of care)
- Low vision aids
- Refractive keratoplasty (see policy 91529)
- Replacement for loss, damage, misuse or abuse is not a covered benefit.
- Coverage is not provided for: sunglasses, scratch resistant coating, transition/progressive lenses, or contact lens supplies (e.g. wetting and cleaning solutions, carrying cases).

*For Medicaid members, please refer to *Medical Policy #91500 Orthoptic and Pleoptic Training for Medicaid Members*.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*



- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

IV. DESCRIPTION

- A. A comprehensive eye evaluation is performed to detect and diagnose ocular, visual and systemic disease. The following elements are normally included in a comprehensive eye exam:
- Member's family and personal health history
 - Visual acuity with present correction (the power of the present correction recorded) at distance and at near
 - Ocular alignment and motility
 - Pupillary function
 - Intraocular pressure measurement
 - Visual fields by confrontation when indicated
 - External examination: lids, lashes and lacrimal apparatus, orbit and pertinent facial features
 - Slit-lamp examination: eyelid margins and lashes, tear film, conjunctiva, sclera, cornea, anterior chamber and assessment of peripheral anterior chamber depth, iris, lens and anterior vitreous
 - Examination of the fundus: vitreous, retina (including posterior pole and periphery), vasculature and optic nerve
- B. The following are considered to be common vision conditions:
- Myopia (nearsightedness) - A vision condition in which near objects are seen clearly, but distant objects do not come into proper focus. Nearsightedness is very common.
 - Presbyopia - A condition in which the crystalline lens of the eye loses its flexibility, making it difficult to focus on close objects. Presbyopia, usually becomes noticeable in the early to mid-forties, and is a natural part of the aging process of the eye. It is not a disease and it cannot be prevented.
 - Hyperopia (farsightedness) - A condition in which distant objects are usually seen clearly, but close objects do not come into proper focus.
 - Astigmatism - A condition that occurs when the front surface of the eye, the cornea, is slightly irregular in shape. This irregular shape prevents light from focusing properly on the retina. Almost all levels of



astigmatism can be optically corrected with eyeglasses and/or contact lenses.

C. The following are considered to be medical disorders:

- Strabismus - A condition when one or both eyes turns in, out, up or down. Poor eye muscle control usually causes misalignment of the eyes.
- Amblyopia (lazy eye) - A loss or lack of development of central vision in one eye that is unrelated to any eye health problem and not correctable with lenses. It can result from a failure to use both eyes together. Lazy eye is often associated with crossed-eyes or a large difference in the degree of nearsightedness or farsightedness between the two eyes.
- Cataract - The clouding of all or part of the normally clear lens within the eye, which results in blurred or distorted vision.

D. The following are ophthalmic diseases:

- Glaucoma - A disease in which the internal pressure of the eyes increase enough to damage the nerve fibers in the optic nerve and cause vision loss. The increase in pressure occurs when the passages that normally allow fluid in the eyes to drain become blocked. Glaucoma cannot be prevented, but if diagnosed and treated early, can be controlled. Vision lost to glaucoma cannot be restored.
- Macular degeneration – A condition that results from changes to the macula, a portion of the retina that is responsible for clear, sharp vision.
- Diabetic retinopathy - A condition occurring as a result of diabetes which causes weakening and changing of the small blood vessels that nourish the eye's retina. Early treatment is important to avoid permanent damage and blindness.
- Keratoconus - A vision disorder that occurs when the cornea becomes thin and irregularly shaped. This abnormal shape prevents the light entering the eye from being focused correctly on the retina and causes distortion of vision. Treatment can be divided into three tiers; correction with glasses, correction with rigid gas permeable contact lenses for more progressive cases and possibly corneal transplantation.

V. CODING INFORMATION:

ICD-9 Codes that may support medical necessity:

Routine Vision diagnoses:

Subject to Vision Rider

367.0 Hypermetropia

367.1 Myopia

367.20 Astigmatism, Unspecified

367.21 Regular Astigmatism

367.22 Irregular Astigmatism

367.31 Anisometropia (Medical for *Priority Health Medicare & Medicaid only*)

367.32 Aniseikonia (Medical for *Priority Health Medicare & Medicaid only*)



- 367.4 Presbyopia
- 367.81 Transient Refractive Change
- 367.9 Unspecified Disorder of Refraction and Accommodation
- V72.0 Examination of Eyes and Vision
- 368.00 Amblyopia, unspecified
- 368.03 Refractive amblyopia

Medical-Vision codes that support medical necessity for contact lenses:

- 370.00 Corneal ulcer, unspecified
- 370.01 Marginal corneal ulcer
- 370.02 Ring corneal ulcer
- 370.03 Central corneal ulcer
- 370.04 Hypopyon ulcer
- 370.05 Mycotic corneal ulcer
- 370.06 Perforated corneal ulcer
- 370.07 Mooren's ulcer

- 370.20 Superficial keratitis, unspecified
- 370.21 Punctate keratitis
- 370.22 Macular keratitis
- 370.23 Filamentary keratitis
- 370.24 Photokeratitis
- 370.31 Phlyctenular keratoconjunctivitis
- 370.32 Limbar and corneal involvement in vernal conjunctivitis
- 370.33 Keratoconjunctivitis sicca, not specified as Sjogren's
- 370.34 Exposure keratoconjunctivitis
- 370.35 Neurotrophic keratoconjunctivitis
- 370.40 Keratoconjunctivitis, unspecified
- 370.44 Keratitis or keratoconjunctivitis in exanthema
- 370.49 Other
- 370.50 Interstitial keratitis, unspecified
- 370.52 Diffuse interstitial keratitis
- 370.54 Sclerosing keratitis
- 370.55 Corneal abscess
- 370.59 Other

- 371.60 Keratoconus, unspecified
- 371.61 Keratoconus, stable condition
- 371.62 Keratoconus, acute hydrops

- V43.1 Organ or tissue replaced by other means
- 379.31 Aphakia
- 743.35 Congenital aphakia

- 743.30 Congenital cataract, unspecified
- 743.31 Capsular and subcapsular cataract
- 743.32 Cortical and zonular cataract
- 743.33 Nuclear cataract
- 743.34 Total and subtotal cataract, congenital
- 743.37 Congenital ectopic lens
- 743.39 Other congenital cataract

**CPT/HCPCS Codes:**

Listing of code does not guarantee coverage for all plans and provider specialties; some services are covered with optional vision benefits.

Note: Not all codes are covered for Optometrists

- 76511 Opth ultrasound
- 76512 Opth ultrasound echo dx
- 76514 Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
- 76516 Opth biometry by ultrasound
- 76519 Opth biometry a scan

- 92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
- 92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits
- 92012 Eye exam with init or cont of diag & treatment
- 92014 Eye exam & treatment, comp
- 92015 Determination of refractive state (*Vision benefit only*)
- 92018 Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
- 92019 Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited

- 92020 Gonioscopy with medical diag eval
- 92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report (*NC for Optometrist for Priority Health Medicaid*)
- 92060 Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report
- 92065 Orthoptic/pleoptic training (*Covered for Priority Health Medicaid & Medicare only*)
- 92070 Fitting of contact lens for treatment of disease, including supply of lens
- 92081 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, autoplot, arc perimeter, or single stimulus level automated test, such as octopus 3 or 7 equivalent)
- 92082 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on goldmann perimeter, or semiquantitative, automated suprathreshold screening program, humphrey suprathreshold automatic diagnostic test, octopus program 33)
- 92083 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, octopus program g-1, 32 or 42, humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
- 92100 Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and



- report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
- 92120 Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
- 92130 Tonography with water provocation (*NC for Priority Health Medicaid*)
- 92132 Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
- 92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- 92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
- 92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation (*NC for Optometrist for Priority Health Medicaid*)
- 92140 Provocative tests for glaucoma, with interpretation and report, without tonography (*NC for Priority Health Medicaid*)
- 92225 Extended ophthalmoscopy, new
- 92226 Extended ophthalmoscopy
- 92227 Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
- 92228 Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
- 92230 Ophthalmoscopy/angiography
- 92235 Ophthalmoscopy/angiography (*NC for Optometrist for Priority Health Medicaid*)
- 92240 Indocyanine-green angiography with interpretation and report
- 92250 Ophthalmoscopy; fundus photo
- 92260 Ophthalmodynamometry
- 92265 Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report
- 92270 Electro-oculography with interpretation and report
- 92275 Electroretinography with interpretation and report (*NC for Optometrist for Priority Health Medicaid*)
- 92283 Color vision examination, extended, eg, anomaloscope or equivalent
- 92284 Dark adaptation examination with interpretation and report
- 92285 External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniphotography, stereo-photography) (*NC for Priority Health Medicaid*)
- 92286 Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count (*NC for Priority Health Medicaid*)
- 92287 Special anterior segment photography with interpretation and report; with fluorescein angiography (*NC for Priority Health Medicare*)
- 92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia (*NC for Optometrist for Priority Health Medicare*)
- 92311 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye



- 92312 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
- 92313 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens
- 92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens (*NC for Priority Health Medicaid*)
- 92315 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye (*NC for Priority Health Medicaid*)
- 92316 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes (*NC for Priority Health Medicaid*)
- 92317 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens (*NC for Priority Health Medicaid*)
- 92325 Modification of contact lens (*NC for Priority Health Medicaid*)
- 92326 Replacement of contact lens
- 92340 Fitting of spectacles, except aphakia, monofocal (*NC for Priority Health Medicare*)
- 92341 Fitting of spectacles, except aphakia, bifocal (*NC for Priority Health Medicare*)
- 92342 Fitting of spectacles, except aphakia, multifocal (*NC for Priority Health Medicare*)
- 92352 Fitting of spectacle prosthesis for aphakia, monofocal (*NC for Optometrist for Priority Health Medicare*)
- 92353 Fitting of spectacle prosthesis for aphakia, multifocal (*NC for Optometrist for Priority Health Medicare*)
- 92354 Fitting of spectacle mounted low vision aid; single element (*covered for Priority Health Medicaid only*)
- 92355 Fit.spec.mount.low visionaid;telescopic or other comp. Lens syst.(*covered for Priority Health Medicaid only*)
- 92358 Eye prosthesis service
- 92370 Repair and refitting spectacles; except for aphakia (*NC for Priority Health Medicare*)
- 92371 Spectacle prosthesis for aphakia
- 95060 Ophthalmic mucous membrane tests
- 95930 Visual evoked potential (vep) testing central nervous system, checkerboard or flash
- 99172 Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare) (*Not Covered for Priority Health Medicaid or Medicare*)
- 99173 Screening test of visual acuity, quantitative, bilateral (*Not covered for Priority Health Medicaid or Medicare*)

Only the following ICD9 diagnosis support medical necessity of this code:



0099T Implantation of intrastromal corneal ring segments *(NC for Priority Health Medicaid)*

371.40 Corneal degeneration, unspecified

371.60 Keratoconus, unspecified

371.61 Keratoconus, stable condition

371.62 Keratoconus, acute hydrops

743.41 Anomalies of corneal size and shape

“S” Codes are not covered for Priority Medicaid and Medicare plans except where noted:

S0500 Contact lens, disposable

S0504 Single vision prescription lens (safety, athletic, or sunglass), per lens

S0506 Bifocal vision prescription lens (safety, athletic, or sunglass), per lens

S0508 Trifocal vision prescription lens (safety, athletic, or sunglass), per lens

S0515 Scleral lens, liquid bandage device, per lens

S0516 Safety eyeglass frames

S0581 Non-standard lens code *(Covered for Priority Health Medicaid only)*

S0592 Comprehensive contact lens evaluation *(Covered for Priority Health Medicaid only)*

S0620 Routine ophthalmological examination including refraction; new patient
(Covered as vision benefit with routine vision dx only)

S0621 Routine ophthalmological examination including refraction; established patient
(Covered as vision benefit with routine vision dx only)

S0830 Ultrasound pachymetry

V2020 Frames,purchases

V2100 Sphere,single vision plano to plus or minus 4.00,per lens

V2101 Sphere,single vision,plus/minus 4.12 to plus/minus 7.00d,per lens

V2102 Sphere,single vision,plus/minus 7.12 to plus/minus 20.00d,per lens

V2103 Spherocyl,sgl vision,plano to plus/minus 4.00d sphere,2.12 to 4.00d cyl,pr lens

V2104 Spherocyl,sgl vision,plano to plus/minus 4.00d sph,2.12 to 4.00d cyl,per lens

V2105 Spherocyl,sgl vision,plano to plus/minus 4.00d sph,4.25-6.00d cyl,per lens

V2106 Spherocyl,sgl vision,plano to plus/minus 4.00d sph,over 6.00d cyl,per lens

V2107 Spherocyl,sgl vision,plus/minus 4.25-plus/minus 7.00 sph,0.12-2.00d cyl,pr lens

V2108 Spherocyl,sgl vis,plus/minus 4.25d-plus/minus 7.00d sph,2.12-4.00d cyl,pr lens

V2109 Spherocyl,sgl vis,plus/minus 4.25-plus/minus 7.00d sph,4.25-6.00d cyl,pr lens

V2110 Spherocyl,sgl vis,plus/minus 4.25-7.00d sph,over 6.00d cylinder,per lens

V2111 Spherocyl,sgl vis,plus/minus 7.25-plus/minus 12.00d sph,0.25-2.25d cyl,pr lens

V2112 Spherocyl,sgl vis,plus/minus 7.25-plus/minus 12.00d sph,2.25d-4.00d cyl,pr lens

V2113 Spherocyl,sgl vis,plus/minus 7.25-plus/minus 12.00d sph,4.25-6.00d cyl,pr lens

V2114 Spherocyl,sgl vision sphere over plus/minus 12.00d,per lens

V2115 Lenticular (myodisc),per lens,single vision

V2118 Aniseikonic lens,single vision *(NC for Priority Health Medicaid)*

V2121 Lenticular lens, per lens, single

V2200 Sphere,bifocal,plano to plus/minus 4.00d,per lens



- V2201 Sphere,bifocal,plus/minus 4.12-plus/minus 7.00d,per lens
- V2202 Sphere,bifocal,plus/minus 7.12-plus/minus 20.00d,per lens
- V2203 Spherocyl,bifocal,plano to plus/minus 4.00d sph,0.12-2.00d cyl,per lens
- V2204 Spherocyl,bifocal,plano to plus/minus 4.00d sph,2.12-4.00d cyl,per lens
- V2205 Spherocyl,bifocal,plano to plus/minus 4.00d sph,4.25-6.00d cyl,per lens
- V2206 Spherocyl,bifocal,plano to plus/minus 4.00d sph,over 6.00d cyl,per lens
- V2207 Spherocyl,bifocal,plus/minus 4.25-plus/minus 7.00d sph,0.12-2.00d cyl,per lens
- V2208 Spherocyl,bifocal,plus/minus 4.25-plus/minus 7.00d sph,2.12-4.00d cyl,per lens
- V2209 Spherocyl,bifocal,plus/minus 4.25-plus/minus 7.00d sph,4.25-6.00d cyl,per lens
- V2210 Spherocyl,bifocal,plus/minus 4.25-plus/minus 7.00d sph,over 6.00d cyl,per lens
- V2211 Spherocyl,bifocal,plus/minus 7.25-plus/minus 12.00d sph,0.25-2.25d cyl,per lens
- V2212 Spherocyl,bifocal,plus/minus 7.25-plus/minus 12.00d sph,2.25-4.00d cyl,per lens
- V2213 Spherocyl,bifocal,plus/minus 7.25-plus/minus 12.00d sph,4.25-6.00d cyl,per lens
- V2214 Spherocylinder,bifocal,sphere over plus/minus 12.00d,per lens
- V2215 Lenticular (myodisc), per lens, bifocal *(NC for Priority Health Medicaid)*
- V2218 Aniseikonic,per lens,bifocal *(NC for Priority Health Medicaid)*
- V2219 Bifocal seg width over 28mm
- V2220 Bifocal add over 3.25d
- V2221 Lenticular lens, per lens, bifocal
- V2299 Specialty bifocal (by report)

- V2300 Sphere,trifocal,plano to plus/minus 4.00d,per lens
- V2301 Sphere,trifocal,plus/minus 4.12 to plus/minus 7.00d per lens
- V2302 Sphere,trifocal,plus/minus 7.12 to plus/minus 20.00,per lens
- V2303 Spherocyl,trifocal,plano to plus/minus 4.00d sph,0.12-2.00d cyl,pr lns
- V2304 Spherocyl,trifocal,plano to plus/minus 4.00d sph,2.25-4.00d cyl,pr lns
- V2305 Spherocyl,trifocal,plano to plus/minus 4.00d sph,4.25-6.00 cyl,pr lns
- V2306 Spherocyl,trifocal,plano to plus/minus 4.00d sph,over 6.00d cyl,pr lns
- V2307 Spherocyl,trifocal,plus/minus 4.25-plus/minus 7.00d sph,0.12-2.00d cyl,pr lns
- V2308 Spherocyl,trifocal,plus/minus 4.25-plus/minus 7.00d sph,2.12-4.00d cyl,pr lns
- V2309 Spherocyl,trifocal,plus/minus 4.25-plus/minus 7.00d sph,4.25-6.00d cyl,pr lns
- V2310 Spherocyl,trifocal,plus/minus 4.25-plus/minus 7.00d sph,over 6.00d cyl,pr lns
- V2311 Spherocyl,trifocal,plus/minus 7.25-plus/minus 12.00d sph,0.25-2.25d cyl,pr lns
- V2312 Spherocyl,trifocal,plus/minus 7.25-plus/minus 12.00d sph,2.25-4.00d cyl,pr lns
- V2313 Spherocyl,trifocal,plus/minus 7.25-plus/minus 12.00d sph,4.25-6.00d cyl,pr lns
- V2314 Spherocylinder,trifocal,sphere over plus/minus 12.00d,per lens
- V2315 Lenticular (myodisc), per lens, trifocal *(NC for Priority Health Medicaid)*
- V2318 Aniseikonic lens, trifocal *(NC for Priority Health Medicaid)*
- V2319 Trifocal seg width over 28mm *(NC for Priority Health Medicaid)*
- V2320 Trifocal add of 3.25d
- V2321 Lenticular lens, per lens, trifocal *(NC for Priority Health Medicaid)*
- V2410 Variable asphericity lens,single vision,full field,glass/plastic,per lens
- V2430 Variable asphericity lens,bifocal,full field,glass/plastic,per lens



- V2500 Contact lens,pmma,spherical,per lens
V2501 Contact lens,pmma,toric or prism ballast,per lens
V2502 Contact lens,pmma,bifocal,per lens *(NC for Priority Health Medicaid)*
V2503 Contact lens,pmma,color vision deficiency,per lens *(NC for Priority Health Medicaid)*
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 *(NC for Priority Health Medicaid)*
V2513 Contact lens,gas permeable,extended wear,per lens *(NC for Priority Health Medicaid)*
V2520 Contact lens,hydrophilic,spherical,per lens
V2521 Contact lens,hydrophilic,toric,or prism ballast,per lens
V2522 Contact lens,hydrophilic,bifocal,per lens *(NC for Priority Health Medicaid)*
V2523 Contact lens,hydrophilic,extended wear,per lens *(NC for Priority Health Medicaid)*
V2530 Contact lens,scleral,per lens(for contact modif.,see 92325) *(NC for Priority Health Medicaid)*
V2531 Contact lens,scleral,gas permeable,per lens *(NC for Priority Health Medicaid)*
V2600 Hand held low vision aids & other nonspect.mounted aids. *(covered for Priority Health Medicaid only)*
V2610 Single lens spectacle mounted low vision aids. *(covered for Priority Health Medicaid only)*
V2615 Telescopic/other comp lens sys,incl dist visn ,near visn & comp micro lens sys *(covered for Priority Health Medicaid only)*
V2623 Prosthetic eye, plastic, custom
V2624 Polishing/resurfacing of ocular prosthesis
V2625 Enlargement of ocular prosthesis
V2626 Reduction of ocular prosthesis
V2627 Scleral cover shell
V2628 Fabrication/fitting of ocular conformer

V2630 Anterior chamber intraocular lens *(payable in physician office only)*
V2631 Iris supported intraocular lens *(payable in physician office only)*
V2632 Posterior chamber intraocular lens *(payable in physician office only)*

V2700 Balance lens, per lens
V2710 Slab off prism, glass/plastic, per lens
V2715 Prism, per lens
V2718 Press-on lens, fresnell prism, per lens
V2730 Special base curve, glass/plastic, per lens *(NC for Priority Health Medicaid)*
V2744 Tint, photochromatic, per lens *(NC for Priority Health Medicaid)*
V2745 Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens *(NC for Priority Health Medicaid)*
V2755 U-v lens, per lens *(NC for Priority Health Medicaid)*
V2760 Scratch resistant coating, per lens *(NC for Priority Health Medicaid or Medicare)*
V2761 Mirror coating, any type, solid, gradient or equal, any lens material, per lens *(NC for Priority Health Medicaid)*

V2762 Polarization, any lens material, per lens *(NC for Priority Health Medicaid)*
V2770 Occluder lens, per lens *(NC for Priority Health Medicaid)*



- V2780 Oversize lens, per lens *(NC for Priority Health Medicaid)*
- V2781 Progressive lens,per lens *(NC for Priority Health Medicaid)*
- V2782 Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens *(NC for Priority Health Medicaid)*
- V2783 Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens *(NC for Priority Health Medicaid)*
- V2784 Lens, polycarbonate or equal, any index, per lens *(NC for Priority Health Medicaid)*
- V2785 Processing,preserving,transporting corneal tissue
- V2786 Specialty occupational multifocal lens, per lens
- V2797 Vision supply, accessory and/or service component of another hcpcs vision code
- V2799 Vision service, miscellaneous

- G0117 Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist
- G0118 Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or

Modifiers for Medicaid Use Only:

- Mod U1 Polycarbonate lenses
- Mod U1 Industrial Thickness Lenses
- Mod U2 High Index Lenses

Not Covered:

- 92354 Fitting of spectacle mounted low vision aid; single element system
- 92355 Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
- 92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation *(covered for Priority Health Medicare and Medicaid only)*

- S0510 Nonprescription lens (safety, athletic, or sunglass), per lens
- S0512 Daily wear specialty contact lens, per lens
- S0514 Color contact lens, per lens
- S0518 Sunglasses frames
- S0580 Polycarbonate lens (list this code in addition to the basic code for the lens)
- S0581 Non-standard lens code *(covered for Priority Health Medicaid only)*
- S0590 Integral lens service, miscellaneous services reported separately
- S0592 Comprehensive contact lens evaluation *(covered for Priority Health Medicaid only)*
- S0595 Dispensing new spectacle lenses for patient supplied frame

- V2025 Deluxe frame
- V2600 Hand held low vision aids & other nonspect.mounted aids *(covered for Priority Health Medicaid only)*
- V2610 Single lens spectacle mounted low vision aids *(covered for Priority Health Medicaid only)*
- V2615 Telescopic/other comp lens sys,incl dist visn ,near visn & comp micro lens sys *(covered for Priority Health Medicaid only)*

- V2702 Deluxe lens feature



- V2750 Antireflective coating, per lens
V2756 Eye glass case
- V2787 Astigmatism correcting function of intraocular lens
V2788 Presbyopia correcting function of intraocular lens
V2790 Amniotic membrane for surgical reconstruction, per procedure
- G9041 Low vision rehabilitation services, qualified occupational therapist, direct face-to-face one-on-one, each 15 minutes
G9042 Low vision rehabilitation services, certified orientation and mobility specialist, direct face-to-face one-on-one, each 15 minutes
G9043 Low vision rehabilitation services, certified low vision therapist, direct face-to-face one-on-one, each 15 minutes
G9044 Low vision rehabilitation services, qualified rehabilitation teacher, direct face-to-face one-on-one, each 15 minutes

Special Note: Vision care, services, and supplies may be covered with rider or group contract language.

VI. REFERENCES

- American Academy of Ophthalmology. (2005) Policy Statement-definition of Primary Eye Care. Retrieved on 2/22/2007 from:
<http://www.aao.org/education/library/statements/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=11889>
- Centers for Medicare and Medicaid (CMS), Medicare Coverage database, AdminiaStar Federal, Inc (Region B), Local Coverage Decision (LCD), Eye Prosthesis, L11529, DME Region A/B, Original effective date: 10/01/1993. Revision effective date: 03/01/2006. Retrieved on 02/22/2007 from:
http://www.cms.hhs.gov/mcd/viewlcd.asp?lcd_id=11529&lcd_version=11&basket=lcd%3A11529%3A11%3AEye+Prosthesis%3ADME+PSC%3ATricenturion+%2877011%29%3A
- HAYES Alert. Intrastromal Corneal Ring Segments (ICRS) for Vision Correction. Vol. VIII, No. 7. Lansdale, PA: HAYES Inc, July 2005.
- Wisconsin Physicians Services (WPS), Region V, Local Coverage Decision (LCD) #OPHTH-003, Optometrist Services, Original effective date Michigan: 12/01/2000, Revision effective date: 01/01/2007, Retrieved on 2/22/2007 from:
<http://www.wpsic.com/medicare/policies/wisconsin/opth003.pdf>
- Wisconsin Physicians Services (WPS), Region V, National Coverage Provision (NCP), Glaucoma Screening, #OPHTH-024, Original effective date: 01/01/2002, Effective date: 01/01/2006, Retrieved on 2/23/2007 from:
<http://www.wpsic.com/medicare/policies/wisconsin/opth024.pdf>
- Hayes, Winfred S. Literature Search. Intacs for keratoconus. March 1, 2010.
- Food and Drug Administration (FDA) Website. CDRH consumer information – new humanitarian device approval. Available at: <http://www.fda.gov>



National Institute for Health and Clinical Excellence (NICE). Corneal implants for keratoconus. Interventional Procedure Guidance 227. London, UK: NICE; July 2007.

Medical Advisory Secretariat. Intrastromal corneal ring segments for corneal thinning disorders: An evidence-based analysis. Pre-edit Draft. Ontario Health Technology Assessment Series. April 2009;9(TBA):1-92. Available at:

<http://www.health.gov.on.ca/english/providers/program/mas/tech/reviews/pdf/rev>

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