



Payment Policy: Vision Services		
Original Date Approved: 11/01/2018	Effective Date 01/01/2020	Date Revised: 12/11/19
Scope: Commonwealth Care Alliance (CCA) Product Lines: <input checked="" type="checkbox"/> <u>Senior Care Options</u> <input checked="" type="checkbox"/> <u>One Care</u>		

PAYMENT POLICY SUMMARY:

Vision services involve the diagnosis and treatment of eye diseases, disorders, and injuries. Services include routine eye exams, special ophthalmologist services, and surgeries related to the eye and ocular adnexa. Services and subsequent payment are based on the member’s benefit plan and provider agreement. Member liability will be applied depending on member’s benefit plan.

DETAILED VISION CARE SERVICES:

Product	Coverage Amount Per Benefit Year	Authorization Requirements
SCO	\$200	<ul style="list-style-type: none"> ▪ One or more frames less than or equal to a combined total of \$200, no authorization required. ▪ One or more frames greater than a combined total of \$200, authorization is required.
One Care	\$125	<ul style="list-style-type: none"> ▪ One set of frames less than or equal to \$125, no authorization required. ▪ One set of frames greater than \$125, authorization is required. ▪ More than one set of frames, authorization is required regardless of cost.

SCO Members: will be covered up to \$200 per benefit year. Frames exceeding \$200 benefit limit will need to be supported by medical necessity.

Additional services covered for prescription eyewear including:

- Eyeglasses and other visual aids, including contact lenses may be dispensed only upon a written and dated prescription. The prescription must be based upon the results of a vision examination performed by the prescriber.
- There is no limit to contact lenses benefit based on individual medical care needs. Contact lenses used for cosmetic purposes, such as colored lenses are not covered.
- Contact lens fitting is covered medically necessary for contact lenses dispensed accordingly with the requirement above.



One Care Members: will be covered up to \$125 per benefit year. Frames exceeding the \$125 benefit limit will need to be supported by medical necessity.

Additional services covered for prescription eyewear including:

- Contact lenses
- Eyeglasses, including frames and lenses purchased separately or together
- Eyeglasses and other visual aids, including contact lenses, may be dispensed only upon a written and dated prescription. The prescription based upon results of a vision examination performed by the prescriber. Contact lenses used for cosmetic purposes, such as colored lenses, are not covered.
- Contact lens fitting is covered as medically necessary for contact lenses dispensed according with the requirement above.

Detailed and other Vision Care Services for SCO and One Care Members:

- Comprehensive eye exams (including routine care)
- Outpatient physician services or diagnosis and treatment of diseases and injuries of the eye
- Treatment of age related macular degeneration
- Glaucoma screenings

PRIOR AUTHORIZATION REQUIREMENTS:

Certain Vision services require Prior Authorization, for more information please refer to [Section 4: Provider Manual](#)

PROVIDER SERVICE REQUIREMENTS:

Service Specifications for Vision

CCA vision providers are responsible for meeting specified standards for accessibility, repairs, and eyewear care as below:

Accessibility

- Provide all needed vision supplies, services, lenses/frames within one week of receiving request and notify the care team at the time of request of any anticipated delay or back order in the provision of supplies, services, and/or lenses/frames.
- Make every effort to fill a same day order if requested
- Designate a liaison to accept requests and coordinate supplies, services, and lenses/frames for CCA members.

Repairs



- Make every effort to complete repair with one service call. Provider shall contact the primary care provider and/or care team if a repair requires more than one service call.
- Notify care team in writing if rebuilt parts are used in a repair
- As requested, make available to primary care provider and/or care team with expected life of consumables, and provide warranties, serial or model numbers for materials, etc.

Eyewear Care

- Contact CCA member to make arrangements for delivery of lenses/frames
- Fit all glasses properly to the members specifications at the time of delivery
- Instruct member or caretaker in the safe and proper use of glasses/lenses and related vision supplies

PROVIDER REIMBURSEMENT:

CCA reimburses the following services:

- Routine eye care and routine eye exams according to the member's benefit limit when applicable. (Intermediate and Complex Ophthalmological services)
- Non-routine eye care or special ophthalmological services when medically necessary
- Diabetic eye care and treatment when medically necessary including glaucoma testing
- Medically necessary eye surgery and other treatments – Professional surgical rate includes all pre and post-operative visits within the specific global periods defined for each surgical code
- Ophthalmic Echography
- Ophthalmoscopy
- Vision hardware in accordance with the member's benefit and benefit coverage limits
- Contact lenses that are needed to treat Keratoconus; or Intraocular lenses that are implanted after corneal transplant, cataract surgery, or other covered eye surgery when the natural eye lens is replaced
- Facility services in accordance with the outpatient surgical services payment policy when the approved medical services are delivered in the acute care hospital setting



BILLING AND CODING GUIDELINES:

Code	Service Description
92002	New Patient; Ophthalmological services; medical examination and evaluation with initiation of diagnostic treatment program; intermediate
92004	New Patient; Ophthalmological services; medical examination and evaluation with initiation of diagnostic treatment program; comprehensive
92012	Established Patient; Ophthalmological services; medical examination and evaluation with initiation or continuation of diagnostic treatment program; intermediate
92014	Established Patient; Ophthalmological services; medical examination and evaluation with initiation or continuation of diagnostic treatment program; comprehensive

Bill routine eye examinations using appropriate diagnosis codes

Vision Hardware HCPCS Coding includes the following:

Code	Service Description
V2020-V2025	Frames
V2100-V2499	Lenses – single vision
V2500-V2599	Assorted Contact Lenses

*V2020 Frames, purchases V2025 Deluxe frames

When submitting claims for reimbursement report all with up-to-date industry standard procedure and diagnosis codes. Laterality will need to be specified via modifier LT (Left), RT (Right), or 50 (bilateral)

DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.



REFERENCES:

CMS Website <http://mass.gov/court/docs/lawlib/116-130cmr/130cmr433.pdf>
<http://www.mass.gov/court/docs/lawlib/230-249cmr/243cmr5.pdf>

CCA Website <http://www.commonwealthcarealliance.org>

Massachusetts Society of Optometrists <http://www.maoptometry.org>

POLICY TIMELINE DETAILS

1. Drafted October 2018
2. Revised December 2019 – Changed formatting and Coverage Amount Per Year for SCO from \$275 to \$200
3. Revised January 2020- Updated PA requirements section