



PROVIDER REIMBURSEMENT GUIDANCE

Vision Services Policy

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date		
11/01/2018	03/01/2022	03/01/2022	02/01/2022		
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA* </td> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* </td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*	<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*
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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 the member's benefit plan.

Detailed Vision Care Services

Product	Coverage Amount Per Benefit Year	Authorization Requirements
SCO (Senior Care Options)	\$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.

Medicare Value	MA	Network Benefit Coverage		
		In	\$300	\$0 copay routine or non-routine eye exam \$0 copay base lenses One set of frames or contact lenses not both less than or equal to a total of \$300, no authorization required
	Out	\$300	\$65 copay for non-routine eye exam 50% coinsurance routine eye exam up to \$150 50% coinsurance base lenses up to \$150 One set of frames or contact lenses not both less than or equal to a total of \$300, no authorization required	
	RI	Network Benefit		
		In	\$300	\$0 copay routine eye exam \$0 copay base lenses One set of frames or contact lenses not both less than or equal to a total of \$300, no authorization required
	Out	\$300	50% coinsurance routine eye exam up to \$150 50% coinsurance base lenses up to \$150 One set of frames or contact lenses not both less than or equal to a total of \$300, no authorization required	
Medicare Preferred	MA	Network Benefit		
		In	\$290	\$0 copay routine eye exam \$0 copay base lenses One set of frames or contact lenses not both less than or equal to a total of \$290, no authorization required
	Out	\$290	50% coinsurance routine eye exam up to \$150 50% coinsurance base lenses up to \$150 One set of frames or contact lenses not both less than or equal to a total of \$290, no authorization required	
	RI	Network Benefit		
		In	\$290	\$0 copay routine eye exam \$0 copay base lenses One set of frames or contact lenses not both less than or equal to a total of \$290, no authorization required
	Out	\$290	50% coinsurance routine eye exam up to \$150 50% coinsurance base lenses up to \$150 One set of frames or contact lenses not both less than or equal to a total of \$290, no authorization required	



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 is 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

MAPD MA: will be covered up to \$300 per benefit year.

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.



MAPD RI: will be covered up to \$300 per benefit year.

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.

Detailed and other Vision Care Services for MA and RI 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 on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

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 set arrangements for delivery of lenses/frames
- Fit all glasses properly to the members' specifications at the time of delivery
- Instruct members or caretakers 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 (Healthcare Common Procedure Coding System) 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 Information

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, 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

[CCA Website](#)

[CMS Website](#)

2022 MAPD EOC(s)

Massachusetts Society of Optometrists

Payment Policies:

[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:

[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:

[Massachusetts](#) / [Rhode Island](#)

Policy Timeline Details

1. December 2017 Drafted
2. Implemented 1/1/2018
3. Annual Review Revised Format, December 2019
4. Revised Format, November 2021