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## Medical Policy



**BCN Medical Policies are a source for BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.**

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**BCN Policy Effective Date: 1/16/13**

### **Title: Vision Services**

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#### **Description/Background**

**Vision screening** refers to a brief evaluation done in the PCP's office to determine the need for a vision examination and may include an external examination and evaluation and visual acuity, corneal light reflex, red reflex and stereoacuity testing.

**Vision examination** refers to an examination conducted for the purpose of prescribing and fitting corrective lenses. This examination may include the following (Note: This list is not all inclusive):

- External examination
- Visual acuity (with refraction when indicated)
- Measurement of best corrected visual acuity (with refraction when indicated)
- Pupillary examination
- Slit-lamp examination
- Funduscopic examination
- Intraocular pressure measurement
- Ocular alignment and motility

A **medical eye examination** for children and adults refers to an examination conducted for the purpose of diagnosis or treatment of a medical disease condition of the eye.

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**CPT/HCPCS Level II Codes** *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

#### **Established codes:**

65125

65130

65135

65140

65150

65155	65175	65710	65730	65750
65755	92002	92004	92012	92014
92015	92018	92019	92020	92025
92060	<b>92065**</b>	92071	92072	92081
92083	92082	92100	92120	92130
92136	92140	92225	92226	92227
92228	92230	92235	92240	92250
92260	92265	92270	92275	92283
92284	92285	92286	92287	92310
92311	92312	92313	92314	92315
92316	92325	92326	92310	92312
92313	92314	92315	92316	92317
92325	92326	92340	92341	92342
92352	92353	92354	92355	92358
92370	92371			

**\*\*See policy on Orthoptic/Pleoptic Therapy**

**Other codes (investigational, not medically necessary, not a benefit, etc.):**

65760	65765	65767	65770	65771
92132	92133	92134		
S0800	S0810	S0812		

**Medical Policy Statement**

Vision screening, examinations and select procedures are considered safe and effective for the purpose of determining the need for a vision examination.

Vision examinations are considered safe and effective for the purpose of prescribing and fitting corrective lenses and for diagnosing or treating a medical condition of the eye.

**Rationale**

An eye examination is performed by an ophthalmologist or an optometrist to determine if there are any pre-existing or potential vision problems. Eye exams may also reveal the presence of many non-eye diseases. Many systemic diseases can affect the eyes and since the blood vessels on the retina are observed during the exam, certain problems may be uncovered (e.g., high blood pressure or diabetes). Early exams are important because permanent decreases in

vision (e.g., amblyopia, also called lazy eye) can occur if not treated early (usually by ages 6-9). The frequency of eye exams generally differs with the age and health of the person.

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### **Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)**

**Medical eye examinations** are covered for both child and adult members when medically necessary and for the purpose of diagnosis or treatment of a disease, injury or medical condition and preauthorized by the primary care physician and when performed by a designated vision examiner/provider.

#### **Eye glasses and frames:**

BCN covers the fitting of the initial prescriptive lenses (eyeglasses, lenses and frames or contact lenses) following surgery for either cataracts or other lens conditions (for **BCN1 certificates only**, following the initial lenses, *additional* prescription lenses are covered if medically necessary).or to replace an organic lens missing because of congenital absence. The fitting must be performed by a BCN-contracted optometrist or ophthalmologist

**NOTE:** If a patient has cataract surgery with the insertion of an intraocular lens (IOL), BCN will allow coverage for a **conventional**, intraocular lens only. A conventional IOL is a small, lightweight, clear disk that replaces the distance focusing power of the eye's natural crystalline lens. These IOLs do not correct the vision for presbyopia, a vision problem that occurs with aging due to the loss of the eye's ability to focus on close objects. Presbyopia-correcting IOLs are considered deluxe items and are not covered under BCN certificates. The member is responsible for payment of the charges for physician and facility services that exceeds the physician charge for insertion of a conventional IOL following cataract surgery. Additionally, eye examinations performed to determine the refractive state of the eyes following insertion of a presbyopia-correcting IOL are non-covered.

#### **NOTE: For UM Premier Care and Grad/65 certificates only (effective 1/1/08):**

1. Conventional eyeglasses and/or corrective contact lens (if condition cannot be corrected with eyeglasses) are covered for the following conditions:
  - a) Keratoconus and aniseikonia (a prescription difference of two or more diopters between the two eyes)
    - Initial eyeglass lenses
    - Replacement of lenses due to change in prescription.
    - Replacement of lenses due to the expiration of the lifetime expectancy of the lens.
    - Replacement for loss: Requires a prescription from the member's ophthalmologist confirming the continued medical need for the lens.
    - Hard and soft lenses may be approved in certain circumstances when both types of lenses are worn concurrently.
  - b) Monocular aphakia (congenital or surgical absence of the lens, usually after cataract extraction)
    - Initial lenses

- Replacement lenses for adults due to expiration of the lifetime expectancy of the lens or irreparable damage to the lens.
- Replacement lenses for infants & children is as follows:
  - If cataract removal surgery is performed on one eye, one contact lens initially following surgery, and an additional replacement lens each year until the child's fifth birthday.
  - If cataract removal surgery is performed on both eyes, two lenses will be covered initially, and two replacement lenses annually until the child reaches his/her fifth birthday.
- Replacement of lenses due to growth and development.
- Note: Replacement contact lenses are *not* covered under the medical plan beyond the child's fifth birthday. From that point, replacement contact lenses may be covered according to the terms of the member's vision care rider, if applicable.

c) Post cataract surgery

d) Post corneal transplantation surgery

2. Corrective contact lenses in combination with eyeglasses or alone for anisometropia (a condition in which the two eyes have an unequal refractive power) or antimetropia (hyperopia of one eye, with myopia in the other), that results in aniseikonia (a prescription difference of two or more diopters between the two eyes).

**Eye surgery:**

Cornea transplant\* or epikeratophakia\* (the grafting of human corneal tissue to a recipient in order to correct a refractive defect as in nearsightedness, farsightedness or astigmatism) is covered for the following conditions:

- Keratoconus
- Corneal scarring
- Pediatric aphakia (absence of the crystalline lens of the eye, congenital or traumatic)
- Aphakic patients unable to wear cataract glasses or contact lenses who are candidates for intraocular lens insertion
- Cataract removal with intraocular lens insertion
- Removal of intraocular implants

\*See "eye glasses and frames" for lenses that may be covered following surgery.

**Exclusions:**

There is no coverage for the following services or items:

- Prescriptions for corrective lenses
- Corrective lenses, except as indicated above
- Procedures to correct disorders of refraction or accommodation:
  - Laser assisted in situ keratomileusis (LASIK)
  - Photorefractive keratectomy
  - Automated lamellar keratoplasty
  - Hexagonal keratoplasty

The following procedures are considered experimental/investigational:

- Keratoprosthesis (a plastic replacement for an opacified inner part of a cornea)
  - Keratomileusis (keratoplasty in which a piece of the patient's cornea is removed, frozen, shaped to correct refractive error and reinserted)
  - Keratophakia (keratoplasty in which corneal tissue from a donor is frozen, shaped, and inserted into the cornea of a recipient)
  - Epikeratoplasty (surgical reshaping of the cornea to correct refraction for near- or far-sightedness, either by keratomileusis, keratophakia or radial keratotomy)
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### **Related Policies** (Joint policies)

- Corneal Hysteresis
  - Indirect Intraocular Pressure Measurement
  - Intraocular Lens Implants for Myopia
  - Intraocular Retinal Prosthesis
  - Ocular Photoscreening
  - Photocoagulation of Macular Drusen
  - Refractive Keratoplasties
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### **Medicare Information**

Requirements for determining payment for insertio of presbyopia-correcting intraocular lenses following cataract surgery:

#### **PRESBYOPIA-CORRECTING IOLS**

Presbyopia, a type of refractive error, is an age-associated progressive loss of the focusing power of the lens of the eye resulting in difficulty seeing objects at near distance, or close-up. Presbyopia occurs as the natural lens of the eye becomes thicker and less flexible with age. As noted above, except following cataract surgery with insertion of an IOL, Medicare does not cover eyeglasses or contact lenses. Additionally, Medicare also does not cover the accommodative change in eyeglass or contact lens power that is required to compensate for the gradual loss of near vision as presbyopia progresses.

A presbyopia-correcting IOL is indicated for primary implantation in the capsular bag of the eye for the visual correction of aphakia (absence of the lens of the eye) in patients, and is also intended to provide near, intermediate, and distance vision without, in many patients, the need for eyeglasses or contact lenses. A single presbyopia-correcting IOL essentially provides what is otherwise achieved by two separate items: an implantable conventional IOL (one that is not presbyopia correcting), and eyeglasses or contact lenses.

#### **CONCLUSION**

The statute specifically states that one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery with insertion of an IOL is covered. A single presbyopia-correcting IOL essentially provides what is otherwise achieved by two separate

items: an implantable conventional IOL (one that is not presbyopia correcting), and eyeglasses or contact lenses. Although presbyopia-correcting IOLs may serve the same function as eyeglasses or contact lenses furnished following cataract surgery, IOLs are neither eyeglasses nor contact lenses. Therefore, the presbyopia-correcting functionality of an IOL does not fall into the benefit category and is not covered. Any additional provider or physician services required to insert or monitor a patient receiving a presbyopia correcting IOL are also not covered. For example, eye examinations performed to determine the refractive state of the eyes following insertion of a presbyopia-correcting IOL are non-covered.

- **Physician Services Charge**

The payment for a conventional IOL furnished in a physician's office is not bundled with the procedure to insert the IOL following cataract surgery. The payment amounts for the IOL device and insertion procedure are two separate charges. A beneficiary may request insertion of a presbyopia-correcting IOL in place of a conventional IOL following cataract surgery. In this case, the presbyopia-correcting IOL device is considered partially covered. The beneficiary is responsible for payment of that portion of the physician's charge for the presbyopia-correcting IOL that exceeds the physician's charge for a conventional IOL following cataract surgery.

- **Facility Charge**

The payment for insertion of a conventional IOL furnished in a hospital outpatient department or in a Medicare-approved ambulatory surgical center is packaged or bundled into the payment for the surgical procedure performed to remove a cataractous lens. A beneficiary may request insertion of a presbyopia-correcting IOL in place of a conventional IOL following cataract surgery. In this case, the facility charge for insertion of the presbyopia-correcting IOL is considered partially covered. The beneficiary is responsible for payment of that portion of the facility charge that exceeds the facility charge for insertion of a conventional IOL following cataract surgery. In addition, the beneficiary is responsible for the payment of facility charges for resources required for fitting and vision acuity testing of a presbyopia-correcting IOL that exceeds the facility charges for resources furnished for a conventional IOL following cataract surgery.

### **Visual Rehabilitation Programs**

#### **WPS LCD OPHTH-021, effective date 11/15/1997.**

Medicare beneficiaries with vision loss may be eligible for physician prescribed rehabilitation therapy services designed to improve functioning and performance of activities of daily living, including self-care and home management skills. Evaluation of the patient's level of functioning in activities of daily living, followed by implementation of a therapeutic plan of care aimed at safe and independent living, is critical and should be performed by an occupational or physical therapist.

Medicare coverage of low vision rehabilitation services is considered reasonable and necessary for patients with a clear medical need meeting all of the following criteria. In accordance with Medicare regulations all beneficiaries in rehabilitation programs must be under the care of a physician. All rehabilitation services to beneficiaries with a primary vision impairment diagnosis must be provided pursuant to a written treatment plan established by a Medicare physician, and implemented by a qualified professional. Rehabilitation programs/services for beneficiaries with vision impairment may include services for:

- Mobility
  - Activities of Daily Living
- Other rehabilitation goals that are medically necessary

### **Optometrist Services**

#### **WPS LCD OPHTH-003, effective date 1/1/08.**

Services provided by the Optometrist will be covered if they are within the scope of practice as defined by state law and performed as defined by state law.

1. If the condition identified and diagnosed at a visit requires treatment, the optometrist must have the required certification to prescribe and monitor treatment, as defined in law and administrative rules.
2. Post-operative Care: The post-operative care following eye surgery may be performed or shared between the operating ophthalmologist and an optometrist.

### **Ophthalmic Biometry**

#### **WPS LCD Ophth-006, effective date 2/1/08**

#### **Indications and Limitations of Coverage and/or Medical Necessity**

Ophthalmic ultrasound, A-scan involves the transmission of high-frequency sound waves through the eye and the measurement of their reflection from ocular structures. A-scans provide a linear dimensional picture, primarily used in preoperative intraocular lens (IOL) power calculation.

- A. When an A-mode scan is performed, a scan is often performed on the eye, which will have surgery, as well as the other eye. The second eye is used as a reference, to monitor technique and accuracy.
- B. A-Mode or B-Mode scans associated with cataract surgery:
  1. Simple Cataract: Medicare covers the diagnostic ultrasound A-Mode scan and a comprehensive examination.
  2. Dense Cataract: Medicare also covers the B-Mode scan when medically necessary.
  3. Because cataract surgery is an elective procedure, the patient may decide not to have the surgery until later, or to have the surgery performed by another physician. In these instances it may be reasonable that the operating physician conduct another examination, including A-scan.
- C. A-mode Scan, Other Uses:
  1. Conditions for which it may be used (not all inclusive):
    - a. When an opaque media interferes with other techniques used to visualize the chambers (e.g., anterior chamber hemorrhage, dense cataract).
    - b. To clarify the diagnosis and prognosis of a clinical condition (e.g., Vitreous hemorrhage, detached retina).
    - c. To assess and follow a mass or tissue density.
    - d. Document the presence of opaque media, and the condition, which needs to be evaluated.
  2. Frequency of A-mode scans for these conditions depends on the clinical condition present.

### **Computerized Corneal Topography**

## **WPS LCD Opth-014, effective date 4/1/08**

### Indications and Limitations of Coverage and/or Medical Necessity

Corneal topography is a computer assisted diagnostic technique where a special instrument projects a series of light rings on the cornea, creating a color coded map of the corneal surface as well as a cross-section profile. This service is used to provide a detailed map or chart of the physical features and shape of the anterior surface of the cornea. This permits a more accurate portrayal of the physical state of the cornea and for the subtle detection of corneal surface irregularity and astigmatism. Corneal Topography is indicated in the identification of deep or superficial corneal disorders/distortions causing irregular astigmatism and visual impairment.

Results are used in assisting the physician in determining the appropriate surgical or medical treatment needed.

1. Pre-and/or post-operatively for corneal transplant or re-transplant: (65710, 65730, 65750, 65755)
  - Corneal scars and opacities
  - Corneal degeneration
  - Corneal dystrophies
  - Other corneal deformities
  - Acquired astigmatism
  - Keratoconus
  - Trauma
  - Keratitis
  - Previous corneal transplantation
2. Pre-operative evaluation of irregular corneal curvature for intraocular lens power determination with cataract surgery.
3. Identification and/or follow-up for corneal disease/trauma causing irregular astigmatism
  - Lesions
  - Pterygium
  - Keratoconus
  - Peripheral corneal degeneration
  - Mooren's ulcer
  - Terrien's degeneration
  - Edema
  - Keratitis
  - Corneal wounds
  - Burns
4. Other surgery (relaxing incision [65772], wedge resection [65775])
5. Corneal Topography is considered reasonable and necessary when the results will assist in defining further medical treatment.

### **Expansion of Glaucoma Screening Services**

***Wisconsin Physicians Services (WPS), National Coverage Provision, "Glaucoma Screening," Subject #OPHTH-024, Effective date 1/01/2002.***

CR 4365 provides notice that beginning January 1, 2006, the definition of an eligible beneficiary in a high-risk category is expanded to include Hispanic Americans age 65 and over. Services provided by the optometrist will be covered if they are within the scope of practice as defined by state law and performed as defined by state law. If the condition identified and diagnosed at a visit requires treatment, the optometrist must have the required certification to prescribe and monitor treatment. Post-operative care following eye surgery may be performed or shared between the operating ophthalmologist and an optometrist. *Wisconsin Physicians Services (WPS), "Optometrist Services," Policy #OPHTH-003, Revision date 6/01/2004.*

Regulations implementing the Benefits Improvements and Protection Act of 2000, §102, provide for annual coverage for glaucoma screening for beneficiaries in the following high risk categories:

- Individuals with diabetes mellitus **or**
- individuals with a family history of glaucoma **or**
- African-Americans age 50 and over

*Wisconsin Physicians Services (WPS), National Coverage Provision, "Glaucoma Screening," Subject #OPHTH-024, Effective date 1/01/2002.*

Periodicity schedules for periodic screening, vision and hearing services must be provided at intervals that meet reasonable standards of medical practice; include diagnosis and treatment of defects in vision, including eyeglasses, for individuals under the age of 21. Medicaid and EPSDT (early & periodic screening, diagnostic and treatment). EPSDT was defined as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89), *Centers for Medicare & Medicaid Services, EPSDT CMS-Form-416, Last modified September 16, 2004.*

*(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicaid Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)*

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## References

- BCN Certificate language.
- Blue Care Network, *Provider Services Manual*, "Benefits at a Glance," Member Benefits, page 7-7, last updated August 2011.<  
[http://providerwsprd6.bcbsm.com:6182/therecord/bcn/documents/products/comparison\\_baa\\_g.pdf](http://providerwsprd6.bcbsm.com:6182/therecord/bcn/documents/products/comparison_baa_g.pdf)> (accessed 12/20/11).
- *Medicare Learning Network*, "Glaucoma Screening," available at <  
<http://www.cms.gov/MLNProducts/downloads/Glaucoma.pdf> > (accessed 12/20/12).
- Medicare program, Supplemental Medical Insurance (Part B): Coverage of Presbyopia-Correcting Intraocular Lenses. Available at <  
<https://www.cms.gov/rulings/downloads/CMSR0501.pdf> > accessed 12/20/12.

- Michigan Department of Community Health, “Vision Services,” < <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf> > ) 12/20/12).

*The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 12/20/12, the date the research was completed.*

### BCN Medical Policy History

Date	Rationale
9/30/88	Initial BCN medical policy
10/12/98	Routine maintenance
8/20/01	Routine maintenance
2/11/05	Routine maintenance
2/18/07	Routine maintenance
5/21/08	Routine maintenance
1/1/09	Added Medicaid coverage guidelines
3/18/09	Routine maintenance; updated U of M Premiere Care and Grad Care coverage guidelines
2/17/10	Changed Medicaid coverage guidelines
2/15/12	Routine maintenance-updated coding; added information regarding non-coverage of presbyopia-correcting intraocular lenses implanted during cataract surgery.
1/16/13	Routine maintenance. Deleted selected WPS references as the coverage determinations are retired.

Next Review:                    1<sup>st</sup> Qtr, 2014

**MEDICAL POLICY TITLE: VISION SERVICES  
BCN BENEFIT ADMINISTRATION**

**I. Coverage Determination**

<b>Commercial HMO (includes Self-Funded groups unless otherwise specified)</b>	Covered policy and certificate guidelines apply
<b>U of M Premiere Care and Grad Care</b>	Conventional eyeglasses and/or corrective contact lens (if condition cannot be corrected with eyeglasses) are covered for specified conditions; see inclusionary/exclusionary guidelines (effective 1/1/08). If a presbyopia correcting lens is inserted during a cataract surgery with implantation of an intraocular lens (IOL), <u>the member is responsible for payment of the charges for physician and facility services that exceeds the physician charge for insertion of a conventional IOL following cataract surgery</u>
<b>BCNA (Medicare Advantage)</b>	Covered policy and certificate guidelines apply. If a presbyopia correcting lens is inserted during a cataract surgery with implantation of an intraocular lens (IOL), <u>the beneficiary is responsible for payment of the charges for physician and facility services that exceeds the physician charge for insertion of a conventional IOL following cataract surgery</u>
<b>BCN65 (Medicare Complementary)</b>	Coinsurance covered if primary Medicare covers the service. Exception: If BCN65 member has an "exact-fill" option, BCN may cover the service even if Medicare does not.
<b>Blue Cross Complete</b>	<p>Effective for dates of service on and after 07/01/09, vision services (routine eye exams, eye glasses, contact lenses and other vision supplies and services) are no longer payable for beneficiaries age 21 and older unless a beneficiary has a prior authorization on file. Eye exams related to eye injury or eye disease will continue to be covered (Medicaid Provider Manual, Vision, section 1.1).</p> <p>A comprehensive contact lens evaluation is a Medicaid benefit and does not require preauthorization when the beneficiary presents with one of the following conditions, and visual performance is expected to be significantly improved with the application of a contact lens(es): (Use appropriate HCPCS comprehensive contact lens evaluation code.)</p> <ul style="list-style-type: none"> <li>• Aphakia (congenital or surgical)</li> </ul>

	<ul style="list-style-type: none"> <li>• Keratoconus (if vision cannot be improved to 20/40 or better with eyeglasses)</li> <li>• Anisometropia or Antimetropia (of two diopters or greater that results in aniseikonia)</li> <li>• Congenital cataracts up to age six</li> <li>• Other conditions which have no alternative treatment</li> </ul> <p>The prescription and fitting of contact lenses is a Medicaid benefit and requires preauthorization, except for beneficiaries who are under six years of age with a qualifying diagnosis.</p> <p>One contact lens replacement in a year for each eye is allowed for beneficiaries <b>age 21 and over</b>. Two replacements in a year are allowed for each eye for beneficiaries <b>under age 21</b>. (One year is defined as 365 days from the date the first pair of contact lenses [initial or subsequent] was ordered.)</p> <p><b>**Note:</b> Additional replacement lenses may be authorized <u>without</u> clinical review for beneficiaries under age 21 for other reasons including theft, loss, damage, etc.</p> <p>If a presbyopia correcting lens is inserted during a cataract surgery with implantation of an intraocular lens (IOL), <u>the beneficiary is responsible for payment of the charges for physician and facility services that exceeds the physician charge for insertion of a conventional IOL following cataract surgery</u></p>
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## II. Administrative Guidelines

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate benefits and certificate riders.
- Appropriate copayments will apply. Refer to certificate section, "**Vision Services**" and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.