

Billing Vision Insurance for Medically Necessary Contact Lenses

This information has been gathered from other successful offices, and following these guidelines DOES NOT guarantee coverage or payment. Regional accuracy is not guaranteed. Practices are advised to confirm all details with their insurance companies.

VSP

Visually Necessary Contact Lenses

- Covered for conditions below
- Patients must be eligible for materials
- Exam and material copays may apply

Benefit Coverage Criteria

- Aphakia
- Nystagmus
- Keratoconus
- Aniridia
- Corneal transplant
- Hereditary corneal dystrophies
- Anisometropia ≥ 3.00 D in any meridian
- High Ametropia ≥ 10.00 D in any meridian
- Irregular Astigmatism
- Achromatopsia
- Albinism
- Polychoria
- Anisocoria (congenital)
- Pupillary Abnormalities

Filing the Claim

- Claim may be filed electronically on e-Claim
- No prior authorization needed
- Select Necessary Contact Lens as the Contact Lens Reason
- When submitting a claim there are three important components
 - 1. The Diagnosis Code:** Indicate the appropriate ICD-10 diagnosis code and/or spectacle prescription verifying the condition
 - 2. The HCPCS Code:** Use V2599 for hybrid lenses. Use V2531 for scleral lenses.
When submitting a claim using V2599 or V2531, you must provide this information in Box 19:
 - Type of lens (e.g., hybrid contact lens)
 - The lens manufacturer and brand**Note: If this information is missing or incomplete, it will result in reimbursement at the V2510 rate**
 - 3. The Number of Units:** 4 units for hybrid lenses which is the planned replacement classification. 2 units for scleral lenses which is the annual replacement classification.

More Information:

Log in at www.eyefinity.com. Click "VSP Online", click "manuals", click "VSP". Under "plans and coverage," click "contact lens benefit". Scroll down to "Visually Necessary Contact Lenses".

EYEMED

Visually Necessary Contact Lenses

- Prior authorization is no longer required, but it's advisable to check the online portal or call to verify the benefits and coverage of each patient.
- Must fill out Medically Necessary Contact Lens Claim Form and fax to 866.293.7373. One benefit per calendar year.

Benefit Coverage Criteria

- Anisometropia – Select this if spectacle Rx has a 3D difference in meridian powers
 - CPT Code – 92310AN
 - ICD-10 Code – H52.3_
- Enter U&C Fee
 - Check box V2599 and enter U&C Fee
- High Ametropia – Select this if spectacle Rx exceeds -10D or +10D in meridian powers in either eye.
 - CPT Code – 92310HA
 - Enter U&C Fee
 - Check box V2599 and enter U&C Fee.
- Keratoconus (mild/moderate) – Select this if diagnosis is mild to moderate keratoconus where BCVA through spectacles is worse than 20/25.
 - CPT Code – 92072
 - ICD-10 Code – H18.60_ or H18.61_
- Enter U&C Fee
 - Check box V2599 and enter U&C Fee
- Keratoconus: (advanced/ectasia)
 - CPT Code: 92072AD
 - ICD-10 Code: H18.62_ or H16.71_
- Check box V2599 and enter U&C Fee
- Vision Improvement – When Keratoconus is not present, select this for members whose vision can be corrected by two lines on the visual acuity chart.
 - CPT Code – 92310VI
 - Enter U&C Fee
 - Check box V2599 and enter U&C Fee

For More Information:

Log in at portal.eyemedvisioncare.com. Click "providers", click "login/register", click "manuals". Click "Section 9: Special services". Download "Section 9".

DAVIS VISION

- Policy Manual available at <http://cvw1.davisvision.com/forms/staticfiles/english/provman.pdf>
Must submit Prior Approval Request Form
 - Fax to 800.584.2329
- Verify member eligibility prior to submitting authorization form
- Must attach supporting documents (topo, pachy, etc.)
- If approved Davis Vision will fax the authorization utilizing the Request Form
- Bundle service fees, but keep them separate from material fees
- Contact Lenses may be determined to be medically necessary in the treatment of the following nine conditions:
 - Keratoconus
 - Progressive Myopia
 - Anisometropia
 - Post Cataract
 - Aphakia
 - Pathological Myopia
 - Diabetes
 - Aniseikonia
 - Aniridia
 - Corneal Disorders
 - Post-Traumatic Disorders
 - Irregular Astigmatism

SPECTERA

- Must submit Necessary Contact Lens Eligibility Form together with the claim paperwork:
 - Fax to 218.285.2935
 - Atn: Raquel Korpi
 - RE: Necessary Contacts
- The prescribing doctor determines if contact lenses are necessary based on Spectera Vision Guidelines. The conditions that require necessary contact lenses are:
 - Keratoconus
 - Irregular Corneal astigmatism
 - Aphakia
 - Anisometropia greater than 3.50 Diopters
 - Acuity less than 20/70 with glasses and better than 20/70 with contact lenses
 - Facial deformity
 - Corneal deformity
 - Must enter U&C Fee for Fitting fee and Contact lenses.
- Following cataract surgery. To correct vision problems that cannot be corrected with spectacle lenses.