



Covered Benefit: Vision Care

CMP Published: Yes No

CMP Link: [Vision Care](#)

CPG Published: Yes No

Definitions:

Vision services involve the diagnosis and treatment of eye diseases, disorder and injuries. Services include routine eye exams, special ophthalmological services, and surgeries related to the eye and ocular adnexa.

Routine Vision Care:

Routine vision care refers to those services rendered by a contracted optometrist or ophthalmologist in an office or outpatient setting (see table 1 for CPT codes).

The frequency of routine vision exams is:

- Child: annually
- Adult: every two-years (biannually)
- Adult with Diabetes: annually
- Additional vision exams as medically necessary are covered; see attached.
- The vision benefits follow a rolling year not a calendar year; where the 12 month timeframe is measured from the last date of service.

Special Ophthalmological Services:

Additional exams and eyeglasses beyond the limit noted above; specialty lenses; contact lenses; and covered special ophthalmological services, are listed by code or code ranges on table 1.

Eye Surgery:

Covered surgical procedures, either outpatient or inpatient, are listed by code ranges on the attached table.

Benefit Packages: RItE Care, Substitute Care, Children with Special Health Care Needs, Rhody Health Partners (RHP), and Rhody Health Options Phase One.

Coverage Limitations:

Children:

For members under 21, eye examination and glasses are covered as medically necessary with no other limits.

Adults:

1. For members age 21 and older, benefit is limited to examinations that include refractions and provision of eyeglasses once every 2 years; or if medically necessary.
2. For members over age 21 with diabetes, annual eye exams are covered.
3. Other medically necessary treatment for illness or injury to the eye is covered

Exclusions:

Additional prescriptive eyewear for computer use, driving and sports are not covered.

Extended Family Planning (EFP) members are excluded; EFP members do not have a comprehensive benefit package.

See Non-Covered Benefit Summary for Non-covered Vision

Coverage Includes:

- Eye Exam Routine
- Eye Exam Diabetic
- Eye Exam Medically Necessary
- Routine Fitting of Eyewear
- Fitting of Contact Lenses
- Lenses Routine
- Lenses Medically Necessary
- Contact Lenses
- Frames Routine
- Ophthalmological Surgery
- Ophthalmological Surgery Auth Required
- Special Ophthalmological Services

Episodes of care can occur across multiple settings:

Inpatient (POS 21); requires prior authorization as do all inpatient admissions

Outpatient (POS 22)

Office (POS 11)

Community Health Centers-CHCs (POS 50)

Table 1 Covered Vision Services

Description	ICD 9 Diagnosis Codes	ICD 9 Procedure Codes	CPT Codes	HCPCS Codes	Comments
Eye Exam Routine	"V72.0"		"92002" to "92014"	"S0620", "S0621"	Routine Eye Refraction is part of routine exam.
Eye Exam Diabetic	"V72.0" and 249.00" to "249.91", "250.00" to "250.93"		"92002" to "92015", "99201" to "99215"		Adults with Diabetes E& M codes included.
Eye wear (Routine Fitting)			"92340" to "92342", "92370"		
Eyewear (Fitting of Contact Lenses)			"92070", "92325", "92326", "92310" to "92317"	"S0515"	
Lenses Routine				"S0580", "V2100" to "V2221", "V2300" to "V2321", "V2715", "V2784", "V2797", "V2799"	Polycarbonate lenses, S0580 and V2784, routine for children
Lenses Medically Necessary				"V2299", "V2399", "V2410" to "V2499", "V2700", "V2744" to "V2755", "V2781" to "V2783"	Includes specialty bifocals and trifocals (V2299 & V2399)
Contact Lenses			"92311" to "92317"	"V2500" to "V2523"	
Frames Routine				"V2020"	

Table 1 Covered Vision Services-Continued

Description	ICD 9 Diagnosis Codes	ICD 9 Procedure Codes	CPT Codes	HCPCS Codes	Comments
Ophthalmological Surgery		"08.0" to "08.25", "08.4" to "08.69", "08.81" to "08.89", "09.0" to "11.59", "11.71" to "16.99", "89.11"	"65091" to "65272", "65275" to "65600", "65772" to "65780", "65800" to "66700", "66711" to "66740", "66770" to "67025", "67028" to "67882", "67930" to "67938", "68020" to "68340", "68400" to "68760", "68770" to "68899"		
Surgical Services (Ophthalmological Auth Required)			"65273", "65710" to "65757", "65767" to "65770", "65781" to "65782", "67900" to "67924", "67950" to "67999" "68761", "68360" to "68399", 0289T, 0290T, 0308T	C9732, G0186	Includes punctal plugs and corneal transplants.
Ophthalmological Services (Special)			"64612", "65765", "66710", "66761", "66762", "92018" to "92287", "92352" to "92358", "92371"	"C1840", "S0625", "S0812", "S3000", "J0585", "J2778", "J9035", "V2623" to "V2629", "V2630" to "V2632", "V2785"	Includes topography and fundus photography.

VERSION HISTORY:

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