

Vision Services

Reimbursement Policy ID: RPC.0102.SCM1

Recent review date: 10/2024

Next review date: 10/2025

First Choice VIP Care Plus reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. First Choice VIP Care Plus may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy addresses vision services, eyeglass frames, lenses, and contact lenses.

Exceptions

N/A

Reimbursement Guidelines

Routine eye examinations are covered services and therefore eligible for reimbursement by First Choice VIP Care Plus for certain members once per calendar year.

Service	Members
Eye Exams	1 routine eye exam every calendar year
Eyeglasses (frames) (V2020)	2 frames per calendar year with diagnosis of aphakia
Lenses	4 lenses per calendar year with diagnosis of aphakia

Contact Lenses	4 lenses per calendar year with diagnosis of aphakia set of contact lenses are allowed each year
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The plan will cover up to \$400 every year towards eyeglasses or contact lenses.

Lenses

Reimbursement of V2100 (sphere, single vision, plano to plus or minus 4.00, per lens) and V2101 (sphere, single vision, plus or minus 4.12 to plus or minus 7.00D, per lens), is limited to 4 lenses per calendar year with a diagnosis of aphakia.

Contacts

Members may choose prescription contact lenses instead of glasses. Polymethyl methacrylate, spherical rigid lenses (V2500) are limited to 4 lenses per year.

Definitions

Extended ophthalmoscopy

The method of examining the posterior portion of the eye when the level of examination requires a complete view of the back of the eye and documentation is greater than that required during routine ophthalmoscopy.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. <https://www.amerihealthcaritasvipcare.com/assets/pdf/sc/member/eng/2024-evidence-of-coverage.pdf>
- IV. Medicare and Delaware Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

N/A

Policy History

10/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by First Choice VIP Care from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">Revised preambleRemoval of Applicable Claim Types tableCoding section renamed to Reimbursement GuidelinesAdded Associated Policies section