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| <br><b>KMTSJ, Inc.</b> | DEPARTMENT:                     | Health Management |
|   | SUBJECT:                        | Vision Services   |
|   | PRODUCT LINE:                   | ALL               |
|   | POLICY NUMBER:                  | 064               |
|   | ORIGINAL POLICY EFFECTIVE DATE: | 12/04/09          |
|   | LAST REVISED DATE:              | 3/3/2023          |
|   | LAST REVIEWED DATE:             | 3/3/2023          |

**SCOPE:** To ensure Group Health Cooperative of Eau Claire consistently and correctly administers vision benefits to all members according to their policy specifics.

**POLICY:** It is the policy of Group Health Cooperative of Eau Claire to follow the following guidelines regarding vision services.

**Items Not Considered to Be Medically Necessary for Any Plan:**


- Scratch resistant coating
- Mirror coating (colored, highly reflective lens treatments)
- Polarization
- Progressive lenses (i.e., multifocal lens that gradually changes in lens power from the top to the bottom of the lens, eliminating the lines that would otherwise be seen in a bifocal or trifocal lens).
- Anti-glare/reflective coating
- Spare eyeglasses
- Sunglasses
- Eyeglass cases
- Gradient focus
- Fashion or cosmetic tints
- Engraved lenses
- Any vision services provided principally for convenience or cosmetic reasons are not covered, per DHS 107.20(4), Wis. Admin. Code

**Eyeglasses: Prior Authorization is only required when the request for service is beyond the benefit limit described in the member’s benefit plan documents.**

**Medicaid:**

Eyeglass replacements due to a prescription change require prior authorization if the glasses are above and beyond the benefit of 2 pair within the member’s annual membership year as noted below. Glasses are a covered benefit. Eyeglass frames and lenses beyond the original and one unchanged prescription replacement pair (either a complete appliance or a lens replacement or a frame replacement dispensed on different DOS) from the same provider in a 12-month period. Providers may be reimbursed for dispensing one additional complete appliance when there is a documented change in the lens prescription of more than +/- .50 diopter in the spherical or cylinder power and a cylinder axis shift of greater than 10 degrees.

**Medicare Advantage: Contract Exclusion**

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**State of Wisconsin: Contract Exclusion**

Coverage is only for the initial lens per surgical eye following cataract surgery (contact lens or framed lens)

**Commercial: Contract Exclusion for most plans**

Eyeglasses, contact lenses, and contact lens fitting are not covered except for treatment of keratoconus or after cataract surgery unless the plan is a non-grandfathered ACA plan, then there may be coverage of glasses through Classic Optical. Check policy specifics of the group.

**Lenses:**

**Polycarbonate lenses** are covered for members age 21 or less. Polycarbonate lenses are only covered if the adult member (over age 21) meets one of the following criteria:

1. Has no functional vision in one eye and the lens is to protect the functioning eye in case of injury: **OR**
2. Corrective poser +4.00 or -4.00 and higher; **OR**
3. Weight on nose from glasses causing pressure, pain, or distortion

**High-index plastic lenses** are an alternative to standard, plastic eyeglass lenses. Although high-index lenses are more expensive than plastic lenses, they can reduce the thickness and weight of an eyeglass lens, particularly for individuals with a strong prescription. High index lenses are covered when the following criteria are met:

1. High-index lenses are medically necessary for prescriptions with a corrective poser (spherical) +4.00 or -4.00 and higher;

**Therapeutic Contact Lenses**


**Conventional Contact Lenses**

Conventional contact lenses are medically necessary and covered under the medical benefit when the lens is used to protect the diseased eye under the following circumstances:

1. Member has a diagnosis of keratoconus (cone shaped eye), **OR**
2. Member has a diagnosis of aphakia (loss of absence of the lens of the eye), **AND**
3. Contact lens is not solely for refraction purposes

**Scleral contact lens**

Scleral contact lenses are medically necessary and covered under the medical benefit when the lens is used to protect the diseased eye under the following circumstances:

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1. Member has a diagnosis of keratoconus (cone shaped eye), **AND**
2. Member cannot be fit with a conventional contact lens and there is documentation that the member either had an unfavorable result with the conventional contact or the clinical reason why a conventional contact lens cannot be used for the member's condition, **AND**
3. Scleral lens must be FDA approved for the specific condition.

**Photochromic Lenses or Rose #1 and Rose #2 (UV Protective Coating) Lenses**

are covered when the following criteria are met:

1. Diagnosis of photophobia; **AND**
2. A chronic eye condition that causes photophobia such as corneal dystrophy, uveitis, aphakia, pseudophakia or uveitis, **OR**
3. Photophobia resulting from a medication side effect; **OR**
4. A medical condition which predisposes the member to retinal damage such as albinism, coloboma


APPROVED: \_\_\_\_\_

*Michelle Bauer MD.*

DATE: 3/3/2023

**REVISION HISTORY:**

| <b>Rev. Date</b> | <b>Revised By/Title</b>      | <b>Summary of Revision</b>  |
|------------------|------------------------------|---|
| 03/22/2013       | Carol E. Ebel, RN HM Mgr     | This is a continuation of the archived P & P.   |
| 06/27/2013       | Carol E. Ebel, RN HM Mgr     | Policy updated to reflect requirement of authorization of 3 <sup>rd</sup> pair of glasses based on RX change. |
| 02/15/2014       | Lynne Komanec, RN HM Manager | Reviewed with no changes  |
| 01/23/2015       | Betsy Kelly, RN              | Reformatted; removed references to Benchmark and Core Plans.  |
| 3/1/16           | Betsy Kelly, RN              | Updated.  |
| 9/13/2017        | Michele Bauer, MD            | Updated   |
| 12/14/2017       | Michele Bauer, MD            | Updated diagnosis for photochromic lens   |
| 3/27/2020        | Michele Bauer, MD            | Updated criteria for non-grandfathered ACA plans  |
| 3/9/2021         | Michele Bauer, MD            | Added med nec criteria for contact lenses   |

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| 3/8/2022 | Michele Bauer, MD, CMO | Reviewed. No changes.   |
| 3/3/2023 | Michele Bauer, MD, CMO | Removed vision exam coverage because this is outlined in the certificate of coverage and member handbooks. Updated Hi Index criteria. |