 KMTSJ, Inc.	DEPARTMENT:	Health Management
	SUBJECT:	Vision Services
	PRODUCT LINE:	ALL
	POLICY NUMBER:	064
	ORIGINAL POLICY EFFECTIVE DATE:	12/04/2009
	LAST REVISED DATE:	03/03/2023
	LAST REVIEWED DATE:	03/03/2024

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

POLICY: It is the policy of the Cooperative 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

State of Wisconsin: Contract Exclusion

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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; **AND**

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:

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**

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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: *Michele Bauer MD.*

DATE: 03/03/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
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 rd 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.
03/01/2016	Betsy Kelly, RN	Updated.
09/13/2017	Michele Bauer, MD	Updated
12/14/2017	Michele Bauer, MD	Updated diagnosis for photochromic lens
03/27/2020	Michele Bauer, MD	Updated criteria for non-grandfathered ACA plans
03/09/2021	Michele Bauer, MD	Added med nec criteria for contact lenses
03/08/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
03/03/2023	Michele Bauer, MD, CMO	Removed vision exam coverage because this is outlined in the certificate of coverage and member handbooks. Updated Hi Index criteria.

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03/03/2024	Michele Bauer, MD, CMO	Reviewed. No changes.
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