

## Medically Necessary Services and Materials

Some plans offer benefits for medically necessary materials and services due to eye disease and injury to provide functional vision. Prior approval and authorization must be received before any Optical Products are purchased and/or Optical Services are rendered in connection with this benefit.

Medically Necessary materials and services describe vision care service(s) and materials that are:

- In accordance with generally accepted standards of medical practice for the diagnosis or treatment of the patient's condition
- Clinically appropriate in terms of type, frequency, extent site and duration
- Considered effective for the patient's illness, injury, or disease
- Not primarily for the convenience of the patient, physician or other provider
- Safe and effective
- Not experimental or investigational
- Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic and/or diagnostic results as to the patient's illness, injury or disease.
- In lieu of eyeglasses and result in improved binocular function, including the avoidance of diplopia or suppression.

Medically Necessary Required Contact Lenses are only available for the diagnoses listed below. Some therapeutic services may be clinically appropriate but not medically necessary.

Choosing a diagnosis code only because it is on a "covered" list is fraud. Your diagnosis should always be based on sound clinical judgement.

### Covered Benefits

Medically Necessary Contact Lens Benefits include Contact Lens Evaluation/Fit, Follow Up and Materials. Members who qualify can use the benefit once per benefit period based on eligibility and can't exceed annual supply limits defined by the contact lens manufacturer replacement guidelines.

Medical Contact Lens Fitting includes a maximum of two (2) follow-up visits within ninety (90) days of the initial fitting.

### Member Out-of-Pocket

Copayments do not apply to the contact less fitting/evaluation or materials.

### Balance Billing

You may not balance bill the member unless the member's authorization indicates the member is responsible for payment above the allowance.

Requirements

Diagnoses	Diagnosis Code	Procedure	Requirements
Keratoconus	H18.601-18.629	92072	Topography, OCT or corneal mapping (not covered) Keratometry Medical record documentation consistent with a two-line improvement of visual acuity with contact lenses
Ametropia	H44.2 H52.1x H52.2x	92310	Eyeglass prescription is $\geq -10.00$ or $\geq +10.00$ diopters in any meridian of one or both eyes And, eyeglass best corrected visual acuity of 20/70 or worse in either eye And, visual acuity improvement of 2 lines or more with contact lenses
Anisometropia	H52.31	92310	The difference in prescription between the right and left eyes is $\geq 3.00$ diopters in any meridian between the two eyes
Aphakia	H27.00- H27.03	92311 (Monocular)  92313 (Binocular)	Contact lenses are medically necessary for safety and rehabilitation to a productive life
Visual Acuity That Cannot be Corrected to 20/70 without contact lenses (ex. nystagmus or other ocular disease)	Codes may vary	92310	Medical record documentation consistent with a two-line improvement of visual acuity with contact lenses Topography, OCT or corneal mapping (not covered)

## Reimbursements

Reimbursement for medically necessary contact lenses is determined by lens type, procedure and material codes.

Maximum Reimbursement Per Lens by HCPC					
Includes Contact Lens Evaluation/Fit and Follow and Materials					
CPT	HCPC		Reimbursement		
92072: Fitting of contact lens for management of keratoconus, initial fitting	V2510	Contact lens, gas permeable, spherical	\$300		
	V2511	Contact lens, gas permeable, toric, prism ballast	\$300		
	V2512	Contact lens, gas permeable, bifocal	\$300		
	V2513	Contact lens, gas permeable, extended wear	\$300		
	V2520	Contact lens, hydrophilic, spherical	\$300		
	V2521	Contact lens, hydrophilic, toric, or prism ballast	\$300		
	V2522	Contact lens, hydrophilic, bifocal	\$300		
	V2523	Contact lens, hydrophilic, extended wear	\$300		
	V2530	Contact lens, scleral, gas impermeable	\$500		
	V2531	Contact lens, scleral, gas permeable	\$700		
	V2599	Contact Lens, Other Type (Hybrid, Hand Painted Prosthetics)	\$500		
92071: Fitting of contact lens for treatment of ocular surface disease	V2510	Contact lens, gas permeable, spherical	\$300		
	V2511	Contact lens, gas permeable, toric, prism ballast	\$300		
	V2512	Contact lens, gas permeable, bifocal	\$300		
	V2513	Contact lens, gas permeable, extended wear	\$300		
	V2520	Contact lens, hydrophilic, spherical	\$225		
	V2521	Contact lens, hydrophilic, toric, or prism ballast	\$225		
	V2522	Contact lens, hydrophilic, bifocal	\$225		
	V2523	Contact lens, hydrophilic, extended wear	\$225		
	V2531	Contact lens, scleral, gas permeable	\$500		
92311: Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one (1) eye.	V2599	Contact Lens, Other Type (Hybrid, Hand Painted Prosthetics)	\$300		
	92312: Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes.	V2510	Contact lens, pmma, spherical	\$225	
		V2501	Contact lens, pmma, toric or prism ballast	\$225	
		V2502	Contact lens, pmma, bifocal, per lens	\$225	
		92310: Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia.	V2510	Contact lens, gas permeable, spherical	\$300
			V2511	Contact lens, gas permeable, toric, prism ballast	\$300
			V2512	Contact lens, gas permeable, bifocal	\$300
		Other	V2513	Contact lens, gas permeable, extended wear	\$300
V2520	Contact lens, hydrophilic, spherical		\$225		
V2521	Contact lens, hydrophilic, toric, or prism ballast		\$225		

## Requesting Prior Authorization

If the member's plan offers Medically Necessary Contact Lens Coverage, the member meets VBA's requirements for Medically Necessary Contact Lenses and they are eligible for benefits on the date of service, you may submit a request for prior approval.

You must obtain prior authorization and approval from VBA prior to ordering and dispensing materials.

Step	Details
1. Getting Started	<p>Confirm eligibility for Medically Necessary Contact Lenses by accessing the VBA Provider Portal or by contacting us.</p> <p>You must obtain authorization for services and materials through the VBA Provider Portal.</p>
2. What you'll need	<p>To submit a request for prior approval, you will need to provide us with:</p> <ul style="list-style-type: none"> <li>• A completed VBA Medically Necessary Contact Lens Prior Authorization Form</li> <li>• A copy of the patient's medical records</li> <li>• The contact lens manufacturer's wholesale invoice or cost estimate</li> </ul>
3. How to submit	<p>After completing and signing the Medically Necessary Contact Lens Prior Authorization Form, you may mail or fax your request to:</p> <ul style="list-style-type: none"> <li>• VBA Utilization Management 400 Lydia Street, Suite 300 Carnegie, PA 15106</li> <li>• 412-881-4898 (Facsimile)</li> </ul>
4. Processing the request	<p>We will return The Authorization Notification Form to the provider. The Authorization Notification Form includes approval, reimbursement amounts and authorization number or denial.</p> <p>Please allow up to 10 business days (after receipt of completed form) for VBA to review and process your prior authorization form.</p>
5. Order Materials	<p>Order and dispense materials after you receive the returned Authorization Notification Form.</p>
6. Submit the Claim	<p>After you receive approval and provide services and materials to the patient, submit the CMS-1500 form and a copy of the authorization approval to:</p> <ul style="list-style-type: none"> <li>• VBA Utilization Management 400 Lydia Street, Suite 300 Carnegie, PA 15106</li> <li>• 412-881-4898 (Facsimile)</li> </ul>

If a claim is filed without prior authorization and approval, VBA will reimburse up to the elective contact lens allowance. The provider may not balance bill for medically necessary contact lens materials and services reimbursed as elective contact lenses.

## Piggyback Lenses

Piggyback lenses may be covered for patients meeting the requirements of medically necessary contact lenses and who cannot tolerate RGP lenses resulting in the fitting of soft contact lenses and GP lenses in a piggyback fitting.

## Spectacle Lenses Over Contact Lenses

Spectacle lenses may be covered for patients meeting the requirements of medically necessary contact lenses and require a prescription spectacle lens to meet functional visual needs. Plano lenses are not a covered benefit unless otherwise specified by the plan.

Spectacle lenses worn over contact lenses must be included at the time of the original submission of the Prior Authorization Form. Frames are a private pay transaction.



Contact VBA for more information about Spectacle Lenses Over Contacts and Piggyback Lens fit.

## Exclusions

Corneal Refractive Therapy (CRT), orthokeratology (Ortho-K) and contact lenses for myopia management are not considered medically necessary. Patients may use their elective contact lens allowance towards the cost of CRT, Ortho-K or myopia management contact lenses.

There are no benefits for services or materials connected with the following:

- Plano lenses to change eye color cosmetically
- Artistically painted lenses
- Replacement of lost or damaged lenses
- Routine lens maintenance
- Refitting after the initial 90-day fitting period
- Solutions and other contact lens supplies
- Bandage contact lenses

## Possible Reasons a Request is Delayed or Denied

It is important to make sure you submit all required information prior to ordering lenses. Please read and submit all required documents to VBA in one transmission.

### Delayed

Medically Necessary Contact Lens Claims may be delayed if you do not submit the following:

- A completed VBA Medically Necessary Contact Lens Prior Authorization Form
- A copy of the patient's medical records
- The contact lens manufacturer's wholesale invoice or cost estimate

### Denied

Medically Necessary Contact Lens Claims may be denied if:

- The patient is not eligible
- You did not receive authorization and approval prior to ordering materials
- Materials are not clinically appropriate in terms of type, frequency, extent site and duration
- Materials are not considered effective for the patient's illness, injury, or disease
- Materials are primarily for the convenience of the patient, physician or other provider
- Treatment is experimental or investigational
- Treatment is more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic and/or diagnostic results as to the patient's illness, injury or disease.



# Medically Necessary Contact Lens Prior Authorization Form

## Patient Information

Last Name	First Name	Middle Initial	Authorization Number
Birthdate (MM/DD/YY)		Phone	
Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			

## Service (Mark All Applicable)

<input type="checkbox"/> Exam	<input type="checkbox"/> Billed to Medical	Code	UCR
<input type="checkbox"/> Fitting		Code	UCR
<input type="checkbox"/> Follow-up Visit(s)			UCR

## Diagnosis Information

Primary Diagnosis	ICD-10 Code	<input type="checkbox"/> OD Only <input type="checkbox"/> OS Only <input type="checkbox"/> Bilateral
Secondary Diagnosis (if applicable)	ICD-10 Code	<input type="checkbox"/> OD Only <input type="checkbox"/> OS Only <input type="checkbox"/> Bilateral

## Requested Medically Necessary Contact Lens/Material Information

HCPC Code	Anatomical Modifier
Lens Name	Lens Manufacturer
Lens Type	Material
Lens Design	Replacement Frequency
Lens Wear	Provider Cost of Materials (UCR)
Piggyback Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HCPC Code	Anatomical Modifier
Lens Name	Lens Manufacturer
Lens Type	Material
Lens Design	Replacement Frequency
Lens Wear	Provider Cost of Materials (UCR)
Piggyback Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Provider Information

Provider Name	<input type="checkbox"/> OD <input type="checkbox"/> MD <input type="checkbox"/> DO NPI #
Servicing Location Name	VBA Account #
Address	
City	State Zip Code
Contact Person Name	Phone
Email Address	Fax

I certify and attest that all information provided as part of this prior authorization request is true and accurate.

Provider Comments:

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