

### Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

Health Benefit Exchange (HBE)-Members age 19 and older coverage are ONLY eligible for one (1) annual routine eye exam. These members with diabetes are eligible for diabetic eye exams as medically necessary. All other Vision Care Services are excluded for adult members within the Health Benefit Exchange (HBE) line of business including punctal plugs and corneal transplants.

### Description

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

### Criteria

	Service	Criteria
Authorization NOT Required	Eye Exam Routine, Under 21years old	Eye examinations that include refractions covered as medically necessary with no other limits.
	Eye Exam, Over 21 years old	Eye examinations that include refractions are covered once every 2 years.
	Eye Exam - Diabetic	Members over age 21 with diabetes are covered for annual eye exams.
	Replacement lenses/frames, Under 21 years old	For members under age 21, lenses and frames are covered as medically necessary with no other limits.
	Special Small Size Frames with Temple Cables	Medically necessary for infants and small children when covered frames do not fit.
	Topography	Topography is the best diagnostic test to identify keratoconus and to allow contact lens fitting and coverage.
	Plastic Frames (metal allergy)	Medically necessary if a skin reaction/allergy is notable and attributable to metal frames. Non-allergenic metal not approved.
	Fundus Photography	It is considered medically necessary where the results may influence the management of the patient.
	Ocular photo-screening	Covered with no limit from ages 6 months to 4 years

	Service	Criteria
Requires Authorization	Replacement lenses/frames, Over 21 years old	Replacement lenses/frames for members over age 21 years require prior authorization and are covered only every 2 years.
	Polycarb Lenses	Approved for children. <b>Adults over the age of 21 (or over the age of 19 for HBE) require prior authorization.</b> For adults, considered medically necessary for patients with severely impaired vision (greater than 6 diopters) or blindness in one eye and still requiring prescription lenses. For details regarding coverage criteria please consult the Vision Care Services Benefit Coverage Summary
	Punctal Plugs (for dry eye syndrome)	Medically necessary if the following criteria are met: 1. History of using artificial tears for a period of greater than six months without success 2. Trial use of collagen plugs which dissolve in 7-12 days with success, i.e. symptom relief
	Contact Lenses	Medically necessary for high myopia (greater than 6 diopters) or for keratoconus that cannot be corrected with glasses.  Medically necessary for anisometropia if diopter difference is >3 diopters. (Difference in the power of required lens power of the two eyes of greater than a spherical equivalent of 3 diopters.)
	Aphakic Contact Lenses	Medically necessary to correct aphakia
	High Index Lenses	Medically necessary when prescription is greater than 10 diopters
	Ocular photo-screening	With prior authorization required for ages > or = 5 years based on medical necessity.
	Progressive spectacle lens	For details regarding coverage criteria please consult the Vision Care Services Benefit Coverage Summary
	Polychromic lenses	For details regarding coverage criteria please consult the Vision Care Services Benefit Coverage Summary

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

**Covered Codes:** For information on Coding please reference the [Authorization Quick Reference Guide](#)

**Exclusions**

Non-prescription eyewear is not covered.

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**CMP Cross Reference:**

**Created:**

**Annual Review Month:**

March

**Review Dates:**

1/03/05, 1/21/2014, 1/16/2015, 12/15/2015, 12/15/2016, 1/4/19,  
3/4/20, 3/10/21, 03/16/22

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1/9/19, 3/4/20, 3/10/21, 03/16/22

**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

American Academy of Ophthalmology, O.N.E. Network Clinical Statements, Screening for Diabetic Retinopathy

[http://one.aaopt.org/CE/PracticeGuidelines/ClinicalStatements\\_Content.aspx?cid=ed55ed3c-b34b-4f10-ae13-09e063d8d773](http://one.aaopt.org/CE/PracticeGuidelines/ClinicalStatements_Content.aspx?cid=ed55ed3c-b34b-4f10-ae13-09e063d8d773)

Barry A. Weissman, OD, PhD, FAAO, and Karen K. Yeung, OD. (1/8/07) emedicine from WebMD, *Keratoconus*. FAAO, <http://emedicine.medscape.com/article/1194693-overview>

Part B - CMS Ophthalmology Optometry Billing Guide. NHIC, Corp. July 2010, p.9 – *Diabetic Retinopathy Services*