

# Vision Services Not Routinely Covered (for Ohio Only)

**Policy Number:** CS359OH.E  
**Effective Date:** July 1, 2026

[Instructions for Use](#)

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- | Related Policy  |
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| <ul style="list-style-type: none"> <li><a href="#">Minimally Invasive Spine Surgery Procedures (for Ohio Only)</a></li> </ul> |
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- | Related Provider Reference Guide  |
|---|
| <ul style="list-style-type: none"> <li><a href="#">March Vision Care (Ohio Specific Information)</a></li> </ul> |

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

This policy specifically addresses not routinely covered services as specified in the [Ohio Administrative Code, Rule 5160-6-01: Eye Care Services](#).

Vision services that are not routinely covered will be covered if found to be medically necessary; refer to the [Ohio Administrative Code, Rule 5160-1-01: Medicaid Medical Necessity: Definitions and Principles](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

HCPCS Code	Description
V2025	Deluxe frame
V2399	Specialty trifocal (by report)
V2499	Variable sphericity lens, other type
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
V2702	Deluxe lens feature
V2750	Anti-reflective coating, per lens
V2756	Eye glass case

HCPCS Code	Description
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens
V2762	Polarization, any lens materials, per lens
V2780	Oversize lens, per lens
V2781	Progressive lens, per lens
V2784	Lens, polycarbonate or equal, any index, per lens
V2786	Specialty occupational multifocal lens
V2788	Presbyopia correcting function of intraocular lens
V2797	Vision supply, accessory and/or service component of another HCPCS vision code

## Description of Services

“Eye care services” is a collective term for the following services and materials involving the health of the eyes:

- Vision care services, which include the following procedures:
  - Diagnostic and comprehensive examination
  - Testing
  - Therapeutic treatment
  - Lens fitting
  - Vision therapy
- and**
- Vision care materials, which include the following items:
  - Spectacle lenses and frames
  - Contact lenses
- and**
- Low-vision aids; **and**
- Ocular prostheses and prosthesis services

([Ohio Administrative Code, Rule 5160-6-01: Eye Care Services](#))

## References

Ohio Administrative Code, Rule 5160-1-01, Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed March 2, 2026.

Ohio Administrative Code, Rule 5160-6-01, Eye care services. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-6-01>. Accessed March 2, 2026.

## Policy History/Revision Information

Date	Summary of Changes
07/01/2026	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> <li>● Archived previous policy version CS359OH.D</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state (OAC) or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its policies and guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization

Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.