

Hydrophilic Contact Lenses (NCD 80.4)

Guideline Number: MPG147.06
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[➔ Terms and Conditions](#)

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| <p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> • Hydrophilic Contact Lens for Corneal Bandage (NCD 80.1) |
| <p>Related Medicare Advantage Coverage Summaries</p> <ul style="list-style-type: none"> • Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid • Vision Services, Therapy and Rehabilitation |

Policy Summary

[➔ See Purpose](#)

Overview

Hydrophilic contact lenses are eyeglasses within the meaning of the exclusion in §1862(a)(7) of the Social Security Act and are not covered when used in the treatment of non-diseased eyes with spherical ametropia, refractive astigmatism, and/or corneal astigmatism.

Guidelines

Payment may be made under the prosthetic device benefit, however, for hydrophilic contact lenses when prescribed for an aphakic patient.

A Food and Drug Administration (FDA) letter of approval or other FDA-published material is acceptable as evidence of FDA approval. (See §80.1 for coverage of a hydrophilic lens as a corneal bandage.)

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 guideline 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 the member specific benefit plan document 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
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens

Modifier	Description
LT	Left side
RT	Right side

References

CMS National Coverage Determinations (NCDs)

[NCD 80.4 Hydrophilic Contact Lenses](#)

Reference NCD: [NCD 80.1 Hydrophilic Contact Lens for Corneal Bandage](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33793 Refractive Lenses	A52499 Refractive Lenses – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WY
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MO, NMI, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
N/A	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WY
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY

CMS Benefit Policy Manual

[Chapter 15: § 30.4 Optometrist’s Services, § 120 Prosthetic Devices](#)

[Chapter 16: § 90 Routine Services and Appliances](#)

CMS Claims Processing Manual

[Chapter 7: § 60 Billing for Durable Medical Equipment \(DME\), Orthotic/Prosthetic Devices, and Supplies \(Including Surgical Dressings\)](#)

[Chapter 20: § 10.1.2 Prosthetic Devices-Coverage Definition, § 10.1.3 Prosthetics and Orthotics \(Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes\)-Coverage Definition](#)

Other(s)

[Hydrophilic Contact Lenses: Require Invoice, Jurisdiction 11 Part B, Palmetto Website](#)

[Medicare Vision Services Fact Sheet, Medicare Learning Network \(MLN\), CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template

Date	Summary of Changes
05/13/2020	<p>Related Policies</p> <ul style="list-style-type: none"> ● Updated list of related Medicare Advantage Policy Guidelines: <ul style="list-style-type: none"> ○ Added reference link to the policy titled <i>Hydrophilic Contact Lens for Corneal Bandage (NCD 80.1)</i> ○ Removed reference link to the policy titled <i>KX Modifier</i> <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Removed modifiers EY and KX <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version MPG147.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).