

VISION SERVICES (INCLUDING REFRACTIVE SURGERY)

Policy Number: VISION 016.31 T0

Effective Date: September 1, 2018

Table of Contents	Page
INSTRUCTIONS FOR USE	1
APPLICABLE LINES OF BUSINESS/PRODUCTS	1
PURPOSE	1
BENEFIT CONSIDERATIONS	1
DEFINITIONS	2
POLICY	3
PROCEDURES AND RESPONSIBILITIES	3
APPLICABLE CODES	4
REFERENCES	7
POLICY HISTORY/REVISION INFORMATION	7

Related Policies
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

PURPOSE

This policy summarizes the benefit and coverage considerations applied by Oxford for vision services.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document for specific details regarding cost share, benefit coverage, exclusions, limitations and/or maximums and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

Note: Members enrolled on *Essential Health Benefit* plans may have coverage for Pediatric Vision. Pediatric Vision coverage may provide additional coverage beyond what is outlined in this policy. Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

DEFINITIONS

Term	Applicable State(s)	Definition
Invasive Modality	NY	In relation to the definition of optometry, any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or other means. Invasive modality includes surgery, lasers, ionizing radiation, therapeutic ultrasound and the removal of foreign bodies from within the tissue of the eye.
Noninvasive Modality	CT	Means procedures used to diagnose or treat a disease or abnormal condition of the human eye or eyelid excluding the lacrimal drainage system, lacrimal gland and structures posterior to the iris but including the removal of superficial foreign bodies of the cornea and the treatment of iritis, provided the procedures do not require an incision or use of a laser.
Ocularist	CT, NJ, & NY	Trained technician skilled in the arts of fitting, shaping, and painting ocular prostheses. In addition to creating it, the ocularist shows the patient how to handle and care for the prosthesis, and provides long-term care through periodic examinations.
Ophthalmologist	CT, NJ, & NY	A medical or osteopathic doctor who specializes in eye and vision care. Ophthalmologists differ from optometrists and opticians in their levels of training and in what they can diagnose and treat. As a medical doctor who has completed college and at least eight years of additional medical training, an ophthalmologist is licensed to practice medicine and surgery. An ophthalmologist diagnoses and treats all eye diseases, performs eye surgery and prescribes and fits eyeglasses and contact lenses to correct vision problems.
Ophthalmology	CT, NJ, & NY	A branch of medical science dealing with the structure, functions, and diseases of the eye.
Optician	CT, NJ & NY	A technician's trained to design, verify and fit eyeglass lenses and frames, and other devices to correct eyesight. They use prescriptions supplied by ophthalmologists or optometrists, but do not test vision or write prescriptions for visual corrections. Opticians are not permitted to diagnose or treat eye diseases.
Optometrist	CT	An individual licensed to engage in the practice of optometry (see definition of Optometry below)
Optometry	CT	<p>The practice of optometry includes:</p> <ol style="list-style-type: none"> 1. The examination of the human eye and the eyelid for the purpose of diagnosis, treatment excluding the lacrimal drainage system and lacrimal gland or referral for consultation, as authorized by this section or, where appropriate, referral to an ophthalmologist; 2. The use of tests, instruments, devices, ocular agents-D, ocular agents-T and noninvasive procedures for the purpose of investigation, examination, diagnosis, treatment excluding the lacrimal drainage system and lacrimal gland, or correction, as authorized by this section, of visual defects, abnormal conditions or diseases of the human eye and eyelid; 3. The prescription and application of ophthalmic lenses, prisms, filters, devices containing lenses or prisms or filters or any combination thereof, orthoptics, vision training, ocular agents-D for the purpose of diagnosing visual defects, abnormal conditions or diseases of the human eye and eyelid, ocular agents-T and noninvasive procedures for the purpose of correction, alleviation or treatment, as authorized by this section, of visual defects, abnormal conditions or diseases of the human eye and eyelid excluding the lacrimal drainage system, lacrimal gland and structures posterior to the iris but including the treatment of iritis; 4. The examination of the human eye for purposes of prescribing, fitting or insertion of contact lenses to the human eye <p>The practice of optometry shall not include the use of surgery, x-ray, photocoagulation or ionizing radiation, or the treatment of glaucoma.</p>

Term	Applicable State(s)	Definition
Optometry (continued)	NJ	The examination of the human eye and adnexa for the purposes of ascertaining any departure from the normal, measuring its powers of vision and adapting lenses or prisms for the aid thereof, or the use and prescription of pharmaceutical agents, excluding injections, except for injections to counter anaphylactic reaction, and excluding controlled dangerous substances for the purposes of treating deficiencies, deformities, diseases, or abnormalities of the human eye and adnexa including the removal of superficial foreign bodies from the eye and adnexa.
	NY	Diagnosing and treating optical deficiency, optical deformity, visual anomaly, muscular anomaly or disease of the human eye and adjacent tissue by prescribing, providing, adapting or fitting lenses or by prescribing, providing, adapting or fitting non-corrective contact lenses, or by prescribing or providing orthoptics or vision training, or by prescribing and using drugs. The practice of optometry shall not include any injection or invasive modality.

POLICY

Oxford will provide coverage for vision services subject to the benefit/rider, referral, and provider scope/privileging considerations outlined below.

PROCEDURES AND RESPONSIBILITIES

Benefit and Rider Considerations

While many vision services are covered under a Member's general benefits package, some procedures require a vision rider for coverage [vision correction services and supplies including, but not limited to: eyeglasses (lenses and frames), all manner of contact lenses or corrective lenses and/or refractions]. In addition, vision services (including ophthalmologic E/M services) billed or submitted with one or more refractive diagnoses may also require a vision rider for coverage. Please refer to the [Applicable Codes](#) section below for a list of CPT, HCPCS and ICD-10 codes that apply.

Referral Requirements Waived

For those plans and products requiring a referral for in-network coverage, the requirement shall be waived for some vision services and/or diagnoses codes. Please refer to the [Applicable Codes](#) section below for a list of CPT/HCPCS and ICD-10 codes that apply.

Provider Specialty Scope and Privileging Guidelines

Surgical procedures of the eye (CPT codes 65091 - 68899) are typically performed by ophthalmologists. However, there are designated codes that may also be reimbursed to a licensed optometrist. Please refer to the [Applicable Codes](#) section below for codes that are eligible for reimbursement to both licensed optometrists and ophthalmologists.

Ophthalmic Ultrasound Examinations

Ophthalmic ultrasound examinations are diagnostic procedures used to detect and diagnose many eye diseases and injuries. These procedures are excluded from the eviCore Healthcare Radiology arrangement. Please refer to the [Applicable Codes](#) section for a list of Ophthalmic Ultrasound CPT codes and the corresponding provider specialties that are allowed perform each service.

Non-Covered Devices and Services

Certain vision devices and services are excluded from coverage. Refer to the [Applicable Codes](#) section below for a list of CPT and HCPCS codes that represent non-covered devices and services.

Low Vision Aids

Oxford does not cover low vision aids. Low vision aids include, but are not limited to, hand held or spectacle mounted magnifiers. While Oxford does not typically cover low vision aides, there are some exceptions. Please check the member specific benefit plan document for specific details regarding cost share, benefit coverage, exclusions, limitations and/or maximums.

Refractive Surgery

Oxford does not cover refractive eye surgery when functional visual acuity can be achieved with eyeglasses/contact lenses. Refractive eye surgeries are surgical procedures that allow an individual to see better without glasses or other vision correction. Common refractive procedures are LASIK and PRK.

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 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 may apply.

CPT® is a registered trademark of the American Medical Association.

Benefit and Rider Considerations

CPT Code	Description
92015	Determination of refractive state
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
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92326	Replacement of contact lens
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92370	Repair and refitting spectacles; except for aphakia

HCPCS Code	Description
S0592	Comprehensive contact lens evaluation
S0595	Dispensing new spectacle lenses for patient supplied frame
S0620	Routine ophthalmological examination including refraction; new patient
S0621	Routine ophthalmological examination including refraction; established patient

ICD-10 Diagnosis Code	Description
H52.00	Hypermetropia, unspecified eye
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.209	Unspecified astigmatism, unspecified eye
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.219	Irregular astigmatism, unspecified eye
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral

ICD-10 Diagnosis Code	Description
H52.229	Regular astigmatism, unspecified eye
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.511	Internal ophthalmoplegia (complete) (total), right eye
H52.512	Internal ophthalmoplegia (complete) (total), left eye
H52.513	Internal ophthalmoplegia (complete) (total), bilateral
H52.519	Internal ophthalmoplegia (complete) (total), unspecified eye
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.529	Paresis of accommodation, unspecified eye
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.539	Spasm of accommodation, unspecified eye
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z98.41	Cataract extraction status, right eye
Z98.42	Cataract extraction status, left eye
Z98.49	Cataract extraction status, unspecified eye

Referral Requirements Waived

CPT Code	Description
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
92230	Fluorescein angiography with interpretation and report
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92250	Fundus photography with interpretation and report
92260	Ophthalmodynamometry
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography

ICD-10 Diagnosis Codes



Referral Req Waived
ICD_10 DX.xls

Provider Specialty Scope and Privileging Guidelines

CPT Code	Description
The following CPT codes are eligible for reimbursement to both licensed optometrists and ophthalmologists.	
65205	Removal of foreign body, external eye; conjunctival superficial
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	Removal of foreign body, external eye; corneal, without slit lamp
65222	Removal of foreign body, external eye; corneal, with slit lamp
65430	Scraping of cornea, diagnostic, for smear and/or culture
65778	Placement of amniotic membrane on the ocular surface; without sutures
67820	Correction of trichiasis; epilation, by forceps only
67938	Removal of embedded foreign body, eyelid
68040	Expression of conjunctival follicles (e.g., for trachoma)
68761	Closure of the lacrimal punctum; by plug, each
68801	Dilation of lacrimal punctum, with or without irrigation
68810	Probing of nasolacrimal duct, with or without irrigation;
68840	Probing of lacrimal canaliculi, with or without irrigation
The following codes are reimbursable to licensed optometrists and ophthalmologists in New Jersey (NJ) ONLY:	
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65600	Multiple punctures of anterior cornea (e.g., for corneal erosion, tattoo)

Ophthalmic Ultrasound Examinations

CPT Code	Description	Payable to
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	<ul style="list-style-type: none"> Ophthalmologists Optometrists
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	<ul style="list-style-type: none"> Ophthalmologists Optometrists
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	<ul style="list-style-type: none"> Ophthalmologists Optometrists
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	<ul style="list-style-type: none"> Ophthalmologists
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	<ul style="list-style-type: none"> Ophthalmologists Optometrists
76516	Ophthalmic biometry by ultrasound echography, A-scan;	<ul style="list-style-type: none"> Ophthalmologists Optometrists
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	<ul style="list-style-type: none"> Ophthalmologists Optometrists
76529	Ophthalmic ultrasonic foreign body localization	<ul style="list-style-type: none"> Ophthalmologists Optometrists

Non-Covered Devices and Services

CPT Code	Description
Low Vision Aid	
92354	Fitting of spectacle mounted low vision aid; single element system
Refractive Surgery	
65760	Keratomileusis
65765	Keratophakia
65767	Epikeratoplasty
65771	Radial keratotomy

HCPCS Code	Description
Low Vision Aid	
V2600	Hand held low vision aids and other non-spectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
Refractive Surgery	
S0596	Phakic intraocular lens for correction of refractive error
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK)
S0812	Phototherapeutic keratectomy (PTK)

REFERENCES

American Academy of Ophthalmology; What is an Ophthalmologist? Available at: <http://www.aao.org/>. Accessed May 31, 2017.

American Medical Association. Current Procedural Terminology. CPT 2017.

American Medical Association. Healthcare Common Procedure Coding System. Medicare's National Level II Codes HCPCS 2017.

American Medical Association. ICD-10-CM Code Book 2017.

American Society of Ocularists; Frequently Asked Questions: What is an Ocularist? Available at: http://www.ocularist.org/resources_faqs.asp. Accessed May 31, 2017.

Connecticut General Assembly, Chapter 380; [Sec. 20-127. Definitions. Scope of practice. License renewal forms.](#)

New Jersey Statute, Title 45 Professions and Occupations, 45 § 12-.

NY Education Law - EDN § 7101. Definition of the practice of optometry.

Oxford Commercial Certificates of Coverage.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/01/2018	<ul style="list-style-type: none"> Revised list of CPT codes eligible for reimbursement to both licensed optometrists and ophthalmologists; added 65210, 65220, and 65222 (previously eligible for reimbursement to ophthalmologists only) Archived previous policy version VISION 016.29 T0