



# BlueCross BlueShield of Vermont

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## Corporate Medical Policy

### Vision Services

**File name:** Vision Services (**Exclusive of Vision Service Plan**)

**Origination:** 12/92

**Last Review:** 11/2009

**Next Review:** 11/2010

**Effective Date:** 4/28/2008

#### *Description*

Most of the Plan's contracts exclude routine eye exams unless the member has coverage through the Vision Service Plan rider. However, there are certain medical conditions, under which an eye examination may be considered a medical benefit rather than a vision services benefit. For example, members on a number of medications such as Tamoxifen, Plaquenil, and Mevacor can develop macular and retinal changes. Post transplant patients, due to immunosuppression, which can lead to decreased lacrimal gland secretions, can also develop macular and retinal changes. This policy clarifies those situations where an eye examination would be considered a medical benefit under The Plan's certificates.

#### **Policy**

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior approval may be required subject to all terms, limitations and conditions of the subscriber contract

#### *When service or procedure is covered*

Routine eye exams (CPT 92002-92014) are covered under the medical benefit only when a disease condition of the eye is found or reasonably suspected. A list of covered diagnoses is attached. (Attachment I)

A screening test for defective vision in conjunction with a preventive medicine evaluation and management service when done in accordance with current American Academy of Pediatrics, American Academy of Family Practice, and/or Bright Futures guidelines by a physician, physician assistant, or advanced practice nurse clinician.

Visual examination **without refraction (CPT 92002 - 92014)** is a covered medical benefit when a disease state of the eye or known to affect the eye is present or reasonably suspected

(Attachment I) or when an individual is undergoing long term treatment (greater than 30 days) with a high risk medication. The medical record must clearly document the specific condition or the high risk medication.

Visual examination **with refraction** (CPT 92015) is considered medically necessary and a covered medical benefit only in the treatment of Aphakia 379.31 and Keratoconus 371.60 – 371.62 and for specific eye injuries 871.0 – 871.9, 921 – 921.9, 940.0 – 940.9, 950.0 – 950.9.

Analysis of the retinal nerve fiber layer (CPT 92135, Scanning computerized ophthalmic diagnostic imaging, posterior segment, eg, scanning laser with interpretation and report.) in the diagnosis and evaluation of patients with glaucoma is a covered medical benefit with a diagnosis of: degeneration of macula and posterior hole (diagnosis 362.5-362.57) glaucoma and glaucoma suspect (diagnoses 365.00- 365.9) and for specific retinal and macular conditions, and optic atrophy (diagnosis 377.10) (Attachment I). Risk factors for glaucoma must be clearly noted in the medical record. Retinal nerve fiber analysis is considered investigational as a screening tool for glaucoma in individuals who are not at high risk for glaucoma and for all other diagnoses. Techniques used in the analysis of the retinal nerve fiber layer include scanning laser ophthalmoscopy, scanning laser polarimetry, and optical coherence tomography.

Corneal topography is considered part of the evaluation and management services and reimbursement for BCBSVT contracted providers is set accordingly. Separate reimbursement is not appropriate for this procedure.

Prescription glasses and contact lenses are covered only with (and subject to the limitations of) a vision materials rider except for Aphakia or Keratoconus.

Fundus photography (CPT 92250) is covered.

Therapeutic keratotomy (66999, S0812) is a covered medical benefit for recurrent erosion of the cornea (371.42) and anterior corneal dystrophies (371.52).

### ***When service or procedure may not be covered***

Eye exams are not covered for any condition not listed on the covered diagnosis list, including for confirmation of defective vision identified on a covered screening examination, unless the member has coverage through Vision Service Plan. (Attachment I).

Any routine eye examinations or corrective eye wear required by an employer as a condition of employment is not covered.

Visual, training, eye exercises, orthoptics or plano (nonprescription) lenses are not covered. (CPT 92065)

Refraction (CPT 92015) is not covered unless the diagnosis is (Aphakia) 379.31 or (Keratoconus) 371.60 – 371.62, or (eye injuries) 871.0 – 871.9, 921 – 921.9, 940.0 – 940.9, 950.0 – 950.9.

Contact lenses and eyeglasses are not covered unless the member has a vision materials rider or to treat 379.31 (Aphakia) and 371.60-371.62 (Keratoconus). For Aphakia and Keratoconus, benefits for one set of eyeglasses or contact lenses for the original evaluation and one set for each *new* prescription will be provided when the diagnosis is 379.31 or 371.60-371.62.

Glaucoma Pressure Tests (CPT codes 92100, 92120, 92130, 92140, 92136) are not covered unless billed with a diagnosis from attachment I.

A screening test for defective vision in conjunction with an evaluation and management service other than with a preventive medicine service done in accordance with current American Academy of Pediatrics, American Academy of Family Practice, and/or Bright Futures guidelines by a physician, physician assistant, or advanced practice nurse clinician is considered inclusive to the office visit or preventive medicine service, and separate reimbursement is not authorized.

The measurement of pulsatile ocular blood flow or blood flow velocity with Doppler ultrasonography is considered **investigational** in the diagnosis and follow-up of patients with glaucoma, and is therefore not covered.

New technology intraocular lenses are considered investigational as long term safety and efficacy is unproven and not medically necessary as standard lenses are available to provide normal vision.

Refractive Keratoplasty is a generic term, which includes all surgical procedures on the cornea to improve vision by changing the refractive index of the corneal surface.

Refractive keratoplasty procedures (CPT codes 65760, 65765, 65767, and 65771) are excluded under all certificates.

- Radial Keratotomy (RK)
- Photorefractive Keratectomy (PRK)
- Automated Lamellar Keratoplasty (ALK)
- Minimally Invasive Radial Keratotomy (mini-RK)
- Hexagonal Keratotomy
- Keratomileusis
- Keratophakia
- Epikeratophakia (lamellar Keratoplasty)

### ***Billing and Coding/Physician Documentation Information***

See Attachment I

### ***Eligible Providers***

*Ophthalmologists*

### ***Policy Implementation/Update information***

5/2003 clarified managed care and indemnity benefit

1/2003 Updated to address CPT codes 92250 and 92135

Supercedes policy/procedure Memo 86-35 and 86-36

Updated 11/2002 to reflect current codes, added 92250 to coverage list

Updated to include benefits for CPT 92135 and additional covered diagnoses for refraction benefits

Updated 4/2006 to clarify vision services as a medical benefit and to include additional CPT and diagnosis codes. Input received from BCBSVT Network ophthalmologists including Michelle Young, M.D.; Juli Larson, M.D.; David Lawlor, M.D.; Gordon Kelly, M.D.; Alan Irwin, M.D.; Robert Millay, M.D.; and Christopher Chapman, M.D.

02/2007 Annual review, minor diagnosis code additions. To be reviewed by the CAC 3/08

11/2009 Addition of benefits for vision screening during a preventive medicine service when done in accordance with national guidelines; new technology intraocular lenses added to appendix as not covered.

*Approved by BCBSVT Medical Policy Committee:      Date Approved*

Robert F. Griffin, M.D.  
Chairman, Medical Policy Committee

APPROVED FOR IMPLEMENTATION:

Allen J. Hinkle, M.D.  
Chief Medical Director

Date Approved: \_\_\_\_\_

**Attachment I Covered Diagnoses List**

**Routine eye exams, fittings or determining need for eyeglasses or contact lenses**

ICD- 9 Code	Description	Notes
053.20 - 053.29	Herpes zoster with ophthalmic complications	
054.40 - 054.49	Herpes simplex with ophthalmic complications	
077.0 - 077.99	Conjunctivitis due to viruses	
172.1	Malignant melanoma, eyelid	
173.1	Other malignant neoplasm, eyelid	
190.0 - 190.9	Malignant neoplasm eye	
216.1	Benign neoplasm, eyelid	
224.0 - 224.9	Benign neoplasm, eye	
227.3	Benign neoplasm pituitary gland	
234.0	Carcinoma, eye	
242.00	Toxic Goiter/Graves	
250.00 – 250.93	Diabetes Mellitus	
270.2	Albinism	
228.03	Hemangioma, retina	
340	Multiple Sclerosis	
341-341.9	Other demyelinating diseases	
346.80	Ophthalmologic Migraine	
351.0-351.9	Facial nerve disorders	
360.00 – 366.9	Diseases of the eye	

362.5-362.57	Degeneration of macula and posterior pole	Allow 92135 with this diagnosis
364.81 ICD 9 update Sept	Floppy iris syndrome	
364.89ICD9 update Sept	Other disorders of iris and ciliary body prolapse of iris	
365.00 – 365.9	Glaucoma	Allow 92135 with these diagnoses
368.00 – 368.49	Visual disturbances, amblyopia	
370.00 – 379.99	Eye and eyelid disorders	
446.5	Giant Cell Arteritis	
710.2	Sicca syndrome (drying of the eyes)	
714 -714.0	Rheumatoid arthritis and other inflammatory polyarthropathies	
743.00 – 743.69	Congenital anomalies of the eye	
759.82	Marfane Syndrome	
870.0 – 871.9.	Open wound, eye	
918.0 – 918.9	Injury, eye	
921.0 – 921.9	Contusion	
930.0 – 930.9	Foreign body, eye	
940.0 – 940.9	Burn confined to the eye	
950.0 – 950.9	Injury to optic nerve and pathway	
V19.0	Family history of blindness or visual loss	
V58.69	Long term use of high-risk medications	
<b>CPT Procedure Codes Covered and Non Covered</b>	<b>Description</b>	<b>Coverage Guidelines</b>
<b>65760-65767</b>		<b>Not covered</b>
<b>65771</b>		<b>Not covered</b>
<b>66999</b>	<b>Therapeutic Keratoplasty</b>	<b>371.42 and 371.52 only</b>
<b>76514</b>	<b>Pachymetry</b>	<b>All diagnoses on Attachment I</b>
<b>92002-92014</b>	<b>Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program</b>	<b>All diagnoses on Attachment I</b>
<b>92015</b>	<b>Determination of refractive states</b>	(Aphakia) 379.31 or (Keratoconus) 371.60 – 371.62, or (Eye Injuries) 871.0 – 871.9, 921 – 921.9, 940.0 – 940.9, 950.0 – 950.9.
<b>92018-92019</b>	<b>Ophthalmological examination and evaluation under general</b>	<b>All diagnoses on Attachment I</b>

	<b>anesthesia</b>	
<b>92020</b>	<b>Gonioscopy separate procedure</b>	<b>All diagnoses on Attachment I</b>
<b>92025</b>	<b>Computerized corneal topography, unilateral or bilateral with interpretation and report (inclusive)</b>	<b>Considered information only, not eligible for benefits</b>
<b>92060</b>	<b>Sensorimotor examination with multiple measurements of ocular deviation</b>	<b>All diagnoses on Attachment I</b>
<b>92065</b>	<b>Orthoptic and/or pleoptic training</b>	<b>Not Covered</b>
<b>92070</b>	<b>Fitting of contact lens</b>	<b>with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only</b>
<b>92081 - 92083</b>	<b>Visual field examinations</b>	<b>All diagnoses on Attachment I</b>
<b>92135</b>	<b>Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report</b>	<b>degeneration of macula and posterior pole (diagnosis 362.5-362.57), optic atrophy diagnosis (377.10) and for diagnoses of glaucoma or glaucoma suspect 365.0 – 365.9</b>
<b>92136</b>	<b>Ophthalmic biometry</b>	<b>All diagnoses on Attachment I</b>
<b>92100, 92120, 92130, 92136, 92140</b>	<b>Glaucoma pressure tests</b>	<b>All diagnoses on Attachment I</b>
<b>92225 – 92287</b>	<b>Ophthalmoscopy and other specialized services</b>	<b>All diagnoses on Attachment I</b>
<b>92310</b>	<b>Prescription of contact lens except aphakia</b>	<b>Keratoconus 371.60-371.62 only</b>
<b>92311 – 92312</b>	<b>Prescription of contact lens for aphakia</b>	<b>with diagnosis of Aphakia 379.31 only</b>
<b>92313</b>	<b>Prescription of corneoscleral lens</b>	<b>with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only</b>
<b>92314</b>	<b>Prescription of contact lens except aphakia</b>	<b>Keratoconus 371.60-371.62 only</b>

92315 - 92316	Prescription of contact lens for aphakia	with diagnosis of Aphakia 379.31 only
92317	Prescription of corneoscleral lens	with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only
92325-92326	Contact lens	with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only
92340 – 92342	Fitting of spectacles except aphakia	Keratoconus 371.60-371.62 only
92352 - 92353	Fitting of spectacles for aphakia	with diagnosis of Aphakia 379.31 only
92354 -92355	Fitting of spectacles mounted low vision aid	with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only
92358	Prosthesis service for aphakia, temporary	with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only
92370	Repair and re fitting spectacles except aphakia	Keratoconus 371.60-371.62 only
92371	Spectacle prosthesis for aphakia	with diagnosis of Aphakia 379.31
99173	Visual acuity test (inclusive)	Covered if done with preventive services E & M in accordance with national guidelines.
0181T	Corneal hysteresis	All diagnosis on Attachment I
<b>HCPCS Procedure Codes Covered and Non Covered</b>	<b>Description</b>	<b>Coverage Guidelines</b>
<b>Q1003 – Q1005</b>	<b>New technology intraocular lenses</b>	Not covered
<b>S0812</b>	<b>Phototherapeutic Keratectomy</b>	Covered with diagnosis recurrent erosion of the cornea (371.42) and anterior corneal dystrophies (371.52).
<b>V2020 – V2499</b>	<b>Frames, lenses</b>	<b>with diagnosis of Aphakia 379.31 or</b>

		<b>Keratoconus 371.60-371.62 only</b>
<b>V2500 – V2599</b>	<b>Contact lenses</b>	<b>with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only</b>
<b>V2623</b>	<b>Eye Prosthetic</b>	<b>With diagnosis of V45.78 and 743.0 only. Prior approval required</b>
<b>V2624</b>	<b>Polishing/resurfacing of ocular prosthetic</b>	<b>NO PA required</b>
<b>V2625 - V2629</b>	<b>Eye Prosthesis</b>	<b>With diagnosis of V45.78 and 743.0 only. Prior approval required</b>
<b>V2745</b>	<b>Addition to lens</b>	<b>with diagnosis of Aphakia 379.31 or Keratoconus 371.60-371.62 only</b>
<b>V2788</b>	<b>Presbyopia correcting function of intraocular lens</b>	<b>Not covered</b>