
CONTACT LENS AND EYEGLOSS COVERAGE

VCHCP does not cover eye refractions for the purpose of determining the need for eyeglasses or contact lenses; routine vision exams for members age seventeen (17) years or older; furnishing, fitting, installing or replacing of eyeglasses or contact lenses; eye exercises; "LASIK" and other refractive procedures with **the exception noted below**.

Policy

1. Contact lenses for keratoconus

VCHCP covers services required by members undergoing an evaluation of keratoconus. This coverage includes the general examination, including advanced corneal topographic modeling, and the fitting of diagnostic contact lenses.

VCHCP does not cover keratoconic gas permeable contact lenses outside of any applicable eyeglasses reimbursement coverage. Contact lenses provided to members with keratoconus are covered under the provisions of the member's vision care plan only.

2. Prosthetic contact lenses and eyeglasses for aphakia

VCHCP covers external lenses in plan members after cataract surgery and the replacement internal lens when inserted. HCFA defines both types of lenses "prostheses" replacing the lens of the eye. This includes post-surgical external lenses customarily used during convalescence from eye surgery in which the lens of the eye was removed. In addition, the permanent internal lens is also covered when required by an individual lacking the organic lens of the eye because of surgical removal or congenital absence. Coverage is also extended for both external and internal lenses even though the surgical removal of the member's lens occurred before enrollment in our plan.

VCHCP's coverage for cataract lenses includes the following lenses or combinations of lenses when determined to be medically necessary after cataract surgery to essentially restore the vision provided by the crystalline lens of the eye. These may include:

- Bifocal lenses in frames;
- Lenses in frames for far vision, and lenses in frames for near vision; or
- When a contact lens(es) for far vision is prescribed (including cases of binocular and monocular aphakia), coverage may be extended for the contact lens(es) and lenses in frames for near vision to be worn at the same time as the contact lens(es), and lenses in frames to be worn when the contacts have been removed.

Coverage will be extended for lenses which have ultraviolet absorbing or reflecting properties, in lieu of regular (untinted) lenses subject to individual review when it has been determined that such lenses are medically reasonable and necessary for the individual patient.

Coverage is not extended for cataract sunglasses obtained in addition to the regular (untinted) lenses since the sunglasses duplicate the restoration of vision function performed by the regular lenses.

VCHCP will provide coverage under our medical plan for no more than one pair of eyeglasses or contact lenses furnished after each cataract surgery with insertion of an intraocular lens (IOL). Coverage under the medical plan is not extended for replacement of conventional eyeglasses or contact lenses. The member may have additional eyewear coverage through a vision care rider.

Aphakia in infants and children

We have agreed, although it is an exception to our usual policy, to give individual consideration to those infants who undergo cataract surgery. If a unilateral procedure was performed, we will agree to reimburse for one contact lens on a yearly basis until the child's fifth birthday. If instead, a bilateral procedure was performed, we will pay for both lenses in a similar fashion until the child reaches their fifth birthday. From that point, reimbursement would be set according to the member's Vision Care plan as outlined above.

We recognize that the child may require multiple contact lenses through the course of a given year. Our agreement, however, is to pay for one lens (or one set of lenses) on an annual basis. Payment for additional lenses may be covered under the member's vision care plan.

3. Therapeutic Hydrophilic Contact Lenses (Corneal Bandage)

Therapeutic soft (hydrophilic) contact lenses are covered under medical plans where used as moist corneal bandages for the treatment of acute or chronic corneal pathology, such as bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, or for other therapeutic reasons.

Replacement lenses are covered when required because of a change in the patient's physical condition (not including refractive changes). Charges to replace contact lenses that are lost, damaged, or required solely due to refractive changes are not covered.

4. Scleral shell contact lenses

Scleral shell contact lenses are covered under medical plans for the following indications:

When prescribed to support orbital tissue (such as where an eye has been rendered sightless and shrunken by inflammatory disease).

5. Contact lenses and eyeglasses for accidental injury

An initial pair of contact lenses or eyeglasses is covered when they are prescribed by a physician to correct a change in vision directly resulting from an accidental bodily injury. Charges to replace such contact lenses are not covered.

Procedure:

For covered benefits as defined above, a Treatment Authorization Request (TAR) will be submitted to UR Department.

A. **Attachments:** None

B. **Reviewers:** Richard O. Ashby MD, QA Committee Date: May 2001
David Chernof, MD Date: Feb 2005
QA Committee Date: 02-22-05

C. **Reviewed/Updates by Albert Reeves, M.D.** **Date: 08.11.11**
Committee Review: UM on 08.11.11 & QA on 08.23.11

D. **Reviewed/No Changes: Albert Reeves, MD** **Date: 4/16/12**
Committee Reviews: UM on 5/10/12 & QA on 5/22/12

E. **References:**

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