



Humana Vision

Medically Necessary Contact Lens Benefit

In lieu of eyewear or elective contacts, Humana Vision covers initial fitting and medically necessary contact lens materials. This coverage applies to all Humana Vision members who meet the following criteria, whether they participate with Humana Vision Insight or Humana Vision Care Plan (VCP).

What does this mean for you?

- **Minimum qualifications for eligibility.** Humana Vision members must meet the following criteria to be eligible for medically necessary contact lenses:
 - **Monocular aphakia or binocular aphakia** where the doctor certifies that contact lenses are medically necessary for safety and rehabilitation to a productive life
 - **Anisometropia** of greater than 3.00 diopters and asthenopia or diplopia, with spectacles
 - **High ametropia** of either +10D or -10D in any meridian
 - **Keratoconus** supported by medical record documentation consistent with a two-line improvement of visual acuity with contact lenses as the treatment of choice
 - When **visual acuity cannot be corrected to 20/70** in the better eye except with contact lenses. (Example: nystagmus and/or other ocular diseases or conditions that meet this criteria)
- **Exclusions.** Humana Vision's medically necessary contact lens benefits do not cover the following:
 - Patients with a history of corneal or elective refractive surgery (i.e., LASIK, PRK, RK)
 - Plano lenses to change eye color cosmetically
 - Artistically painted lenses
 - Additional office visits associated with contact lens pathology
 - Contact lens modification, polishing or cleaning
 - Therapeutic or bandage lenses
- **Reimbursements for medically necessary contact lenses.** Contact lens fitting fee and materials are reimbursed on an invoice cost basis. Reimbursement covers the initial fitting and materials only.
- **Member out-of-pocket.** There is no copayment for the initial fitting and materials. You cannot charge the patient the difference between your retail charge for contact lens services and the amount Humana Vision reimburses for the initial fitting and materials.
- **Discounts on additional pairs of lenses.** The medically necessary contact lens benefit covers the first pair of lenses. Members may purchase additional or companion lenses at your usual and customary fee less a 20% discount, as applicable by state.

- **Prior authorization and claim submission.** You must obtain prior authorization to qualify Humana members for medically necessary contact lenses. Follow the process below:
 1. Complete a Humana Medically Necessary Contact Lens Prior Authorization Form.
 2. Submit the form with a copy of the patient's Humana Vision ID card, a copy of the patient's complete medical records and the contact lens manufacturer's wholesale invoice or cost estimate to Humana's Vision Utilization Management Department via fax at **1-866-685-2759**.
 3. The Humana Vision Utilization Management Department will return the authorization notification form to the provider, indicating approval, reimbursement amounts and authorization number or denial.
 4. Order and dispense materials after receiving the returned authorization notification form.
 5. After you receive approval and provide service to the patient, submit the CMS-1500 form and a copy of the authorization approval:
 - Via fax to **1-866-293-7373**
 - Via mail to:

Humana Specialty Benefits
P.O. Box 8504
Mason, OH 45040
 6. Use the following codes to indicate the qualifying condition.*

Service	Procedure or HCPC Code	Modifier	Expected Diagnosis
Medically Necessary Contact Lens Fitting (General)	92310	22	
Anisometropia	92310	22	H52.31
Ametropia	92310	22	H52.0x, H52.1x
Keratoconus	92072		H18.601-H18.629
Contact Lens Fitting For Aphakia, One Eye (Monocular)	92311		H27.00-H27.03
Contact Lens Fitting For Aphakia, Both Eyes (Binocular)	92312		H27.00-H27.03
Contact Lens Fitting, Corneoscleral Lens	92313		H52.31, H52.0x, H52.1x, H18.601-H18.629, H27.00-H27.03
Medically Necessary Contact Lens Materials (General)	V2599	P2	
- Contact Lens, GP, Spherical, Per Lens	V2510	P2	
- Contact Lens, GP, Toric, Per Lens	V2511	P2	
- Contact Lens, GP, Bifocal, Per Lens	V2512	P2	
- Contact Lens, GP, Extended Wear, Per Lens	V2513	P2	
- Contact Lens, Hydrophilic, Spherical, Per Lens	V2520	P2	
- Contact Lens, Hydrophilic, Toric, Per Lens	V2521	P2	

- Contact Lens, Hydrophilic, Bifocal, Per Lens	V2522	P2	
- Contact Lens, Hydrophilic, Extended Wear, Per Lens	V2523	P2	
- Contact Lens, GP, Scleral, Per Lens	V2531	P2	
- Contact Lens, Other Type	V2599	P2	

*Submit one fit and up to two material codes (one per eye) per claim with one date of service.

7. If a claim is filed without the approved Humana authorization notification, standard or premium fit will be paid at the provider's contracted rate and the provider may not balance bill the member.
8. Claims for follow-up visits and diagnostic tests (e.g., corneal topography) should be submitted to the patient's medical insurance.



Medically Necessary Contact Lens Prior Authorization Form

Complete clinical medical records with all testing and results must be included or the request will not be considered for authorization. Narratives are not accepted in lieu of clinical medical records.

Fax this form with clinical medical records to 1-866-685-2759.

Patient name:	Date of service:
Patient date of birth:	Humana Vision ID number:

Please check all that apply:

- ☐ Aphakia (H27.0) ☐ Keratoconus (H18.6) ☐ Anisometropia (H52.3) ☐ High Ametropia (H52.0, H52.1)
- ☐ Other _____

Contact lens brand/design:					
Contact Lens Prescription					
	Sphere	Cylinder	Axis	Base Curve	Diameter
R					
L					
Provider's Usual and Customary Fees (Required)					
Contact Lens Fitting Fee	U&C \$ _____		Contact Lens Material Fee	U&C \$ _____	

Provider Information	
Requesting physician name and NPI number (required):	
Office location address:	
Phone number:	
Fax number:	
	I certify and attest that all information provided as part of this prior authorization request is true and accurate.
	Provider signature (required):

Benefits are subject to eligibility and plan provisions.

Please allow 10 business days for a response.

To check prior authorization status, call 1-866-537-0229.