

MEDICALLY NECESSARY CTLs

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Eyemed Medically Necessary Contact Lenses

Specialty Contact Lenses (GP, Scleral)

Additional documentation
required as of May 1st 2024

Day of Exam

- Enter the Exam via Ciao/Eyemed integration
- Collect any applicable Exam copays

CL Order

- Order per usual process: call GP/Scleral vendor directly
- Be sure to ask for the price of the contact lenses.
 - Retail CL price = Cost x 2.5
 - If your site has established fees, you may use that fee as long as it's above Cost x 2.5

Entering the Fit & CLs

- Note: Claim Correction is for fit and materials only (not Exam)
- When the fit is finalized or if the "CL type/fee" is known, use integrated Eyemed model in Ciao to pull eligibility and enter the fit & CLs in Ciao
- **Edit the benefit worksheet** to match the provided fee schedules. This gives the office the proper credit for expected reimbursements.
- Note: the patient should not be charged any overages for MNCLs

Claim Submission

- Immediately after entering fit & CLs in Ciao, fax to Eyemed:
 - 1. Corrected Claim Form**
 - Original date of service=day the fit began
 - Retail amount entered in Ciao MUST match the Corrected Claim form exactly
 - 2. Ciao! Vision Care Benefit Summary**
 - 3. Signed Exam Record** including detailed parameters of dispensed CLs
- Save all faxed claims and check the Eyemed portal in approximately 10 days to verify payment

For questions regarding claims, please fill out the Provider Escalated Request Form: <https://filebound.eyemedvisioncare.com/portal/194>. This will be routed to the Eyemed team that is familiar with the TeamVision MNCL process.



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 TeamVision
Eye care, together.

Eyemed Medically Necessary Contact Lenses

Soft Contact Lenses

Additional documentation
required as of May 1st 2024

Day of Exam

- Enter the Exam via Ciao/Eyemed integration
- Collect any applicable Exam copays
- Order trials, if applicable

Entering the Fit & CLs

- When the fit is finalized, use integrated Eyemed model in Ciao to pull eligibility and enter the fit & CLs in Ciao
- **Edit the benefit worksheet** to match the provided fee schedules. This gives the office the proper credit for expected reimbursements.
- Note: the patient should not be charged any overages for MNCLs

Claim Submission

- Immediately after entering fit & CLs in Ciao, fax to Eyemed:
 - 1. Corrected Claim Form**
 - Original date of service=day the fit began
 - Retail amount entered in Ciao MUST match the Corrected Claim form exactly
 - 2. Ciao! Vision Care Benefit Summary**
 - 3. Signed Exam Record** including detailed parameters of dispensed CLs
- Save all faxed claims and check the Eyemed portal in approximately 10 days to verify payment

CL Order

- For soft contact lenses that are either ordered through Ciao/CL distributor integration or via email to the Service Center, choose "ship to store".

For questions regarding claims, please fill out the Provider Escalated Request Form: <https://filebound.eyemedvisioncare.com/portal/194>. This will be routed to the Eyemed team that is familiar with the TeamVision MNCL process.



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Medically Necessary Contact Lenses

Entering in Ciao! Optical

Example:

If the max reimbursement for Anisometropia is \$700

- Your full fitting fee should be entered as Plan Pays
 - *Example below = \$325*
- The remaining amount should be entered in the CL Material Plan Pays
 - $\$700 - \$325 \text{ fit} = \$375 \text{ for materials}$ ($\$375 / 2 = \187.50 per eye)

Doctor Services

Order Worksheet

Order Price Calculator

Plan Name: City of Los Angeles Type: MVC
Group #: Plan ID: 1007428

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
CL Specialty	\$325.00		\$ 325.00	\$ 0.00	0.00

Benefit Calculation Notes

Contacts

Order Worksheet

Order Price Calculator

Plan Name: BVV CA LG FS FI EP PLUS INS Type: MVC
Group #: Plan ID: 1050813

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
OD - DaTOT190P 8.5 14.1 VISI, -1.00	\$515.96		\$ 187.50	\$ 328.46	0.00
OS - DaTOT190P 8.5 14.1 VISI, -4.50	\$515.96		\$ 187.50	\$ 328.46	0.00

Benefit Calculation Notes

Eyemed Medically Necessary Contact Lenses

Claim Form Examples


CLAIM CORRECTION

First American Administrators, Inc.
A wholly owned subsidiary of EyeMed Vision Care, LLC.
Medically Necessary Contact Lens
In-network Claim Form

Instructions: Complete this form and submit the additional supporting documentation:
• Point of sale documentation or a receipt issued to the member
• The signed exam record from the initial exam and contact lens evaluation
Then fax it to 866.293.7373, or mail to EyeMed Vision Care, P.O. Box 85 45040. All fields required unless noted.

Patient Information	
Last Name	First Name
Street Address	City State
Birth Date (MM/DD/YYYY)	Telephone Number with area
Relationship to subscriber (check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
Date of Service (MM/DD/YYYY)	
Group Name	Group Number
Patient Member ID # (if applicable)	
Subscriber Information (if information differs from patient)	
Last Name	First Name
Street Address	City State
Birth Date (MM/DD/YYYY)	Telephone Number with area
Provider Information	
Provider Attestation: By signing below, I attest that the patient meets to receive medically necessary contact lenses per the criteria on this form patient is unable to achieve adequate functional vision without contact lenses.	
Serving location name and address	
Provider Tax ID Number	Date submitted
Serving Provider Name (printed)	Provider Signature

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Medically Necessary Contact Lens Claim Form (continued)

Medically Necessary Qualifying Conditions			
Provider: Benefit covers contact lens evaluation, fit & follow-up and materials. Check only 1 box next to the condition that applies according to the final prescription. Check or fill in the applicable ICD-10 code. Enter your retail price for the services and materials.			
<input type="checkbox"/> Check here Anisometropia 92310AN ICD-10 code H52.31	<input type="checkbox"/> Check here High ametropia 92310HA	<input type="checkbox"/> Check here Keratoconus - mild/moderate 92072	<input type="checkbox"/> Check here Keratoconus - advanced/ectasia 92072AD
Select if Rx differs by at least 3D in meridian powers between the 2 eyes	Select if Rx exceeds plus or minus 10D meridian powers in either eye	Select when keratoconus is present and Rx is not correctable to 20/25 in either or both eyes with spectacles	Select when keratoconus is present and one or more of the following conditions are met:
\$ Enter retail price	Check appropriate ICD-10 code: Hypermetropia <input type="checkbox"/> H52.01 <input type="checkbox"/> H52.02 <input type="checkbox"/> H52.03 Myopia <input type="checkbox"/> H52.11 <input type="checkbox"/> H52.12 <input type="checkbox"/> H52.13	Check appropriate ICD-10 code: <input type="checkbox"/> H18.601 <input type="checkbox"/> H18.602 <input type="checkbox"/> H18.603 <input type="checkbox"/> H18.609 <input type="checkbox"/> H18.611 <input type="checkbox"/> H18.612 <input type="checkbox"/> H18.613 <input type="checkbox"/> H18.619	• Corneal scarring • Steep K of 53D or higher • Corneal thickness <= 475 microns • Refraction not measurable Check appropriate ICD-10 code: <input type="checkbox"/> H18.621 <input type="checkbox"/> H18.622 <input type="checkbox"/> H18.623 <input type="checkbox"/> H18.629 <input type="checkbox"/> H18.711 <input type="checkbox"/> H18.712 <input type="checkbox"/> H18.713 <input type="checkbox"/> H18.719
ICD-10 code: H52.31	\$ Enter retail price	\$ Enter retail price	\$ Enter retail price

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California has a state-specific claim form.
Claims will be denied if incorrect form is submitted

Humana Vision Insight, VCP, or Focus/Optimum/Advantage members should use the Humana medically necessary contact lenses prior authorization form located in inFocus' Forms page

CLAIM CORRECTION

CALIFORNIA only

First American Administrators, Inc.
A wholly owned subsidiary of EyeMed Vision Care, LLC.
Medically Necessary Contact Lens
In-network Claim Form (California)



Instructions: Complete this form and submit the additional supporting documentation:
• Point of sale documentation or a receipt issued to the member
• The signed exam record from the initial exam and contact lens evaluation
Then fax it to 866.293.7373, or mail to EyeMed Vision Care, P.O. Box 8504, Cincinnati, OH 45040. All fields required unless noted.

Patient Information			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Relationship to subscriber (check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Date of Service (MM/DD/YYYY)			
Group Name	Group Number		
Patient Member ID # (if applicable)			
Subscriber Information (if information differs from patient)			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Provider Information			
Provider Attestation: By signing below, I attest that the patient meets the requirements to receive medically necessary contact lenses per the criteria on this form, and that the patient is unable to achieve adequate functional vision without contact lenses.			
Serving location name and address			
Provider Tax ID Number	Date submitted		
Serving Provider Name (printed)	Provider Signature		

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Eyemed Medically Necessary Contact Lenses

Qualifying Conditions

A member's vision and spectacle prescription must meet the below criteria to qualify for medically necessary contact lens benefits. Members can't use this benefit for conditions not listed, even if you determine that contact lenses are necessary to correct other vision issues. Myopia management treatment and protocol does not qualify under this benefit and is excluded.

- **Anisometropia** of 3D in meridian powers.
- **High Ametropia** exceeding -10D or +10D in meridian powers.
- **Keratoconus** when the member's vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses. For the purposes of our benefit, there are 2 types of keratoconus as defined in our ectasia scale.
 - **Emerging/Mild:** Contact lenses in this tier are anticipated to include, however not be limited to, soft toric, rigid gas permeable, scleral, semi-scleral and hybrid designs/materials. The below severity scale applies:
 - Multiple spectacle remakes
 - Unstable topography
 - Light sensitivity/glare issues
 - Signs including Fleischer ring, Vogt's striae and scissor reflex with retinoscopy
 - No scarring
 - Topography (steep K <53D)
 - Corneal thickness >475 microns
 - **Moderate/Severe:** Patients who begin in the emerging or mild categories and are not successful with contact lens materials and keratoconus designs may be elevated into this moderate/severe tier. Contact lenses in this tier are anticipated to include however not be limited to scleral, semi-scleral and hybrid designs/materials. Patients who qualify as moderate/severe will have all of the emerging/mild symptoms, plus:
 - Mild to no scarring or some scarring
 - Topography (steep K of 53D or higher)
 - Corneal thickness up to 475 microns
 - Refraction not measurable
- **Vision improvement other than keratoconus** for members whose vision can be improved by 2 lines or more on a standard visual acuity chart with contact lenses when compared to the best correction attainable with standard spectacle lenses.

Emerging	<ul style="list-style-type: none">• Multiple spectacle remakes• Unstable topography• Light sensitivity/glare issues• Signs: Fleischer ring, Vogt's striae, scissors reflex with retinoscopy
Mild	<p>All signs and symptoms seen in Emerging, plus:</p> <ul style="list-style-type: none">• No scarring• Topography (steep K <53D)• Corneal thickness >475 microns
Moderate	<p>All seen in Mild, plus:</p> <ul style="list-style-type: none">• Mild to no scarring• Topography (steep K of 53D to 65D)• Corneal thickness ≥350 and ≤475 microns
Severe	<p>All seen in Moderate, plus:</p> <ul style="list-style-type: none">• Scarring• Refraction not measurable• Topography (steep K >65D)• Corneal thickness ≤350 microns

Eyemed Medically Necessary Contact Lenses

Qualifying Criteria

- **Establishing qualification for benefit.** You're responsible for determining if members meet the qualifying criteria based on your exam and evaluation.
- **Spectacle prescription.** The documented spectacle prescription must support the qualifying condition submitted.
- **CPT codes.** When filling out the claim, you will indicate the member's qualifying condition.
 - CPT procedural codes for contact lens fitting are limited to keratoconus (92072). CPT has not designated codes for anisometropia, high ametropia and vision improvement, so you should use the below codes to indicate the qualifying condition:

QUALIFYING CRITERIA	MEDICALLY NECESSARY CONTACT LENS CODES *
Anisometropia	92310AN
High Ametropia	92310HA
Keratoconus – Mild/Moderate	92072
Keratoconus – Advanced/Ectasia	92072
Vision Improvement	92310VI
Pediatric Aniridia **	92310AI
Pediatric Aphakia **	92311AP and 92312AP
Pediatric corneal and post-traumatic disorder (filed as vision improvement) **	92310VI
Pediatric Pathological Myopia **	92310PM

*Submit a single fit code with a material code on 1 claim with 1 date of service.

**Applies only to members of Pediatric Vision Benefits in California. Pediatric corneal and post-traumatic disorder and pediatric pathological myopia pertain only to members of Health Net's PPO in California.

- **Diagnosis codes.** Include the applicable refractive and high-risk diagnosis codes on all medically necessary contact lens claims.
 - For keratoconus or anisometropia, submit the applicable diagnosis codes listed in ICD-10.
 - If you put more than 1 diagnosis on the claim, we'll reimburse based on the lowest-paying condition.
- **Supporting documentation.** We may also ask you for additional supporting documentation.

Eyemed Medically Necessary Contact Lenses

Reimbursements

- You may not bill members for any difference between your U&C fees and the plan's reimbursement unless the plan benefits specifically say the member is responsible for payment above the allowance.

QUALIFYING CRITERIA	PROVIDER REIMBURSEMENT (inc. fit & materials)
Anisometropia	95% of retail up to \$700
High Ametropia	95% of retail up to \$700
Keratoconus – Mild/Moderate	95% of retail up to \$1200
Keratoconus – Advanced/Ectasia	95% of retail up to \$2500
Vision Improvement	95% of retail up to \$2500
Pediatric Aniridia *	95% of retail up to \$3730
Pediatric Aphakia *	95% of retail up to \$5800
Pediatric Pathological Myopia *	95% of retail up to \$700

*** Applicable only to members of Pediatric Vision Benefits in California.**
Pathological myopia pertains only to Health Net members. See information about medically necessary contact lens benefits for Pediatric Vision Benefits members, and details about Health Net's unique benefit. View the process for obtaining authorizations and filing claims for these special medically necessary contact lens benefits.



J&J Myopia Control

EyeMed Vision Care® understands the importance of myopia management and on January 1, 2024, will welcome a new benefit offering for Johnson & Johnson dependent children up to age 26.

- This plan is available through providers who offer this service within their practice and includes an annual maximum benefit up to \$1,000 for use on myopia management vision examinations, fittings and/or contact lenses, as needed. The provider is reimbursed 100% of the allowance up to \$1,000 maximum.
- If you offer this service, be advised this separate benefit follows a paper claim process like the medically necessary contact lens process you currently follow. The J&J in-network paper claim form can be found in the Toolkit.
- The myopia management plan is offered in conjunction with the Johnson & Johnson routine benefit. Applicable members will be enrolled in the system twice. Once under the routine plan and once under the separate myopia management plan. Applicable members will use the myopia plan if they and their provider determine if a myopia management treatment plan is appropriate for their needs. The routine plan will continue to be used in all other scenarios and transactions, including the annual comprehensive eye exam and purchase of glasses or contact lenses (including the annual supply).

Follow the same process as [Humana MNCL](#)

First American Administrators, Inc.
A wholly owned subsidiary of EyeMed Vision Care, LLC.
Johnson & Johnson Myopia Management
In-network Claim Form



Instructions: Complete this form and fax it to 866.293.7373, or mail to EyeMed Vision Care, P.O. Box 8504, Cincinnati, OH 45040. All fields required unless noted.

Patient Information			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Relationship to subscriber (check one) <input type="checkbox"/> Child <input type="checkbox"/> Other			
Date of Service (MM/DD/YYYY)			
Group Name		Group Number	

Patient Member I

Last Name

Johnson & Johnson Myopia Management Claim Form (continued)

Street Address

Birth Date (MM/DD)

Servicing location

Provider Tax ID No

Servicing Provider I

Benefit covers office visits and materials approved for a myopia management treatment program, up to the allowed amount. Complete the following appropriate sections by checking or filling in the applicable ICD-10 code, procedure(s) and retail price for services and/or materials.		
EXAM ICD-10 code required; fill in below: <input type="checkbox"/> H52.1 <input type="checkbox"/> H44.2 Check procedure code: <input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99204 <input type="checkbox"/> 99212 <input type="checkbox"/> 99213 <input type="checkbox"/> 99214 <input type="checkbox"/> 92012 <input type="checkbox"/> 92014 <input type="checkbox"/> 76516 \$ Enter retail price	FITTING ICD-10 code required; fill in below: <input type="checkbox"/> H52.1 <input type="checkbox"/> H44.2 Check procedure code: <input type="checkbox"/> 92310 \$ Enter retail price	CONTACT LENSES Fill in HCPCS code: <input type="checkbox"/> \$ Enter retail price



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Humana MNCL Process

- Exam should be entered in Ciao! Optical on the day of service/exam.
- The site will submit the Medically Necessary Contact Lens Prior Authorization Form along with clinical medical records to Humana.
 - This is for CL fit and materials
 - They will either approve or deny. If approved, they will send letter to site with pay amounts. Use these amounts as Plan Pays.
 - DO NOT ORDER CLs UNTIL WE RECEIVE APPROVAL
- Enter CL fit and CL materials in Ciao! Optical. Contacts will be ordered via normal channels (via Ciao/PV, emailed to SS, or phoned in to manufacturer).
- After entering in Ciao, site will fax CMS 1500 form and approval letter to Eyemed for payment
 - Write “**Claim Correction**” on top of CMS 1500 form
 - CMS needs to include all necessary codes and modifiers
- Same process & forms apply across all states
- Do not balance bill the patient
- No signature req in Box 31

[Humana Vision Medically Necessary Contact Lens Benefit & Prior Authorization Form](#)

[Blank CMS 1500 Form](#)



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 Astigmatism (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.

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Blue Shield of California MNCL Process

When providing medically necessary contact lenses (MNCL) for Blue Shield of California members, you must follow a unique process that includes pre-approval of benefit eligibility via a custom form. In addition, Blue Shield of California has different benefit criteria and reimbursements than EyeMed's standard MNCL benefits.

When eligible patients walk into your practice, they may be recognized by their co-branded member ID card, much like the example provided (right).

Covered conditions and payment details:

Blue Shield of California will cover initial fitting and medically necessary contact lens material for the following conditions:

- Aphakia (after cataract surgery)
- Anisometropia of 3.0 diopters or more, provided visual acuity improves to 20/60 or better in the weaker eye.
- Myopia of 12 diopters spherical equivalent or greater
- Hyperopia of 7 diopters spherical equivalent or greater.
- Astigmatism of greater than 3.0 diopters of cylinder
- Keratoconus, i.e., when visual acuity cannot be corrected to 20/40 with the use of spectacles.
- Other conditions where visual acuity can be improved by at least two lines on a standard Snellen acuity chart through the use of contact lenses compared to the best correctable vision with spectacles.

Benefit allowances vary based on the member's qualifying condition. Members will be responsible for any balance above the allowance amount.



Blue Shield of California MNCL Process

You must follow these steps to receive approval to provide medically necessary contact lenses to Blue Shield of California members:

1. Complete a [BLUE Shield of California Medically Necessary Contact Lens Approval Request Form](#) (located in the Toolkit).
2. Submit the form including the member's identifying information and the complete examination record or other supporting documentation as appropriate via email to qualitymanagement@eyemed.com, via fax to (513) 492-3713, or by mail to EyeMed, Attention Quality Management, 4000 Luxottica Place, Cincinnati, OH 45040.
3. You will be notified of our determination, including approval and allowance amounts or the reason for denial within 14 business days.
 - a) Enter CL fit and Materials into Ciao! Optical.
4. Order and dispense materials after receiving the approval notice.

After you receive approval and provide service to the member, submit the CMS-1500 form and a copy of the approval notice via email to qualitymanagement@eyemed.com via fax to (513) 492-3713 or via mail to EyeMed, Attention Quality Management, 4000 Luxottica Place, Cincinnati, OH 45040

For more information, including claims submission and exclusions, refer to the Eyemed Provider Manual.

Medically Necessary (Non-Elective) Contact Lenses Approval Request Form

The provider shall complete and submit this form and any other applicable information, such as the patient history, patient chart, K-readings, topography maps (if available), via email to qualitymanagement@eyemed.com, fax to (513) 492-3713, or by mail: EyeMed, Attn: Quality Management Department, 4000 Luxottica Place, Cincinnati, OH 45040

Date:	Provider ID:	Subscriber ID or SSN:
Provider Name:		Patient Name:
Address:		Date of Birth:
City, State, Zip:		Subscriber Name:
Phone:	Fax:	Phone:
Email:		Address:
Contact Person:		City, State, Zip:

Request Type: ☐ Retrospective _____ Date lenses dispensed ☐ Prospective (lenses have not been dispensed)

Criteria for Medically Necessary (Non-Elective) Contact Lenses:

☐ Aphakia (after cataract surgery); A pair of single vision lenses or multi-focal lenses and frame may be provided with contact lenses;

☐ Keratoconus, i.e., when visual acuity cannot be corrected to 20/40 with the use of spectacles, or if other conditions indicate (please specify _____) (please include K readings or topography for approval);

☐ Anisometropia of 3.0 diopters or more, provided visual acuity improves to 20/60 or better in the weaker eye;

☐ Myopia of 12 diopters spherical equivalent or greater;

☐ Hyperopia of 7 diopters spherical equivalent or greater; or

☐ Astigmatism of greater than 3.0 diopters of cylinder.

☐ Other Conditions (i.e. various corneal findings) _____

Additional Information: _____

Date of Comprehensive Examination: _____ Medically Necessary (Non-Elective) Contact

Supplemental Eyewear (Glasses): _____ Lenses: ☐ Bilateral ☐ Right Only ☐ Left Only

Current Spectacle Prescription						Best Corrected Spectacle Visual Acuity		
	Sphere	Cylinder	Axis	Prism	Base	Add	Distance	Near
Right								
Left								

Keratometry Readings		Contact Lens Specifications				Best Corrected Visual Acuity w/CL	
	Power	Base Curve	Diameter	Cylinder	Axis	Distance	Near
Right							
Left							

Corneal Topography Submitted ☐ Yes ☐ No

Contact Lens Fees: _____

Initial Exam: _____ Materials: _____

Follow-up Visits: _____ Fitting: _____

Contact Lens Type: ☐ RGP ☐ Soft

☐ Scleral ☐ Hybrid ☐ Toric Lens

☐ Specialty Lens: _____

Brand: _____

If Scleral or Hybrid, please submit charts or patient history that documents that Scleral or Hybrids are in the patient's best interest.

Doctor / Provider Signature

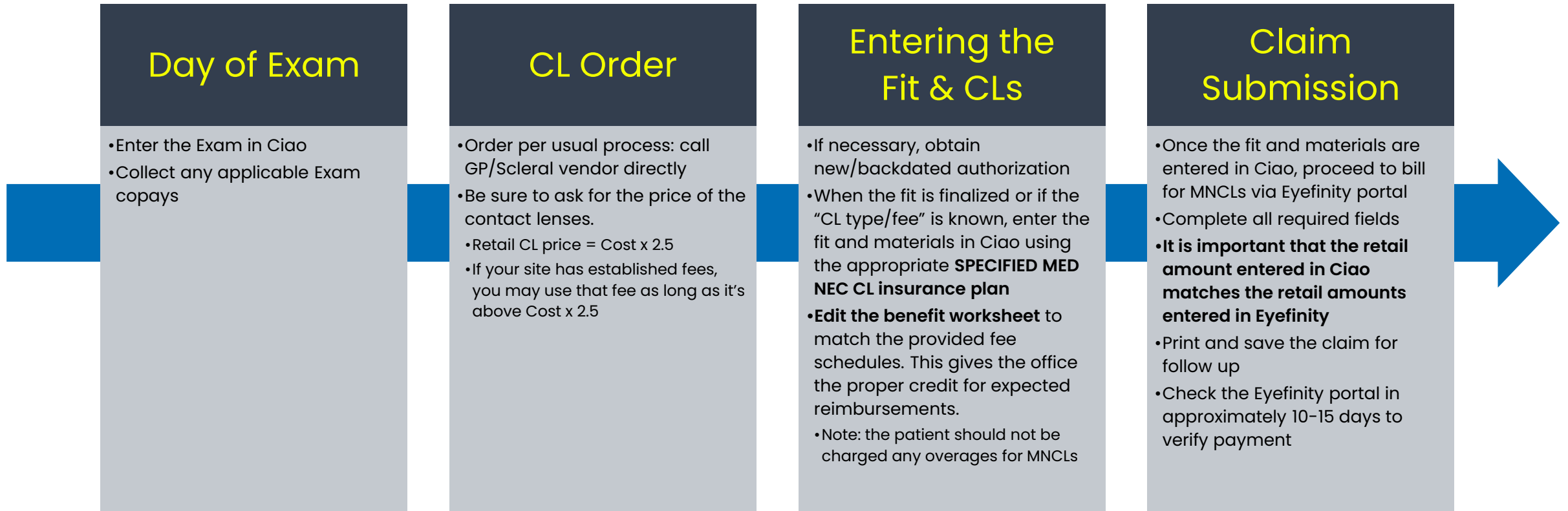
Date



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VSP Medically Necessary Contact Lenses

Specialty Contact Lenses (GP, Scleral)



VSP Medically Necessary Contact Lenses

Soft Contact Lenses

Day of Exam

- Enter the Exam in Ciao
- Collect any applicable Exam copays
- Order trials, if applicable

Entering the Fit & CLs

- If necessary, obtain new/backdated authorization
- When the fit is finalized, enter the fit and materials in Ciao using the appropriate **SPECIFIED MED NEC CL insurance plan**
- Edit the benefit worksheet** to match the provided fee schedules. This gives the office the proper credit for expected reimbursements.
- Note: the patient should not be charged any overages for MNCLs

CL Order

- For soft contact lenses that are either ordered through Ciao/CL distributor integration or via email to the Service Center, choose "ship to store".

Claim Submission

- Once the fit and materials are entered in Ciao, proceed to bill for MNCLs via Eyefinity portal
- Complete all required fields
- It is important that the retail amount entered in Ciao matches the retail amounts entered in Eyefinity
- Print and save the claim for follow up
- Check the Eyefinity portal in approximately 10-15 days to verify payment



VSP Medically Necessary Contact Lenses

Beginning June 1, 2024, VSP will implement new criteria that requires an improvement in best corrected visual acuity (BCVA) by two lines, compared to spectacles, for Visually Necessary Contact Lenses (VNCL) specialty conditions.

This implementation will not change how VNCL claims are submitted to VSP.

Starting June 1, 2024, BCVA findings for specialty conditions must be recorded on the patient's medical exam records and attest to a two-line improvement compared to spectacles and are subject to review and audit.

A complete list of specialty conditions and the accompanying diagnostic codes that require an improvement in BCVA by two lines compared to spectacles are provided in the Contact Lens Benefit section of the Provider Reference Manual, in the "Visually Necessary Specialty Contact Lenses" section. The BCVA requirement does not apply to all conditions, such as high ametropia, anisometropia, or nystagmus.

For additional coverage information, visit the [Provider Reference Manual](#) by logging into eyefinity.com and selecting VSPOnline. Once logged in, select the Manuals option on the left side of the page and click the VSP network. The Contact Lens Benefit section will provide the contact lens benefit information. This information can also be accessed from the Materials Coverage section of the Choice and Advantage network.

It can also be found in the [Toolkit – Documents – Contact Lenses – Medically Necessary](#)

Benefit Coverage Criteria

- Nystagmus
- Anisometropia ≥ 3.00 diopters difference based on the spectacle rx
- High ametropia $\geq \pm 10.00$ diopters in either eye based on the spectacle rx
- Keratoconus and other corneal anomalies

Colored contact lenses are a covered benefit for patients with the following conditions:

- Achromatopsia – H53.51
- Albinism – E70.30, E70.310, E70.311, E70.318, E70.319
- Aniridia – Q13.1
- Polycoria; anisocoria (congenital) – Q13.0
- Pupillary abnormalities – H21.561 through H21.569

VSP Medically Necessary Contact Lenses

Covered Contact Lenses/Visually Necessary Contact Lenses – Increased Maximum Allowed for Daily Replacement Lenses

Posted: November 26, 2024

Category: Operational Updates

Good news! Effective January 1, 2025, VSP® will increase the allowed amounts for daily replacement lenses under the Covered Contacts and Base Visually Necessary Contact Lens maximums by 15 to 20%. These changes will apply to claims with dates of service starting January 1, 2025, and going forward.

To maximize your patient's benefit, and ensure proper payment, dispensing an annual supply of contacts at one time is required under the Covered Contact Lenses and Necessary Contact Lenses benefits. Bill the total number of units provided based on the type of lenses dispensed. Do not balance bill your patient for the difference between your U&C fee and our allowable amount.

For additional coverage information, visit the Provider Reference Manual by logging into eyefinity.com and selecting VSPOnline. Once logged in, select the Manuals option on the left side of the page and click the VSP network. The Contact Lens Benefit section includes the Maximum Allowable table and claim submission instructions. This information can also be accessed from the Materials Coverage section of the Choice and Advantage network.

VSP Medically Necessary Contact Lenses

Visually Necessary Specialty CL Description & IDC-10 Codes

If billing with CPT code 92072*, 92311*, 92312* or 92313* – for one of these diagnosis codes:

*Codes may not be billed together on the same claim.

Description	ICD-10 Codes:
Absence of iris (Aniridia)	Q13.1
Achromatopsia	H53.51
Adherent leukoma	H17.00 - H17.03
Albinism	E70.30
Aphakia	H27.00 - H27.03
Band keratopathy	H18.421 - H18.429
Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts	T85.318A - T85.318S
Bullous keratopathy	H18.10 - H18.13
Central corneal opacity	H17.10 - H17.13
Coloboma of iris	Q13.0
Congenital aphakia	Q12.3
Congenital corneal opacity	Q13.3
Corneal ectasia	H18.711 - H18.719
Corneal scars and opacities	H17.00 - H17.9, A18.59
Corneal staphyloma	H18.721 - H18.729
Corneal transplant failure	T86.8411 - T86.8419
Corneal transplant rejection	T86.8401 - T86.8409
Corneal transplant status	Z94.7
Corrosion of cornea and conjunctival sac	T26.60XA - T26.62XS
Deep vascularization of cornea	H16.441 - H16.449
Displacement of other ocular prosthetic devices, implants and grafts	T85.328A - T85.328S
Endothelial corneal dystrophy	H18.511 - H18.519
Enophthalmos due to atrophy of orbital tissue	H05.419

Description	ICD-10 Codes:
Epithelial (juvenile) corneal dystrophy	H18.521– H18.529
Folds and rupture in Bowman's membrane	H18.311 - H18.319
Graft-versus-host disease	D89.813
Granular corneal dystrophy	H18.531 – H18.539
Keratoconus, stable	H18.611 - H18.619
Keratoconus, unspecified	H18.601 - H18.629
Keratoconus, unstable	H18.621 - H18.629
Keratoconjunctivitis sicca, in Sjogren's syndrome	M35.01
Keratomalacia	H18.441 - H18.449
Lattice corneal dystrophy	H18.541 - H18.549
Localized vascularization of cornea	H16.431 - H16.439
Covered for significant cases only where corneal neovascularization is a complication of inflammatory, infectious or autoimmune corneal pathologies	
Macular corneal dystrophy	H18.551 - H18.559
Minor opacity of cornea	H17.811 - H17.819
Nodular corneal degeneration	H18.451 - H18.459
Ocular laceration and rupture with prolapse or loss of intraocular tissue	S05.20XA - S05.22XS
Ocular laceration without prolapse or loss of intraocular tissue	S05.30XA - S05.32XS
Other calcerous corneal degeneration	H18.43
Other congenital corneal malformations	Q13.4
Other corneal degeneration	H18.49

Description	ICD-10 Codes:
Other corneal scars and opacities	H17.89
Other hereditary corneal dystrophies	H18.591 – H18.599
Other injuries of eye and orbit	S05.8X1A - S05.8X9S
Other keratitis	H16.8
Other mechanical complication of other ocular prosthetic devices, implants and grafts	T85.398A - T85.398S
Other tuberculosis of eye	A18.59
Penetrating wound with foreign body	S05.50XA - S05.52XS
Peripheral corneal degeneration	H18.461 - H18.469
Covered for marginal corneal degenerations, such as pellucid and Terrien, or as a result of previous ocular disease or trauma	
Peripheral opacity of cornea	H17.821 - H17.829
Pupillary abnormality	H21.561 - H21.569
Recurrent erosion of cornea	H18.831 - H18.839
Unspecified corneal deformity	H18.70
Unspecified corneal degeneration	H18.40
Unspecified corneal membrane change	H18.30
Unspecified corneal scar and opacity	H17.9
Unspecified hereditary corneal dystrophies	H18.501 - H18.509
Unspecified injury of unspecified eye and orbit	S05.90XA - S05.92XS
Vitamin A deficiency with xerophthalmic scars of cornea	E50.6

VSP Medically Necessary Contact Lenses

Reimbursement for Visually Necessary Contact Lenses

An annual supply of contact lenses is covered in full for patients meeting the stated benefit criteria. We'll reimburse you:

- Your assigned fee for the examination
 - Up to allowed amount for the type and quantity of contacts provided (85% of your U&C fee for the contact lens exam plus U&C fee for contact lens materials)
- Do not balance bill your patient the difference between VSP's allowed amounts and your U&C fee for materials. Exam and material (spectacle lenses and frame) copays apply unless otherwise specified. Any contact lens fitting fees incurred after the initial 90 day period are considered a private matter between you and the patient. Do not submit a separate claim for a contact lens exam.

Note: Fees submitted to VSP for all contact lens plan benefits must be consistent with your U&C charges, regardless of the patient's coverage or allowances.

Covered Contacts and Base Visually Necessary Contact Lens Maximums

HCPs	Annual Replacement ¹	Planned Replacement ¹	Daily Replacement ¹
V2500*	\$251	-	-
V2501*	\$385	-	-
V2502*	\$491	-	-
V2503*	\$405	-	-
V2510*	\$450	-	-
V2511*	\$650	-	-
V2512*	\$750	-	-
V2513*	\$500	-	-
V2520	\$375	\$525	\$900 *
V2521	\$525	\$650	\$1000 *
V2522	\$537	\$650	\$1200 *
V2523**	\$475	\$600	-
V2530*	\$499	-	-
V2531*	\$987	-	-
V2599**	\$1150	\$1500	-
Piggyback	\$1150	\$1500	-

Please see the entire guide on **VSP Contact Lens Benefits**. It can be found in the [Toolkit – Documents – Contact Lenses – Medically Necessary](#)

- It is also available on Eyefinity – VSPOnline – Manuals – VSP – Contact Lens Benefits (under [Plans and Coverages](#) section)

* Updated reimbursements effective 01/01/2025

¹Annual Replacement is 1-2 units. Planned Replacement is 3-360 units. Daily Replacement is 361+ units.

*These services shouldn't be billed for more than 2 units. If billed with higher unit counts, we'll pay up to the Annual Replacement lens maximum. Refer to billing instructions for scleral lenses above.

**These services shouldn't be billed for more than 360 units. If billed with higher unit counts, we'll pay up to the Planned Replacement lens maximum. Refer to billing instructions for hybrid and proprietary lenses above.

Assignment Medically Necessary Contact Lenses

Specialty Contact Lenses (GP, Scleral)

Day of Exam

- Enter the Exam in Ciao
- Collect any applicable Exam copays

CL Order

- Order per usual process: call GP/Scleral vendor directly
- Be sure to ask for the price of the contact lenses.
- Retail CL price = Cost x 2.5
- If your site has established fees, you may use that fee as long as it's above Cost x 2.5

Entering the Fit & CLs

- If necessary (based on insurance), obtain new/backdated authorization
- When the fit is finalized or if the "CL type/fee" is known, enter the fit and materials in Ciao using the appropriate **SPECIFIED MED NEC CL insurance plan**
- Edit the benefit worksheet** to match the fee schedule for the appropriate Assignment plan. This gives the office the proper credit for expected reimbursements.
- Note: the patient should not be charged any overages for MNCLs unless plan allows

Claim Submission

- Based on insurance, fax/submit claim for contact lens fit and materials
- See Assignment plan manual for submission requirements
- It is important that the retail amount entered in Ciao matches the retail amounts reported on the claim
- SERVICE DATE should be the date services were provided, NOT the date the claim is submitted
 - i.e., if contact lens fit occurs 4/28, (trials are ordered) but RX is finalized on 5/15, service date on claim should be 4/28
- Print and save the claim for follow up
- Check the Plan portal or EOP in approximately 10-15 days to verify payment



Assignment Medically Necessary Contact Lenses

Soft Contact Lenses

Day of Exam

- Enter the Exam in Ciao
- Collect any applicable Exam copays
- Order trials, if applicable

Entering the Fit & CLs

- If necessary (based on insurance), obtain new/backdated authorization
- When the fit is finalized, enter the fit and materials in Ciao using the appropriate **SPECIFIED MED NEC CL insurance plan**
- Edit the benefit worksheet** to match the fee schedule for the appropriate Assignment plan. This gives the office the proper credit for expected reimbursements.
- Note: the patient should not be charged any overages for MNCLs unless plan allows

CL Order

- For soft contact lenses that are either ordered through Ciao/CL distributor integration or via email to the Service Center, choose "ship to store".

Claim Submission

- Based on insurance, fax/submit claim for contact lens fit and materials
- See Assignment plan manual for submission requirements
- It is important that the retail amount entered in Ciao matches the retail amounts reported on the claim
- SERVICE DATE should be the date services were provided, NOT the date the claim is submitted
 - i.e., if contact lens fit occurs 4/28, (trials are ordered) but RX is finalized on 5/15, service date on claim should be 4/28
- Print and save the claim for follow up
- Check the Plan portal or EOP in approximately 10-15 days to verify payment



Medically Necessary Contact Lenses

FAQs

- When editing the Eyemed benefit, does the office need to account for the 95% reimbursement (if retail is below the max amount)?
 - *No. They can enter the listed expected amount and the reimbursement amount will be adjusted on the back-end*
- What if the patient uses the benefit elsewhere while we are still conducting the fit?
 - *Clinic will need to let the patient know that their benefits will show as “unused” until the fit is complete, but they should not use them. Doing so will result in the patient paying for the contact lenses (fit & materials) out-of-pocket.*
- Why can't we fax in the Eyemed Claim Form first and then enter in Ciao after it is approved?
 - *Once the claim form is faxed, the benefits will be “used”, and we will not be able to enter in Ciao! Optical due to the Ciao/Eyemed integration. Also, if nothing is entered in Ciao when the claim is paid, the billing department is not able to apply the reimbursement amounts.*
- For GPs and Sclerals, do we let the patient leave with the contact lenses before we know if the claim is approved?
 - *TBD -*