

## BENEFIT COVERAGE GUIDELINE – 10.01.521

### Routine Vision Care

Effective Date: Apr. 1, 2023

Last Revised: Mar. 6, 2023


Replaces: N/A

RELATED MEDICAL POLICIES / GUIDELINES:

9.03.508 Orthoptic and Vision Therapy, Visual Perceptual Training, Vision Restoration Therapy, and Neurovisual Rehabilitation

Select a hyperlink below to be directed to that section.

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## Introduction

Vision services is a broad term that means care of the eyes. Vision services are usually either “routine” or “medical”. Although the exams and activities may be similar, the reason for the visit determines whether it’s a routine or medical visit. Visiting an ophthalmologist (a medical doctor) does not necessarily make the visit or exam “medical” in nature.

Benefits vary depending on the reason for the examination.

- **Routine eye exam:** Routine eye exams are often done to find the cause of blurry vision (such as myopia, presbyopia, hyperopia and astigmatism). After a routine exam, a prescription for corrective lenses (glasses/contact lens) may be given to the individual. If the plan offers a routine vision benefit, the routine services are covered at the level stated in the member’s contract. If the plan does not offer a routine vision benefit, routine services are not covered.
- **Medical eye exam:** Medical eye exams are often done to diagnose, treat, or monitor eye conditions or injuries such as an infection, eye trauma, glaucoma, diabetic retinopathy, macular degeneration, or cataracts to name a few.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a

service may be covered.

## Benefit Coverage Criteria

Procedure / Service	Coverage Criteria
<b>Vision exams covered under the Vision Care benefit</b>	<p><b>If the member has a vision care benefit, the plan will cover routine vision exams for the diagnoses listed in the Coding table below from the vision exams benefit. Covered routine vision exams include:</b></p> <ul style="list-style-type: none"><li>• Examination of the outer and inner parts of the eye</li><li>• Evaluation of vision sharpness (refraction)</li><li>• Binocular balance testing</li><li>• Routine tests of color vision, peripheral vision, and intraocular pressure</li><li>• Case history and recommendations</li></ul> <p><b>The routine vision exams benefit does NOT cover vision hardware or fitting examinations for contact lenses or eyeglasses</b></p> <p><b>When the plan does not have a routine vision care benefit, eye refractions and examinations classified as routine are not covered. This includes services to prescribe, fit, or change eyeglasses or contact lenses</b></p>
<b>Vision Hardware for members 19 and older</b>	<p><b>If the member has a vision hardware benefit and is 19 years of age or older, the plan covers the following:</b></p> <ul style="list-style-type: none"><li>• Prescription eyeglass lenses (single vision, bifocal, trifocal, progressive, quadrifocal, or lenticular)</li><li>• Frames for eyeglasses</li><li>• Prescription contact lenses (soft, hard, or disposable)</li><li>• Prescription safety glasses</li><li>• Prescription sunglasses</li><li>• Special features, such as tinting or coating</li><li>• Fitting of eyeglass lenses to frames</li><li>• Fitting of contact lenses to the eyes</li></ul>



	<p><b>The Vision Hardware benefit does NOT cover any of the following:</b></p> <ul style="list-style-type: none"> <li>• Non-prescription eyeglasses or contact lenses, or other special purpose vision aids (such as magnifying attachments), or light-sensitive lenses, even if prescribed</li> <li>• Supplies used for the maintenance of contact lenses (e.g., wetting and cleaning solutions, carrying cases)</li> <li>• Vision therapy, eye exercise, or any sort of training to correct muscular imbalance of the eye (orthoptics), or pleoptics (see <a href="#">Related Policies</a>)</li> </ul>
<p><b>Vision exams covered under the medical benefit</b></p>	<p><b>Vision exams may be covered under the medical benefit when a disease/condition of the eye is found or is reasonably suspected, or when the member is undergoing long-term treatment with a high-risk medication.</b></p> <ul style="list-style-type: none"> <li>• The medical record must clearly document the specific condition, or the high-risk medication being used</li> </ul>
<p><b>Medical vision hardware for members age 19 and older</b></p>	<p><b>Medical vision hardware for members age 19 and older is covered to correct vision due to the following medical eye conditions:</b></p> <ul style="list-style-type: none"> <li>• Aniridia</li> <li>• Aniseikonia</li> <li>• Anisometropia</li> <li>• Aphakia</li> <li>• Bullous keratopathy</li> <li>• Congenital cataract</li> <li>• Corneal abrasion</li> <li>• Corneal disorders</li> <li>• Corneal ulcer</li> <li>• Irregular astigmatism</li> <li>• Keratoconus</li> <li>• Pathological myopia</li> <li>• Post-traumatic disorders</li> <li>• Progressive high (degenerative) myopia</li> <li>• Recurrent erosion of the cornea</li> <li>• Sjogren’s disease</li> <li>• Tear film insufficiency</li> </ul>



## Coding

Codes listed in this guideline are for reference only. Listing of a code does not imply that the service described by this code is a covered or non-covered service. Inclusion of a code does not imply any right to reimbursement or guarantee of claims payment.

The following diagnoses codes are considered as **routine vision services**.

Code	Description
<b>ICD-10 Diagnosis Codes</b>	
H52.00	Hypermetropia, unspecified eye
H52.01	Hypermetropia, Right eye
H52.02	Hypermetropia, Left eye
H52.03	Hypermetropia, Bilateral eye
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral eye
H52.201	Unspecified Astigmatism, right eye
H52.202	Unspecified Astigmatism, left eye
H52.203	Unspecified Astigmatism, bilateral
H52.209	Unspecified Astigmatism, unspecified eye
H52.221	Regular Astigmatism, right eye
H52.222	Regular Astigmatism, left eye
H52.223	Regular Astigmatism, bilateral
H52.229	Regular Astigmatism, unspecified eye
H52.4	Presbyopia
H52.511	Internal ophthalmoplegia (complete) (total), right eye



Code	Description
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
H53.7	Unspecified disorder of refraction
H53.71	Glare Sensitivity
H53.72	Impaired contrast Sensitivity
Z13.5	Encounter for screening for eye and ear disorders
Z01.00	Encounter for examination of eyes and vision without abnormal findings (Encounter for examination of eyes and vision NOS)
Z01.01	Encounter for examination of eyes and vision with abnormal findings (Use additional code to identify abnormal findings)
Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses

## Related Information

### Definition of Terms

**Aniridia:** The absence of part or all of the iris, the colored part of the eye.



**Aniseikonia:** An ocular defect in which the images on the retinas are different in size.

**Anisometropia:** A condition in which the eyes have different refractive power causing the eyes to focus unevenly.

**Aphakia:** The absence of the lens of the eye. Aphakia may be caused by a genetic defect, surgical removal of a cataract, or an injury.

**Bullous keratopathy:** An eye condition in which the cornea is permanently swollen due to damage of the inner layer of the cornea (endothelium) that is not pumping fluid properly. This damage may be caused by trauma, glaucoma, or postoperative inflammation.

**Keratoconus:** A progressive disease in which the cornea, which is normally curved over the front of the eye, bulges and becomes more cone shaped. It can affect one or both eyes.

**Ophthalmologist:** A Doctor of Medicine (MD) or a Doctor of Osteopathy (DO) who specializes in vision care and is commonly called an eye doctor. An ophthalmologist is licensed to practice medicine and surgery and can treat all eye diseases, perform eye surgery, and prescribe corrective lenses.

**Ophthalmology:** The branch of medicine related to the structure, function, diseases, and refractive errors of the eye.

**Optician:** A trained technician to verify and fit glasses, frames, contact lenses and other devices to correct eyesight. Opticians use the prescriptions created by ophthalmologists and optometrists but do not perform eye exams.

**Optometrist:** A Doctor of Optometry (OD) who is also commonly called an eye doctor. An optometrist is licensed to practice optometry rather than general medicine. An optometrist performs eye exams, conducts vision tests, prescribes and dispenses corrective lenses, detects certain eye abnormalities, and prescribes medication for certain eye disease. They do not do eye surgery.

**Refraction:** An exam to measure a refractive error of the eye and determine the prescription for glasses or contact lenses.

**Refractive error:** In a refractive error of the eye, the light is not bending correctly as it passes through the cornea and retina. The result is blurred vision.



## Benefit Application

Coverage is determined by the member-specific contract and applicable laws that may require coverage for a specific service. Benefits are subject to all terms and limitations in the member contract. Please contact Customer Services for vision hardware covered for members under 19 years of age.

### Evidence Review

N/A

### References

N/A

### History

Date	Comments
08/01/16	New benefit coverage guideline, add to Administrative section. Approved July 12, 2016. Clarification provided on routine vision services versus medical vision services; codes listed as reference to illustrate those often denoting routine vision services.
08/16/16	Coding update. Added ICD-10 diagnosis codes H53.041, H53.042, H53.043, and H53.049 effective 10/01/16.
05/01/17	Annual Review, approved April 11, 2017. No change in benefit coverage guideline statements.
10/01/17	Added ICD-10 diagnosis code H52.7.
11/23/17	Coding update. Removed ICD-10 diagnosis codes H50.00 - H50.18 and H53.001 - H53.039.
12/05/17	Coding update. Removed ICD-10 diagnosis codes H53.041, H53.042, H53.043, and H53.049.



Date	Comments
02/01/18	Annual Review, approved January 30, 2018. No change in benefit coverage guidelines statements.
04/17/18	Coding update, removed diagnosis codes H53.8 and H53.9.
02/01/19	Annual Review, approved January 4, 2019. Benefit coverage guideline reviewed. No change to content.
03/01/20	Annual Review, approved February 4, 2020. Guideline reviewed. Guideline statements unchanged.
05/01/20	Interim Review, approved April 23, 2020. Diagnoses listed in the Medical eye exam section were clarified.
09/01/20	Coding update. Removed diagnosis codes H53.141, H53.142, H53.143 and H53.149.
03/01/21	Annual Review, approved February 2, 2021. Benefit coverage guideline reviewed. Guideline statements unchanged.
12/01/21	Interim Review, approved November 9, 2021. Benefit coverage guideline reorganized and rewritten outlining the coverage for routine and medical eye exams and vision hardware and medical vision hardware for those 19 years of age and older. Removed diagnosis codes H52211, H52212, H52213, H52219, H5231 and H5232.
05/01/22	Annual Review, approved April 25, 2022. Benefit coverage guideline reviewed. Guideline statements unchanged.
04/01/23	Annual Review, approved March 6, 2023. Benefit coverage guideline reviewed. Guideline statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2023 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.





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**Washington residents:** You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

**Alaska residents:** Contact the Alaska Division of Insurance via email at [insurance@alaska.gov](mailto:insurance@alaska.gov), or by phone at 907-269-7900 or 1-800-INSURAK (in-state, outside Anchorage).

## Language Assistance

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

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**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

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