



# Vision Services

Reimbursement Policy ID: RPC.0102.2400

Recent review date: 01/2025

Next review date: 10/2025

*Select Health of South Carolina reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Select Health of South Carolina may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy addresses vision services, eyeglass frames, lenses, and contact lenses.

## Exceptions

Members 21 years or older with a diagnosis of glaucoma, conjunctivitis, aphakia or cataracts, and some members with diabetes, are covered for eye wear (glasses or contacts).

## Reimbursement Guidelines

### Members under 21

Routine eye examinations are covered services and therefore eligible for reimbursement by Select Health of South Carolina for certain members each calendar year. Members under 21 are eligible for two pair of prescription eyeglasses **OR** two sets of contact lenses every 12 months. Select Health of South Carolina does not cover prescription eyeglasses or prescription contact lenses for members 21 years of age and older.

<b>Service</b>	<b>Members under 21 Years of Age</b>	<b>Members 21 +</b>
Eye Exams	1 routine eye exam every 12 months	1 routine eye exam every 2 years
Eyeglasses* (frames) (V2020)	1 pair of eyeglass frames every 12 months.	1 pair eyeglass frames every 2 years.
Lenses*	1 pair of standard lenses every 12 months	1 pair of lenses every 2 years.
Contact Lenses	Prior authorization needed	Prior authorization needed

The plan reimburses one pair of replacement eyeglasses for lost or destroyed with no copay if the first pair is lost or damaged for members under the age of 21. Modifier U8 (component part) or U9 (complete replacement) – modifiers are required on each procedure code including fitting and material.

Extended ophthalmoscopy with a retinal/optic nerve drawing, (unilateral or bilateral) (92201-92202) is non-covered when billed with fundus photography (92250) or a with fluorescein angiography (92235).

An extended ophthalmoscopy with a retinal/optic nerve drawing, (unilateral or bilateral) will not be reimbursed without a diagnosis of disorders of the globe, choroid, retina, iris and ciliary body, or glaucoma.

### **Lenses**

Reimbursement of V2100 (sphere, single vision, plano to plus or minus 4.00, per lens) and V2101 (sphere, single vision, plus or minus 4.12 to plus or minus 7.00D, per lens), is limited to twice in a 12-month period.

### **Contacts**

Members may choose prescription contact lenses instead of glasses. Polymethyl methacrylate, spherical rigid lenses (V2500) are limited to twice in a 12-month period.

### **Members 21 and over**

Effective July 1, 2021, routine vision services are covered for adult members, age 21 and older.

This benefit includes the following services every 2 years (based on the SFY July 1 – June 30): One comprehensive eye exam with no copay, one pair of eyeglass lenses including frames and one eyeglass fitting one per State Fiscal Year.

## **Definitions**

### **Extended ophthalmoscopy**

The method of examining the posterior portion of the eye when the level of examination requires a complete view of the back of the eye and documentation is greater than that required during routine ophthalmoscopy.

## **Edit Sources**

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. <https://www.selecthealthofsc.com/pdf/provider/provider-manual.pdf>
- IV. South Carolina Medicaid Fee Schedule(s).
- V. DHHS Physicians Services Provider Manual

## Attachments

N/A

## Associated Policies

N/A

## Policy History

01/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by Select Health of South Carolina from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul>

