

OHCA Guidelines

Medical Procedure Class:	Ocular Lens
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Effective Date:	12/01/2025
Next Review Date:	December 2028
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input checked="" type="checkbox"/> New Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Monofocal Lens- Intraocular lenses designed to provide clear vision at a single distance. Also known as single-focus lenses</p>	
<p>Bifocal Lens- Eyeglasses with two different lens powers, allowing the wearer to see clearly at both distance and near. There is a visible line separating the two lens powers, typically the bottom portion for near vision and the top portion for distance.</p>	
<p>Trifocal Lens- Eyeglasses that correct vision at three different distances: near, intermediate and far. These lenses have three distinct zones, each with a different focal point, separated by visible lines.</p>	
<p>Lenticular Lens- Specialized eyeglass lenses designed for individuals with very high prescriptions for either nearsightedness (myopia) or farsightedness (hyperopia), where traditional lenses would be very thick and heavy. They feature a central area with the necessary corrective power, surrounded by a periphery with little or no power, resulting in a lighter and thinner lens.</p>	
<p>High Index Lens- Eyeglasses that are designed to be thinner and lighter than standard lenses, particularly for individuals with strong prescriptions. They are made from a special plastic material that refracts light more efficiently, allowing for the same vision correction with less material. While high index materials can be used in lenticular lenses, not all high index lenses are lenticular.</p>	
<p>Aniseikonia Lens- Specialized eyeglasses designed to correct aniseikonia, a condition where the images seen by each eye differ in size or shape. This difference can lead to visual discomfort, headaches, and difficulty with depth perception. These lenses work by manipulating the size and shape of the image projected onto the retina of each eye, aiming to make them more similar and thus improving binocular vision.</p>	
<p>Polycarbonate Lens- A type of lens made from strong, lightweight, and impact-resistant plastic material, known for their exceptional durability and safety features.</p>	
<p>Bandage Contact Lens- Soft, clear lenses used to protect and help heal the cornea after injury, surgery, or certain eye conditions.</p>	
<p>Aphakia- A condition in which the eye's natural lens is absent.</p>	

Keratoconus- A progressive eye disease where the cornea thins and gradually bulges outward into a cone-like shape. This abnormal shape deflects light as it enters the eye, causing distorted and blurred vision as well as other visual disturbances.

Anisometropia- A vision condition where the two eyes have significantly different refractive powers, meaning one eye may be more nearsighted, farsighted or have more astigmatism than the other.

Albinism- A congenital absence of pigment in the skin and hair (which are white) and the eyes (which are usually pink)

Accommodative Esotropia- A condition where a child's eyes turn inward (esotropia) due to the effort of focusing (accommodation).

Aniridia- A rare genetic disorder characterized by the partial or complete absence of the iris.

Cataract- A clouding of the natural lens inside the eye, which can lead to blurred or distorted vision.

Description

Children and adolescents should receive periodic eye and vision examinations to diagnose and treat any eye disease in its early stages in order to prevent or minimize vision loss and maximize visual abilities.

Ocular services subject to reimbursement must meet medical necessity criteria. Payment can only be made to optical suppliers who have a current contract with OHCA.

CPT Codes Covered requiring PA

Monofocal Lens- V2118, V2121, V2199
Bifocal Lens- V2218, V2219, V2220, V2221, V2299
Trifocal Lens- V2321
Contact Lens- V2524, V2599 - used for bandage contacts
Vision Aids- V2610
Prosthetic Eye- V2629
Miscellaneous- V2730, V2744, V2780
High Index Lens- V2783
See current HCPCS Coding Manual for code definitions.

Approval Criteria:

- I. **GENERAL**
 - A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)(2)**.
 - B. At a minimum, vision services include diagnosis and treatment for defects in vision. Determination of refractive state, corrective lenses, frames, low vision aids and certain tints for children are covered when medically necessary.

- C. There is no provision for routine eye exams, examinations for the purpose of prescribing glasses or visual aids, determination of refractive state or treatment of refractive errors, or purchase of lenses, frames, or visual aids for adults.

II. **INDICATIONS**

OHCA Policy finds the following medically reasonable and necessary:

- A. High Index Lens
 - 1. Covered when either of the following are met:
 - a. Total sphere power is +/-8.00 or higher; **OR**
 - b. Cylinder power greater than +/-5.00
- B. Bifocal Lens
 - 1. Covered for children for treatment of accommodative esotropia.
 - 2. Not covered for adults
- C. Progressive Lens, Aspheric Lens and Trifocals
 - 1. Covered for children when documentation supports medical necessity.
 - 2. Not covered for adults
- D. Photochromatic Lens/Tints
 - 1. Covered for children with conditions such as ocular albinism, aniridia, or other conditions where there is inadequate iris pigmentation.
 - 2. Not covered for adults
- E. Other Lens, Other Contact Lens, and Vision Aids
 - 1. Covered for children with conditions such as congenital aphakia or cataract removal w/o intraocular implants and other conditions when documentation supports medical necessity of item.
 - 2. Not covered for adults
- F. Bandage Contact Lens
 - 1. Considered medically necessary for treatment of conditions such as aphakia, keratoconus, following keratoplasty, aniseikonia/anisometropia or albinism.
 - 2. Covered for adults and children

III. **Documentation**

- A. The following items must be included for all prior authorization requests:
 - 1. A comprehensive eye and vision exam with diagnosis
 - 2. A current prescription
 - 3. Documentation that supports medical necessity for the specific services requested

IV. **FREQUENCY**

- A. Payment is limited to two (2) glasses per year. Any glasses beyond this limit must be prior authorized and determined to be medically necessary. The provider must always document in the member record the reason for the replacement or additional lenses and frames.
- B. OHCA does not cover lenses or frames meant as a backup for the initial lenses/frames; Neither is replacement of lenses and frames due to abuse and neglect by the member a covered service.

- C. Frames are expected to last at least one year and must be reusable. If a lens prescription changes, the same frame must be used if possible.

Note: The OHCA shall serve as the final authority pertaining to all determinations of medical necessity.

References

1. Oklahoma Health Care Authority; Policies and Rules, 317:30-5-10; 317:30-3-57; 317:30-3-65.7; 317:30-5-431; 317:30-5-432.1.
2. CMS LCD L33793
3. American Optometric Association: Eye Screening for Children.
<https://www.aao.org/eye-health/tips-prevention/children-eye-screening>
4. American Optometric Association: Children's Comprehensive Eye Exam Legislation, Jan 2018. <https://www.aoa.org/practice/clinical-guidelines/clinical-practice-guidelines>