Vision Services Payment Policy

Applies to the following Tufts Health Public Plans products:

- ☒ Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- ☒ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☒ Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting vision service providers who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary vision services, in accordance with the member's benefits.

DEFINITIONS

Ophthalmologic services: Vision services rendered by a licensed medical doctor who has training in the medical and surgical diagnosis and treatment of eye diseases.

Optometric services: Routine vision services rendered by a licensed medical professional who has non-surgical medical training in the examination of the eyes and treatment of certain types of eye disorders.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Tufts Health Public Plans Provider Services.

Note: There is no member responsibility for covered services for Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

REFERRAL/AUTHORIZATION /NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

Prior authorization is not required for vision services, including covered routine eye examinations, rendered by preferred in-network providers. Prior authorization is not required for emergency services and post-stabilization care for vision services.

Prior authorization is required for all vision therapy services and for all vision services rendered by nonpreferred in-network and out-of-network providers. Tufts Health Plan requires prior authorization for hospital, specialty, and ancillary care services rendered by nonpreferred in-network providers. Refer to the medical necessity guidelines in the Provider Resource Center to determine which vision services require prior authorization.

Referrals are not required for routine eye services to correct visual acuity. However, medical services to an ophthalmologist require a referral from the member's PCP.

Tufts Health Direct, Tufts Health Unify and Tufts Health RITogether

The administration of the routine vision benefit is through EyeMed Vision Care. For more information, refer to the EyeMed Vision Care website or call 888.581.3648.

Ophthalmologists and optometrists must be contracted with EyeMed Vision Care (Select Network) in order to provide routine eye services or dispense eyewear to these members. Ophthalmologists and

optometrists may provide nonroutine medical eye services to members, according to their health services agreement.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Intraocular Lenses for Tufts Health Unify

In accordance with CMS requirements, members who request the insertion of a presbyopia-correcting intraocular lens (P-C IOL) or astigmatism-correcting intraocular lens (A-C IOLs) instead of a conventional IOL following removal of a cataract will be responsible for the additional cost of the P-C IOL or A-C IOL.

Providers should submit the same CPT code that is used to report removal of a cataract with insertion of a conventional IOL. Providers may also submit an additional HCPCS code V2788 (P-C IOL) or V2707 (A-C IOL) to indicate any additional charges that accrue when a P-C IOL or AC-IOL is inserted in lieu of a conventional IOL.

Note: There is no member responsibility for P-C IOLs or A-C IOLs for Tufts Health Unify members.

Routine Eye Care Services

The following procedure codes, when billed with a routine ICD-CM diagnosis code, are for routine eye services.

Code	Description
92002	New patient, intermediate visit
92004	New patient, comprehensive visit
92012	Established patient, intermediate visit
92014	Established patient, comprehensive

The following ICD-10 diagnosis codes have been classified as **routine** by Tufts Health Plan:

Code	Description
H52	Disorders of refraction and accommodation
H52.0	Hypermetropia
H52.00	Hypermetropia, unspecified eye
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.1	Myopia
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.2	Astigmatism
H52.20	Unspecified astigmatism
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.209	Unspecified astigmatism, unspecified eye
H52.21	Irregular astigmatism
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral

Code	Description
H52.219	Irregular astigmatism, unspecified eye
H52.22	Regular astigmatism
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.229	Regular astigmatism, unspecified eye
H52.3	Anisometropia and aniseikonia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.5	Disorders of accommodation
H52.51	Internal ophthalmoplegia (complete) (total)
H52.511	Internal ophthalmoplegia (complete) (total), right eye
H52.512	Internal ophthalmoplegia (complete) (total), left eye
H52.513	Internal ophthalmoplegia (complete) (total), bilateral
H52.519	Internal ophthalmoplegia (complete) (total), unspecified eye
H52.52	Paresis of accommodation
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
H52.53	Spasm of accommodation
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	Visual disturbances
H53.0	Amblyopia ex anopsia
H53.00	Unspecified amblyopia
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye
H53.003	Unspecified amblyopia, bilateral
H53.009	Unspecified amblyopia, unspecified eye
H53.01	Deprivation amblyopia
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.019	Deprivation amblyopia, unspecified eye
H53.02	Refractive amblyopia
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.029	Refractive amblyopia, unspecified eye
H53.03	Strabismic amblyopia
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye

Code	Description
H53.033	Strabismic amblyopia, bilateral
H53.039	Strabismic amblyopia, unspecified eye
H53.041	Amblyopia suspect, right eye
H53.042	Amblyopia suspect, left eye
H53.043	Amblyopia suspect, bilateral
H53.049	Amblyopia suspect, unspecified eye
H53.1	Subjective visual disturbances
H53.10	Unspecified subjective visual disturbances
H53.14	Visual discomfort
H53.141	Visual discomfort, right eye
H53.142	Visual discomfort, left eye
H53.143	Visual discomfort, bilateral
H53.149	Visual discomfort, unspecified
Z01.0	Encounter for examination of eyes and vision
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings

Note: For Tufts Health Together members, Tufts Health Plan reimburses for routine eye examinations when medically necessary once every 12 months for members younger than 21 or for members with diabetes, and once every 24 months for members 21 and older without diabetes. Routine eye exams for members with diabetes must be submitted with ICD-CM codes E08.00-E13.9.

MassHealth reimburses providers for eyeglasses, contact lenses, and other visual aids for Tufts Health Together members. Call MassHealth at 800.841.2900 for more information.

Tufts Health Direct, Tufts Health Unify and Tufts Health RITogether
All claims for routine eye services should be submitted to EyeMed Vision Care. Providers may submit charges via HIPAA-compliant electronic formats to EyeMed Vision Care. For questions, providers should contact Tufts Health Public Plans Provider Services.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the Professional Services and Facilities Payment Policy.

Corneal Tissue Processing, Preserving and Transporting
Tufts Health Plan does not routinely compensate processing, preserving and transporting corneal tissue (V2785) when billed without a corneal transplant procedure (65710, 65730, 65750, 65755, 65756, 65765, 65767).

General Ophthalmological Exam
Tufts Health Plan does not routinely compensate 92014 (ophthalmological services established patient) if the same code has been billed in the previous six months.

Fundus Photography
Tufts Health Plan does not routinely compensate additional units of fundus photography (92250) when billed more than two units within one year, except when appropriate diagnoses are present.

Ophthalmoscopy
Tufts Health Plan does not routinely compensate for the following:

- 92201-92202 (ophthalmoscopy) if billed without an appropriate diagnosis code
- 92201-92202 (ophthalmoscopy) if billed with 92250 (fundus photography) or 92235 (fluorescein angiography)
- Initial ophthalmoscopy if billed more than once for the same eye within a one-year period (365 days)

Scanning Computerized Ophthalmic Diagnostic Imaging [SCODI]
Tufts Health Plan does not routinely compensate for scanning computerized ophthalmic diagnostic imaging (SCODI) of the anterior segment (92132) or posterior segment (92133-92134) if billed without an appropriate diagnosis code.

Special Ophthalmological Services
Tufts Health Plan does not routinely compensate special ophthalmological services (92020-92287, 76510-76514, 76516, 76519) if an encounter for general/routine/screening examination is the only diagnosis on the claim.

Visual Field Examinations
Tufts Health Plan does not routinely compensate visual field examinations (92081-92083) if billed without a requisite diagnosis, per the American Academy of Ophthalmology and CMS policy.

Vitrectomy
Tufts Health Plan does not routinely compensate vitrectomies (67005, 67010, 67036, 67039-67043) if billed without a required diagnosis.

DOCUMENT HISTORY

- October 2020: Clarified ICD-CM codes E08.00-E13.9 must be submitted on routine eye claims for members with diabetes for Tufts Health Together members
- May 2020: Added intraocular lens information for Tufts Health Unify
- January 2020: Added general benefit information; added boiler plate language and routine diagnosis codes
- May 2019: Added routine eye services CPT codes
- April 2019: Added referral information
- November 2018: Added edits for visual field examinations, effective for dates of service on or after January 1, 2019; added additional Eyemed information
- August 2018: Added claim edit for special ophthalmological services, effective for dates of service on or after October 1, 2018
- April 2018: Added link for medical necessity guidelines in Authorization Requirements section
- March 2018: Template updates
- November 2017: Updated to include RITogether; added previously communicated edits for ophthalmoscopy, scanning computerized ophthalmic diagnostic imaging [SCODI], general ophthalmological exam and fundus photography; added EyeMed information; added edits for corneal tissue processing, preserving and transporting (V2785) and vitrectomy effective for dates of service on or after January 1, 2018
- February 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.