Clinical Policy: Specialized Lenses

Reference Number: IL.CP.MP.503
Last Review Date: 03/2025

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Ultraviolet (UV) radiation comprises invisible high energy rays from the sun that lie just beyond the violet/blue end of the visible spectrum. More than 99% of UV radiation is absorbed by the anterior structures of the eye, although some of it does reach the light-sensitive retina. The UV radiation present in sunlight is not useful for vision.

Anti-reflective coatings are heavily promoted by dispensing opticians and are one of today's popular lens enhancements that doctors recommend to most patients for improved visual comfort and acuity. The coating does just what the name implies, that is, it decreases reflections of bright lights off of the glasses. In typical imaging systems, this improves the efficiency since less light is lost. However, Anti-reflective coatings very slightly increase the light transmission of eyeglass lenses and the increase is so small almost no one notices it. If there is someone who makes public appearances wherein spotlights or other bright lights shine on their faces, anti-reflective coatings will make them more photogenic. Most of the lower-cost anti-reflective coatings make the glasses lenses difficult to keep clean. Unfortunately, anti-reflective coatings are often sold as protection against glare, but the glare protection from an anti-reflective coating is very slight. Adequate glare protection requires a polarized lens, which is only available in darkly tinted lenses.

Antireflective ophthalmic lenses should not be confused with polarized lenses, which decrease (by absorption) the visible glare of sun reflected off surfaces such as sand, water, and roads. The term "antireflective" relates to the reflection from the surface of the lens itself, not the origin of the light that reaches the lens.

Policy/Criteria

I. It is the policy of MeridianHealth affiliated with Centene Corporation® that tinted lenses, photochromatic lenses, or UV protected lens are **medically necessary** for the following medical diagnoses:
   A. Other disturbances of aromatic amino-acid metabolism
   B. Degeneration of macula and posterior pole
   C. Pigmentary retinal dystrophy
   D. Post-Cataract Surgery
   E. Keratitis
   F. Corneal opacity and other disorders of cornea
   G. Aphakia
   H. Congenital Aphakia
   I. Aniridia
   J. Pseudophakos

II. Prescriptions for lens coating must include the appropriate diagnosis code and/or a narrative diagnosis and a prior authorization is required for any lens coating services.
   A. **UV Protection:** is considered reasonable and necessary following cataract extraction. Additional documentation beyond inclusion on the order is not necessary.
   B. **Tinted Lenses (V2745), including Photochromatic Lenses (V2744)** used as sunglasses, prescribed in addition to regular prosthetic lenses to an aphakic beneficiary will be denied as not reasonable and necessary.
   C. **UV Coating (V2755)** is not reasonable and necessary for **Polycarbonate Lenses (V2784).** Claims for code V2755 billed in addition to code V2784 will be denied as not reasonable and necessary.
   D. **Anti-reflective Coating (V2750), Tints (V2744, V2745)** or **Oversize Lenses (V2780)** are covered only when they are medically necessary for the individual member and the medical necessity is documented by the treating physician.
      i. Eyecare practitioners also need to think of this as a medical device that will help improve the visual function of patients with ocular diseases that scatter light and/or don't process light at a normal rate.
      ii. Cataracts, corneal abrasions or scars, corneal dystrophies and degenerations, superficial punctate keratopathy, age-related macular degeneration, and retinitis pigmentosa are just a few of the conditions that could benefit from the vision-improving effects of no-glare lenses/anti reflective coating.
      iii. When these features are provided as a member preference item they will be denied.

III. **Polycarbonate or other impact-resistant materials (V2784)** are covered only for beneficiaries with functional vision in only one eye. In this situation, if eyeglasses are covered, V2784 is covered for both lenses. Claims that do not meet this coverage criterion will be denied as not reasonable and necessary.
   A. For beneficiaries age 21 and over, polycarbonate lenses are a Medicaid benefit when diopter criteria is met and the lenses are inserted into a safety frame marked "Z 87" or"Z 87-2". For beneficiaries under age 21, polycarbonate lenses may be inserted into any covered Medicaid frame and do not require PA.

IV. Not a covered benefit for Medicaid:
   A. Oversized lenses
   B. No line
   C. Progressive style multi focals
   D. Scratch resistant coating
   E. Mirror coating

V. All eyeglasses and materials to repair eyeglasses must be ordered through the DOC laboratory. Lenses available through the DOC laboratory are:
   • Glass
   • Plastic – no limits
   • Polycarbonate o Polycarbonate lenses are available for all children through age 20, and adults with prior approval and a prescription of + 2.5.
   o Single vision, maximum is +8.50 and bifocal maximum is +8.0. Minus has no upper limit.
   • Prisms

Materials not available through the DOC laboratory:

- Slab off lenses
- Miroflex frames
- Transition lenses

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®* Codes	Description

HCPCS ®* Codes	Description

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code(s) requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		09/23/16
Annual Review with no changes		03/21
Annual Review with no content changes	01/22	03/22
Annual Review with no content changes	01/23	03/23
Annual Review	02/24	03/2024
Referrals to DOC Laboratory as required by the state were added to the policy. References to Medicare were deleted. References were updated.	03/25	03/2025

References

1. State of Illinois Contract between the Department of Healthcare and Family Services and Meridian Health Plan of Illinois, 2018-24-601, Preauthorization and Concurrent Review Requirements, 1.1.2.3.3
2. Illinois Department of Healthcare and Family Services. "Handbook for Providers of Optometric Services". Chapter O-**212**. Issued March 2017. Accessed 03/15/2025.
3. American Optometric Association. "Statement On: Ocular Ultraviolet Radiation Hazards in Sunlight". Revised 1993. Accessed 1/19/2023.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.