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2/8/24, 2/20/25

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## Contact Lens and Eyeglass Coverage

### **VCHCP does not cover the following:**

Eye refractions for the purpose of determining the need for eyeglasses or contact lenses

• Routine vision exams for members ages seventeen (17) years or older

Furnishing, fitting, installing or replacing of conventional eyeglasses or contact lenses

Eye exercises

LASIK and other refractive procedures

Replacement of contact lenses that are lost, damaged, or required solely due to refractive changes

### **VCHCP will cover the following:**

#### **1. Contact lenses for keratoconus**

VCHCP covers services required by members undergoing an evaluation of keratoconus. This coverage includes the general examination, including advanced corneal topographic modeling, and the fitting of diagnostic and therapeutic contact lenses. **NOTE:** VCHCP does not cover keratoconic gas permeable contact lenses outside of any applicable eyeglasses reimbursement coverage.

#### **2. Prosthetic contact lenses and eyeglasses for aphakia (absence of the lens of the eye)**

VCHCP covers external lenses in plan members after cataract surgery and the replacement internal lens when inserted. Coverage is also extended for both external and internal lenses even though the surgical removal of the member's lens occurred before enrollment in our plan.

**NOTE** Both types of lenses are considered "prostheses" that replace the lens of the eye. This includes post-surgical external lenses used during convalescence from eye surgery in which the lens of the eye was removed.

**NOTE:** The permanent internal lens is also covered when the lens is absent due to congenital absence.

### **Products Covered:**

VCHCP's coverage for cataract lenses includes the following lenses or combinations of lenses when determined to be medically necessary after cataract surgery to essentially restore the vision provided by the crystalline lens of the eye. These may include:

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- Bifocal lenses in frames;
- Lenses in frames for far vision, and lenses in frames for near vision; or
- When a contact lens(es) for far vision is prescribed (including cases of binocular and monocular aphakia), coverage may be extended for the contact lens(es) and lenses in frames for near vision to be worn at the same time as the contact lens(es), and lenses in frames to be worn when the contacts have been removed.

Coverage will be extended for lenses which have ultraviolet absorbing or reflecting properties, in lieu of regular (untinted) lenses subject to individual review when it has been determined that such lenses are medically reasonable and necessary for the individual patient.

**NOTE:** Coverage is not extended for cataract sunglasses obtained in addition to the regular (untinted) lenses since the sunglasses duplicate the restoration of vision function performed by the regular lenses.

**NOTE:** VCHCP will provide coverage for no more than one pair of eyeglasses or contact lenses furnished after each cataract surgery with insertion of an intraocular lens (IOL).

### **Aphakia in infants and children:**

We have agreed, although it is an exception to our usual policy, to consider those infants who undergo cataract surgery. If a *unilateral* procedure was performed, we will agree to reimburse for one contact lens on a yearly basis until the child's fifth birthday. If, a *bilateral* procedure was performed, we will pay for both lenses in a similar fashion until the child reaches their fifth birthday.

We recognize that the child may require multiple contact lenses through the course of a given year. Our agreement, however, is to pay for one lens (or one set of lenses) on an annual basis:-

### **3. Therapeutic Hydrophilic Contact Lenses (Corneal Bandage)**

Therapeutic soft (hydrophilic) contact lenses are covered when used as moist corneal bandages for the treatment of acute or chronic corneal pathology, such as bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, or for other therapeutic reasons.

Replacement lenses are covered when required because of a change in the patient's physical condition (not including refractive changes). Charges to replace contact lenses that are lost, damaged, or required solely due to refractive changes are not covered.

### **4. Scleral shell contact lenses**

Scleral shell contact lenses are covered when prescribed to support orbital tissue, such as, where an eye has been rendered sightless and shrunken by inflammatory disease.

### **5. Contact lenses and eyeglasses for accidental injury**

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An initial pair of contact lenses or eyeglasses is covered when they are prescribed by a physician to correct a change in vision directly resulting from an accidental bodily injury. Charges to replace such contact lenses are not covered.

**6. Replacement Lenses:**

Replacement lenses are covered when required because of a change in the patient's physical condition (not including refractive changes).

**A. References:**

1. Azem H. Contact lenses--an overview. *Wien Med Wochenschr* 1997;147(12-13):293-294
2. Kora Y, Yaguchi S, Inatomi M, Ozawa T. Preferred postoperative refraction after cataract surgery for high myopia. *J Cataract Refract Surg* 1995 Jan;21(1):35-38
3. Olsen T, Bargum R. Outcome monitoring in cataract surgery. *Acta Ophthalmol Scand* 1995 Oct;73(5):433-437
4. Olsen T. Predicting the refractive result after cataract surgery. *J Cataract Refract Surg* 1996 Jun;22(5):575-578
5. Holladay JT, Rubin ML. Avoiding refractive problems in cataract surgery. *Surv Ophthalmol* 1988 Mar;32(5):357-360
6. Szczotka LB, Rabinowitz YS, Yang H. Influence of contact lens wear on the corneal topography of keratoconus. *CLAO J* 1996 Oct;22(4):270-273
7. Edrington TB, Barr JT, Zadnik K, et al. Standardized rigid contact lens fitting protocol for keratoconus. *Optom Vis Sci* 1996 Jun;73(6):369-375
8. U.S. Department of Health and Human Services, Health Care Financing Administration. Scleral shell. Medicare Coverage Issues Manual §65-3. Baltimore, MD: HCFA, 1999.
9. U.S. Department of Health and Human Services, Health Care Financing Administration. Hydrophilic contact lenses. Medicare Coverage Issues Manual §65-1. Baltimore, MD: HCFA, 1999.
10. U.S. Department of Health and Human Services, Health Care Financing Administration. Hydrophilic contact lens for corneal bandage. Medicare Coverage Issues Manual §45-7. Baltimore, MD: HCFA, 1999.
11. Beers MH, Berkow M, eds. *Merck Manual of Diagnosis and Therapy*. 17th Ed. West Point, PA: Merck & Co., 1999.
12. Vaughan D, Asbury T, Riordan-Eva P, eds. *General Ophthalmology*. 15th Ed. Stamford, CT: Appleton & Lange, 1999.

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David Chernof, MD; Date: Feb 2005  
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