

## Eye Exams - Medical

Also known as	<div><div>1. Diabetic eye exam</div><div>2. Glaucoma eye exam</div></div>				
Description	<p>A medical (including diabetic) eye exam is a disease-focused exam performed to follow up or monitor a known or suspected condition. The provider may bill separately for further tests performed at the same time, including a more comprehensive glaucoma testing or a formal <a href="#">visual field exam</a>.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <div><div><div>• <a href="#">Diabetes Navigator</a> - Benefit considerations related to diabetes.</div><div>• <a href="#">Eye Exams - Routine</a> - Measures a person’s ability to see an object at a specific distance.</div><div>• <a href="#">Eyewear - Non-Refractive Lenses</a> - Eyeglasses and contact lenses prescribed for the non-refractive reasons.</div><div>• <a href="#">Eyewear - Refractive Lenses (Prescribed for Vision Correction)</a> - Eyeglasses and contact lenses prescribed solely for vision correction.</div><div>• <a href="#">Refractive Eye Surgery</a> - Surgery to correct a person’s vision.</div><div>• <a href="#">Scanning Laser Technologies for Retina and Optic Nerve Imaging</a> - Test for detecting and monitoring retina and optic nerve disease.</div><div>• <a href="#">Visual Field Exam</a> - Test to check central and peripheral vision.</div></div></div>				
Table of Contents	<p>The following topics are included in this document:</p> <div><div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div></div>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.10.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	2.10.24	Refreshed due to age.
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Commercial

Introduction	<p>This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.</p>				
Benefits (all except MMP)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li>• <b>ACO:</b> An ACO provider must be used for INN benefits.</li><li>• <b>Elect/Essential:</b> See <a href="#">Elect and Essential Referral Guidelines Chart</a>. Referral required if provider is not in the Care System.</li><li>• <b>Routine or refractive eye exam:</b> See <a href="#">Eye Exams - Routine</a>.</li></ul>				
Mayo Medical Plan (MMP)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li>• <b>Routine or refractive eye exam:</b> See <a href="#">Eye Exams - Routine</a>.</li></ul>				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>Quote professional services.</li><li><b>Routine or refractive eye exam</b>: See <a href="#">Eye Exams - Routine</a>.</li><li>Follows Medicare guidelines.</li><li>Medicare is the primary payer.</li><li>If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Quote professional services.</p> <ul style="list-style-type: none"><li><b>Routine or refractive eye exam</b>: See <a href="#">Eye Exams - Routine</a>.</li><li>Medica is the only payer.</li></ul>				
Cost (Prime)	<p>Quote professional services.</p> <ul style="list-style-type: none"><li><b>Routine or refractive eye exam</b>: See <a href="#">Eye Exams - Routine</a>.</li><li>Follows Medicare guidelines.</li></ul>				
Med Advantage	<p>Quote professional services.</p> <ul style="list-style-type: none"><li><b>Routine or refractive eye exam</b>: See <a href="#">Eye Exams - Routine</a>.</li><li>Follows Medicare guidelines.</li><li>Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Quote professional services.</p> <ul style="list-style-type: none"><li><b>Glaucoma tests</b>: Covered when a member is at high risk for glaucoma (diabetes, a family history of glaucoma, African American and 50 or older, or Hispanic and 65 or older).</li><li><b>Routine or refractive eye exam</b>: See <a href="#">Eye Exams - Routine</a>.</li><li>Follows Medicare guidelines.</li><li>Medicare supplement.</li><li>Medicare is the primary payer.</li></ul>				
Medicaid	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li><b>Routine or refractive eye exam</b>: See <a href="#">Eye Exams - Routine</a>.</li></ul>				
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# Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.</p>				
Benefits	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li>• <b>Refractive portion:</b> If the member’s Policy excludes adult eye exams, the refractive portion is not covered, even if the primary diagnosis is medical (including diabetic).</li><li>• <b>Routine or refractive eye exam:</b> See <a href="#">Eye Exams - Routine</a>.</li></ul>				
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