

Eyewear – Non-Refractive Lenses

| Also known as | <div>1. Contact lenses</div> <div>2. Eyeglass frames</div> <div>3. Eyeglass lenses</div> | | | | | | | | | | | | |
|--------------------------------|--|-----------|-------------|----------------|---|--------------------------------|--|---------------|--|--------------------|---|--------------------|--|
| Description | <p>This A-Z sheet defines coverage for eyeglasses and contact lenses prescribed for the non-refractive (non-vision correction) reasons listed below. Eyeglasses and contact lenses prescribed for conditions NOT listed below are not covered.</p> <p>Covered conditions:</p> <table><tr><th>Condition</th><th>Description</th></tr><tr><td>Bandage lenses</td><td>Needed to treat an eye/corneal injury or for certain post-surgical needs.</td></tr><tr><td>Post cataract (aphakia lenses)</td><td>For patients who do not have a lens implanted in the eye following cataract removal. The diagnosis on the claim must be either Aphakia or Congenital Aphakia. The coverage is for a contact lens or eyeglass lens (no frame coverage) to replace the lens that has been removed. Coverage is NOT INTENDED to correct a refractive condition following surgery.</td></tr><tr><td>Post cataract</td><td>For patients who had an intraocular lens implanted and require a bandage lens to protect the eye. Note: For eyewear INTENDED for vision correction, refer to Eyewear - Refractive Lenses for Vision Correction.</td></tr><tr><td>Keratoconus lenses</td><td>A condition where the clear outer layer of the eye, called the cornea, starts to thin out and bulges like a cone. Contacts are used to treat this and hopefully alleviate the need for surgery.</td></tr><tr><td>Corneal transplant</td><td>Contacts following corneal transplant will be reviewed for medical necessity on a case-by-case basis. Contacts are still not eligible if used to correct refraction.</td></tr></table> | Condition | Description | Bandage lenses | Needed to treat an eye/corneal injury or for certain post-surgical needs. | Post cataract (aphakia lenses) | For patients who do not have a lens implanted in the eye following cataract removal. The diagnosis on the claim must be either Aphakia or Congenital Aphakia. The coverage is for a contact lens or eyeglass lens (no frame coverage) to replace the lens that has been removed. Coverage is NOT INTENDED to correct a refractive condition following surgery. | Post cataract | For patients who had an intraocular lens implanted and require a bandage lens to protect the eye. Note: For eyewear INTENDED for vision correction, refer to Eyewear - Refractive Lenses for Vision Correction . | Keratoconus lenses | A condition where the clear outer layer of the eye, called the cornea, starts to thin out and bulges like a cone. Contacts are used to treat this and hopefully alleviate the need for surgery. | Corneal transplant | Contacts following corneal transplant will be reviewed for medical necessity on a case-by-case basis. Contacts are still not eligible if used to correct refraction. |
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| Corneal transplant | Contacts following corneal transplant will be reviewed for medical necessity on a case-by-case basis. Contacts are still not eligible if used to correct refraction. | | | | | | | | | | | | |
| See also | <p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Cataract Surgery - Surgery to remove the lens of the eye that has become cloudy, causing visual impairment and, in most cases, replaces it with an artificial lens.• Eyewear - Refractive Lenses for Vision Correction - Eyeglasses and contact lenses PRESCRIBED SOLELY FOR VISION CORRECTION.• INTACS Inserts for Keratoconus - Corneal ring inserts implanted in the perimeter of the cornea.• Intraocular Lens (IOL) Implant - Intraocular Lens implanted to replace lens removed during cataract surgery or eye injury or disease. | | | | | | | | | | | | |
| Table of Contents | <p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB) | | | | | | | | | | | | |
| 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>4.12.24</td><td>Updated the definition of <i>Post Cataract</i> and <i>Keratoconus lenses</i>. Refreshed for age.</td></tr><tr><td>4.5.24</td><td>Update to new template.</td></tr><tr><td>2.10.23</td><td>Refreshed due to age.</td></tr></table> | Date | Description | 4.12.24 | Updated the definition of <i>Post Cataract</i> and <i>Keratoconus lenses</i> . Refreshed for age. | 4.5.24 | Update to new template. | 2.10.23 | 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>Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description.</p> <ul style="list-style-type: none">• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• In-network (INN) benefits will apply if the ophthalmologist, optometrist, or optician is INN.• Frames are not covered.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed. | | | | | | | | |
| Mayo Medical Plan (MMP) | <p>Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description.</p> <ul style="list-style-type: none">• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• In-network (INN) benefits will apply if the ophthalmologist, optometrist, or optician is INN.• Frames are not covered.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed. | | | | | | | | |
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Government Programs

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|--|---|
| Introduction | This section applies to all Medicaid and Medicare products. |
| AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+) | <p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description.• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• In-network (INN) benefits will apply if the ophthalmologist, optometrist, or optician is INN.• Frames are not covered.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below. |
| AccessAbility Enhanced (I-SNBC), DUAL (MSHO) | <p>Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description.</p> <ul style="list-style-type: none">• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• INN benefits will apply if the ophthalmologist, optometrist, or optician is INN.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed.• Medica is the only payer. |
| Cost (Prime) | <p>Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description.</p> <ul style="list-style-type: none">• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• In-network (INN) benefits will apply if the ophthalmologist, optometrist, or optician is INN.• Frames are not covered.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed.• Post cataract surgery eyewear only: All Medicare-covered eyewear after cataract surgery will be covered at the in-network cost-sharing amount.• Follows Medicare guidelines. |
| Med Advantage | <p>Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description.</p> <ul style="list-style-type: none">• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• In-network (INN) benefits will apply if the ophthalmologist, optometrist, or optician is INN.• Frames are not covered.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed.• Post cataract surgery eyewear only: All Medicare-covered eyewear after cataract surgery will be covered at the in-network cost-sharing amount.• Follows Medicare guidelines.• Medica is the only payer. |
| Med Supp (Select, Signature) | <p>Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description.</p> <ul style="list-style-type: none">• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• In-network (INN) benefits will apply if the ophthalmologist, optometrist, or optician is INN.• Frames are not covered.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer. |

Continued on next page

Medicaid

Refer to the table below.

| Item | Coverage |
|------------------------------|--|
| Covered services | <ul style="list-style-type: none">• Eye Exams.• Eyeglasses, ONE PAIR OF GLASSES (frames and lenses) every 24 months. The benefit does not cover split prescriptions (ex: a member cannot get a second pair of glasses with a different prescription).• Members must use an in-network (INN) optical provider and must choose from the Medica Choice Care selection of frames and lenses. Medica will not pay for lenses to be put in any other frame than the ones from the Medica selection.• Identical replacement of eye glasses (frames and lenses) due to damage, loss, or theft.• New pair of eyeglasses (frames and lenses) due to a change in head size or allergic reaction.• Repairs to frames and lenses for eyeglasses covered under the Plan. Must be sent to Eye Kraft for repairs• Tints or polarized lenses, when medically necessary. Doctor must put the diagnosis on the member’s optical prescription• Covered lenses can be single vision, lined bifocals or lined trifocals.• New lenses after a vision examination show a change is medically necessary. If the frame is less than 24 months old, new lenses are inserted into the current frame. Frame must be sent to Eye Kraft so the new lenses can be inserted.• An additional eye exam is covered if a replacement pair of eyewear is necessary for medical necessary reasons. |
| Contacts | <ul style="list-style-type: none">• Contact lenses covered when medically necessary under certain conditions• The condition must be documented and the contacts are ordered through Eye Kraft• The cost of the contact lens fitting would also be covered• List of eligible medical conditions are:<ul style="list-style-type: none">– Aphakia– Keratoconus<ul style="list-style-type: none">- Aniseikonia- Marked acuity over eyeglasses• Not covered services:<ul style="list-style-type: none">– Extra pair of glasses– Eyeglasses more often than every 24 months, unless medically necessary– Bifocal / Trifocal lenses without lines and progressive bifocals/trifocals– Protective coating for plastic lenses.– Contact lenses supplies |
| Defective/ broken eyeglasses | <ul style="list-style-type: none">• There is a one year warranty on the frame.• If the frame breaks the member must take glasses back to optical provider.• The optical provider must send the glasses to Eye Kraft to see if they are defective.• If so, Eye Kraft will replace at no charge.• Medica will not be billed for the service and the member should not be billed a copayment.• This does not apply when the damage is due to loss or abuse. |

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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>Non-refractive contact lenses and eyeglass lenses are eligible under DME benefits when obtained for any of the conditions listed above in the Description. See the Policy for a list of additional conditions that may be eligible for non-refractive lenses.</p> <ul style="list-style-type: none">• Members should obtain the lenses through an ophthalmologist, optometrist, or optician’s office.• In-network (INN) benefits will apply if the ophthalmologist, optometrist, or optician is INN.• Frames are not covered.• If the provider charges an office fee to fit the lens and instruct on its use, care, etc., there may also be an office visit billed. | | | | | | | | |
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