Reimbursement Policy

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Hydrophilic Contact Lens for Corneal Bandage (NCD 80.1)

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Summary

Overview
Some hydrophilic contact lenses are 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, corneal edema, descemetocele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, neurotrophic keratoconjunctivitis, and for other therapeutic reasons.

Reimbursement Guidelines

Indications and Limitations of Coverage:
Payment may be made under §1861(s) (2) of the Social Security Act for a hydrophilic contact lens approved by the Food and Drug Administration (FDA) and used as a supply incident to a physician's service. Payment for the lens is included in the payment for the physician's service to which the lens is incident. Contractors are authorized to accept an FDA letter of approval or other FDA published material as evidence of FDA approval. (See §80.4 of the NCD Manual for coverage of a hydrophilic contact lens as a prosthetic device.)

CPT/HCPCS Codes

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>92071</td>
<td>Fitting of contact lens for treatment of ocular surface disease (Non-CMS Source)</td>
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<tr>
<td>92310</td>
<td>Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia (Not covered by Medicare) (Non-CMS Source)</td>
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<td>S0515</td>
<td>Scleral lens, liquid bandage device, per lens (Not covered by Medicare)</td>
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<td>V2520</td>
<td>Contact lens, hydrophilic, spherical, per lens (Non-CMS Source)</td>
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<td>V2521</td>
<td>Contact lens, hydrophilic, toric, or prism ballast, per lens (Palmetto GBA)</td>
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<tr>
<td>V2522</td>
<td>Contact lens, hydrophilic, bifocal, per lens (Palmetto GBA)</td>
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<tr>
<td>V2523</td>
<td>Contact lens, hydrophilic, extended wear, per lens (Palmetto GBA)</td>
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References Included (but not limited to):

CMS National Coverage Determinations (NCDs)
NCD 80.1 Hydrophilic Contact Lens For Corneal Bandage
NCD 80.4 Hydrophilic Contact Lenses

CMS Benefit Policy Manual
Chapter 6 Hospital Services Covered Under Part B, §20.4
Chapter 15, Covered Medical and Other Health Services; § 30.4 Optometrist’s Services; § 120 Prosthetic Devices
Chapter 16, General Exclusions From Coverage § 90 Routine Services and Appliances

CMS Claims Processing Manual
Chapter 14; § 10.2 Ambulatory Surgical Center Services on ASC List
Chapter 20, DME, Prosthetics, Orthotics, and Supplies (DMEPOS); § 10.1.2 Prosthetic Devices - Coverage Definition

CMS Transmittals
Transmittal 159 SUBJECT: Pub 100-03, Chapter 1, language-only update
Transmittal 2861, Change Request 8565, Dated 1/24/2014 (2014 Durable Medical Equipment Prosthetics,
Hydrophilic Contact Lens for Corneal Bandage (NCD 80.1)

Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List

UnitedHealthcare Medicare Advantage Coverage Summaries
DME, Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
Vision Services, Therapy and Rehabilitation

MLN Matters
MLN Medicare Vision Services (December, 2012)

Others
Hydrophilic Contact Lenses: Require Invoice, Palmetto GBA, Jurisdiction 11 Part B

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<tr>
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