

Visually Necessary Contact Lenses

We cover contacts in full for patients meeting the established necessary contact lens benefit criteria if those patients are eligible for materials on the date of service. Coverage is limited and may require special handling to ensure proper reimbursement. Refer to [Visually Necessary Contact Lenses section](#) in the VSP Manual for more information.

Don't balance bill your patient. Apply exam and material (spectacle lenses and frame) copays for necessary contact lenses, unless otherwise specified.

Visually necessary contact lenses aren't typically covered for patients who've received any elective cosmetic surgery, such as LASIK, PRK, or RK.

Note: For Visually Necessary Contact Lenses and Covered Contact Lenses, VSP will only cover an annual supply of materials based on the manufacturer's replacement schedule. No additional contact lens materials may be billed to VSP through additional VSP plans/coverage's the patient may have.

This rule also applies to Elective Contact Lens patients when the allowance exceeds an annual supply of contact lens materials based on the manufacturer's replacement schedule.

You may only coordinate benefits up to the annual supply of contact lens materials if plans permit.

Note: The "initial" contact lens fitting period for all contact lens benefits is 90 days. Additional services outside of the initial fitting period (whether finalizing the fitting, or additional services throughout the year for ongoing management of a patient's condition) should be handled privately between you and the patient.

Visually Necessary Contact Lenses

A visually necessary contact lens exam and an annual supply of visually necessary contact lenses are covered in full for patients meeting the established conditions below. Those patients must be eligible for materials on the date of service. Coverage is limited and may require special handling to ensure proper reimbursement. Exam and material (prescription lenses and frame) copays for contact lenses apply unless otherwise specified.

Note: Visually necessary contact lenses aren't typically covered for patients who have received refractive surgery (e.g., LASIK, PRK, or RK). However, patients with underlying conditions such as corneal ectasia, corneal deformity, scarring or irregularity that require contact lenses to provide vision improvement, may be covered for visually necessary contact lenses, if they meet the approved criteria. Treatment for corneal abrasion is covered under Essential Medical Eye Care.

Benefit Coverage Criteria for Base Lenses

- Nystagmus – H55.00 through H55.09, H81.10 through H81.23, or H81.41 through H81.49
- Anisometropia greater than or equal to 3.00 diopters difference based on the spectacle prescription.
- High ametropia greater than or equal to ± 10.00 diopters in either eye based on the spectacle prescription.
- Please see [Visually Necessary Contact Lens Specialty Contact Lenses](#) below for a complete listing of covered diagnosis codes.



Colored contact lenses (for Visually Necessary Contacts) are a covered benefit for patients with the following conditions:

- Achromatopsia – H53.51
- Albinism – E70.30, E70.310, E70.311, E70.318, E70.319
- Aniridia – Q13.1
- Polycoria; anisocoria (congenital) – Q13.0
- Pupillary abnormalities – H21.561 through H21.569

To submit visually necessary contact lens claims through eClaim for any of the conditions above, do the following:

Select Necessary Contact Lens as the Contact Lens Reason. Indicate the appropriate diagnosis code and/or spectacle prescription verifying the condition. For anisometropia and/or high ametropia, enter the spectacle prescription on the lab invoice for verification purposes.

Sclearal Lenses (For Covered Contacts and Visually Necessary Contacts)

Bill scleral lenses using HCPCS V2530 or V2531. Hybrid contact lenses are not scleral lenses and will not be reimbursed as sclerals. Bill hybrid lenses using V2599.

When submitting a claim for Visually Necessary Contacts using V2531, you must provide the following information in Box 19:

- Type of lens – Scleral
- The scleral lens manufacturer or brand

If this information is missing or incomplete, it will result in claim reimbursement at the V2599 rate.

Other Type of Contact Lenses (For Covered Contacts and Visually Necessary Contacts)

Use HCPCS code V2599 for other types of contact lenses, such as hybrid lenses.

When submitting a claim using V2599 (contact lens, other type) you must provide the following information in Box 19:

- Type of lens
- The lens manufacturer or brand
- For example, hybrid contact lens, SynergEyes® iD

Note: Bill scleral lenses using HCPCS V2530 or V2531. Hybrid contact lenses are not scleral lenses and will not be reimbursed as scleral.

Piggyback Lenses Benefit

Piggyback lenses are a covered benefit for patients meeting one of the conditions above, and who aren't able to tolerate rigid gas permeable contact lenses. This requires the use of soft contact lenses and rigid gas permeable contact lenses, in the manner of a piggyback fitting.



When submitting a claim for piggyback lenses, you must provide the following information in Box 19:

- Piggyback lenses

Spectacle lenses to wear over contacts benefit

Contacts with spectacle lenses to wear over contacts are covered benefits for patients with the following conditions:

- Aphakia – H27.00 - H27.03 or Q12.3
- High ametropia greater than or equal to ± 10.00 diopters in either eye based on the spectacle prescription.
- Presbyopia – H52.4
- Pseudophakia – Z96.1
- Accommodative disorder
- Binocular function disorder
- Different prism requirements for distance and near vision

A prescription is required for the lenses. Plano lenses aren't a covered benefit.

When your patient qualifies for spectacle lenses to be worn over contact lenses, request the spectacle lenses claim number at the same time or within 30 days of the contact lens claim submission date. For patients with keratoconus, request a claim number for spectacle lenses to be worn over contact lenses within 12 months of the contact lens claim submission date. Frames are private transaction between you and your patient.

If your patient meets the benefit criteria for visually necessary contact lenses above and also requires spectacle lenses to wear over the contacts, please verify that the above criteria is met, and call VSP at **800.615.1883** to obtain a claim number. Please have the relevant criteria information available when calling.

Submitting Claims

Request a case number when your patient meets the benefit coverage criteria above, but you can't submit your claim through eClaim at **eyefinity.com**. To get a case number so you can submit your claim through eClaim, complete a **Materials Verification Form**, which must include at least one of the qualifying criteria listed above. Please allow five (5) business days for a response. Put your case number in Box 23.

The following situations **also** require the submittal of a **Materials Verification Form**:

- NCL claims with DOS **over** 6 months
- Physical condition of ears or nose which prohibits the use of eyeglasses
- Physical symptoms associated with paraplegia or quadriplegia (be specific)

Fax the **Materials Verification Form** to us at **916.851.4733**. Or mail to VSP, PO Box 385020, Birmingham, AL 35238-5020. You can find the form in the VSPOnline section of **eyefinity.com** or in the **Tools and Forms** section of this manual.



Visually Necessary Specialty Contact Lenses

If billing with CPT code 92072*, 92311*, 92312* or 92313* – for one of these diagnosis codes:

*Codes may not be billed together on the same claim.

Description	ICD-10 Codes:
Absence of iris (Aniridia)	Q13.1
Achromatopsia	H53.51
Adherent leukoma	H17.00 - H17.03
Albinism	E70.30
Aphakia	H27.00 - H27.03
Band keratopathy	H18.421- H18.429
Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts	T85.318A - T85.318S
Bullous keratopathy	H18.10 - H18.13
Central corneal opacity	H17.10 - H17.13
Coloboma of iris	Q13.0
Congenital aphakia	Q12.3
Congenital corneal opacity	Q13.3
Corneal ectasia	H18.711 - H18.719
Corneal scars and opacities	H17.00 - H17.9, A18.59
Corneal staphyloma	H18.721 - H18.729
Corneal transplant failure	T86.8411 - T86.8419
Corneal transplant rejection	T86.8401 - T86.8409
Corneal transplant status	Z94.7
Corrosion of cornea and conjunctival sac	T26.60XA - T26.62XS
Deep vascularization of cornea	H16.441 - H16.449
Displacement of other ocular prosthetic devices, implants and grafts	T85.328A - T85.328S
Endothelial corneal dystrophy	H18.511 - H18.519
Enophthalmos due to atrophy of orbital tissue	H05.419
Epithelial (juvenile) corneal dystrophy	H18.521– H18.529
Folds and rupture in Bowman's membrane	H18.311 - H18.319
Graft-versus-host disease	D89.813
Granular corneal dystrophy	H18.531 – H18.539



Keratoconus, stable	H18.611 - H18.619
Keratoconus, unspecified	H18.601 - H18.629
Keratoconus, unstable	H18.621 - H18.629
Keratoconjunctivitis sicca, in Sjogren's syndrome	M35.01
Keratomalacia	H18.441 - H18.449
Lattice corneal dystrophy	H18.541 - H18.549
Localized vascularization of cornea Covered for significant cases only where corneal neovascularization is a complication of inflammatory, infectious or autoimmune corneal pathologies	H16.431 - H16.439
Macular corneal dystrophy	H18.551 - H18.559
Minor opacity of cornea	H17.811 - H17.819
Nodular corneal degeneration	H18.451 - H18.459
Ocular laceration and rupture with prolapse or loss of intraocular tissue	S05.20XA - S05.22XS
Ocular laceration without prolapse or loss of intraocular tissue	S05.30XA - S05.32XS
Other calcareous corneal degeneration	H18.43
Other congenital corneal malformations	Q13.4
	H18.49
Other corneal scars and opacities	H17.89
Other hereditary corneal dystrophies	H18.591 - H18.599
Other injuries of eye and orbit	S05.8X1A - S05.8X9S
Other keratitis	H16.8
Other mechanical complication of other ocular prosthetic devices, implants and grafts	T85.398A - T85.398S
Other tuberculosis of eye	A18.59
Penetrating wound with foreign body	S05.50XA - S05.52XS
Peripheral corneal degeneration Covered for marginal corneal degenerations, such as pellucid and Terrien, or as a result of previous ocular disease or trauma	H18.461 - H18.469
Peripheral opacity of cornea	H17.821 - H17.829
Pupillary abnormality	H21.561 - H21.569



Recurrent erosion of cornea	H18.831 - H18.839
Unspecified corneal deformity	H18.70
Unspecified corneal degeneration	H18.40
Unspecified corneal membrane change	H18.30
Unspecified corneal scar and opacity	H17.9
Unspecified hereditary corneal dystrophies	H18.501 - H18.509
Unspecified injury of unspecified eye and orbit	S05.90XA - S05.92XS
Vitamin A deficiency with xerophthalmic scars of cornea	E50.6

Note: To substantiate billing for keratoconus, records must include: patient history; K readings; BCVA with refraction; slit lamp examination of the cornea; corneal topography or anterior OCT of the cornea.

Effective October 1, 2023, modifications to approved ICD-10 codes for Visually Necessary Contact lenses will include updates to approved conditions and removal of “unspecified eye” diagnosis codes when a higher level of specificity is available for the condition. A complete list of the scheduled changes is provided below.

Effective 10/1/2023 - Conditions Removed:

ICD-10	Description
B60.13	Keratoconjunctivitis due to Acanthamoeba
D89.813	Graft-versus-host disease
H81.10 – H81.13	Benign paroxysmal vertigo
H81.20 – H81.23	Vestibular neuronitis
H81.41 – H81.49	Vertigo of central origin
S01.111A – S01.119S	Laceration without foreign body of eyelid and periocular area
S01.121A – S01.129S	Laceration with foreign body of eyelid and periocular area
S01.131A – S01.139S	Puncture wound without foreign body of eyelid and periocular area
S01.141A – S01.149S	Puncture wound with foreign body of eyelid and periocular area
S01.151A – S01.159S	Open bite of eyelid and periocular area
S05.20XA – S05.22XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue
S05.30XA – S05.32XS	Ocular laceration without prolapse or loss of intraocular tissue
S05.50XA – S05.52XS	Penetrating wound with foreign body of eyeball
S05.8X1A – S05.8X9S	Other injuries of eye and orbit
S05.90XA – S05.92XS	Unspecified injury of eye and orbit
T26.60XA – T26.62XS	Corrosion of cornea and conjunctival sac



T85.318A – T85.318S	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts
T85.328A – T85.328S	Displacement of other ocular prosthetic devices, implants and grafts
T85.398A – T85.398S	Other mechanical complication of other ocular prosthetic devices, implants and grafts

Effective 10/1/2023 - Unspecified Eye Diagnosis Codes Removed:

ICD-10	Description
H27.00	Aphakia, unspecified eye
H16.439	Localized vascularization of cornea, unspecified eye
H16.449	Deep vascularization of cornea, unspecified eye
H17.00	Adherent leukoma, unspecified eye
H17.10	Central corneal opacity, unspecified eye
H17.819	Minor opacity of cornea, unspecified eye
H17.829	Peripheral opacity of cornea, unspecified eye
H18.10	Bullous keratopathy, unspecified eye
H18.319	Folds and rupture in Bowman's membrane, unspecified eye
H18.429	Band keratopathy, unspecified eye
H18.449	Keratomalacia, unspecified eye
H18.459	Nodular corneal degeneration, unspecified eye
H18.469	Peripheral corneal degeneration, unspecified eye
H18.509	Unspecified hereditary corneal dystrophies, unspecified eye
H18.519	Endothelial corneal dystrophy, unspecified eye
H18.529	Epithelial (juvenile) corneal dystrophy, unspecified eye
H18.539	Granular corneal dystrophy, unspecified eye
H18.549	Lattice corneal dystrophy, unspecified eye
H18.559	Macular corneal dystrophy, unspecified eye
H18.599	Other hereditary corneal dystrophies, unspecified eye
H18.609	Keratoconus, unspecified, unspecified eye
H18.619	Keratoconus, stable, unspecified eye
H18.629	Keratoconus, unstable, unspecified eye
H18.719	Corneal ectasia, unspecified eye



H18.729	Corneal staphyloma, unspecified eye
H18.799	Other corneal deformities, unspecified eye
H18.839	Recurrent erosion of cornea, unspecified eye
H21.569	Pupillary abnormality, unspecified eye
T86.8409	Corneal transplant rejection, unspecified eye
T86.8419	Corneal transplant failure, unspecified eye

For More Information

To learn more about the specific benefits covered under the MetLife Vision product, please refer to the Certificates of Coverage.

Date of Issue Disclaimer 05-01-2024. These criteria do not imply or guarantee approval. Please check with your plan to ensure coverage. Preauthorization requirements are only valid for the period published. They may have changed from previous months and may change in future months.