



PROVIDER POLICIES & PROCEDURES

VISION ITEM OR SERVICE, MISCELLANEOUS (HCPCS CODE V2799)

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for miscellaneous vision items and services, captured by HCPCS code V2799. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Please refer to the [DSS Optician/Eyeglasses Fee Schedule](#) for the list of items requiring prior authorization.

This policy addresses coverage of miscellaneous vision items and services covered under the HUSKY Health Program medical benefit. Please refer to [the HUSKY Vision benefit grid](#) for additional information on items and services covered.

Benefit and Prior Authorization Requirements:

- Per Connecticut Department of Social Services (DSS) guidance, V2799 must be billed at actual acquisition cost for medically necessary miscellaneous vision items and services not listed on the DSS Optician/Eyeglasses Fee Schedule
- PA is required for HCPCS code V2799 if the actual acquisition cost is greater than \$95.81.
 - HCPCS code V2799 may be used for [contact lenses](#) to provide better management of a visual or ocular condition than can be achieved with spectacle lenses, including unilateral aphakia, keratoconus, corneal transplant, and high anisometropia
 - High-index lenses, anti-reflective lenses, and progressive bifocal lenses are typically not covered unless medically necessary
- Per DSS guidance, HCPCS code V2799 is not allowed for a dispensing fee

CLINICAL GUIDELINE

Coverage guidelines for miscellaneous vision items and services are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Miscellaneous vision items and services (HCPCS code V2799) are considered medically necessary for:

- A. Contact lenses for unilateral aphakia, keratoconus, corneal transplant, and high anisometropia. Requests for contact lenses for other conditions will be reviewed on a case-by-case basis.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

B. Scleral lenses for the purpose of correcting vision in individuals who have irregular or distorted corneas with any of the following conditions:

- Keratoconus
- Post corneal transplant
- Post refractive surgery
- Corneal scarring
- Ocular surface disease (e.g., severe dry eyes, graft-versus-host disease, Steven-Johnson syndrome, or ocular pemphigoid)

Not Medically Necessary:

The following are typically considered not medically necessary:

- High-index lenses
- Anti-reflective lenses
- Progressive bifocal lenses
- Eyeglass cleaners
- Cords, chains, eyewear retainers, etc.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization for miscellaneous vision items and services is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for vision services. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for miscellaneous vision items and services:

1. Fully completed authorization request via on-line web portal or fully completed Outpatient Prior Authorization Request Form;
2. A signed prescription, written within the past 12 months, from the treating physician, advanced practice registered nurse (APRN), optometrist, or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP);
3. (For contact lenses for unilateral aphakia, keratoconus, corneal transplant, or high anisometropia) the ICD 10 CM diagnosis code clearly written on or entered in the authorization request;
4. (For contact lenses for conditions other than those listed in #3 above or for other items) Documentation from the treating vision provider supporting the medical necessity of the requested good/service; and
5. Pricing information/invoice showing actual acquisition cost (AAC).

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EFFECTIVE DATE

This policy for the prior authorization for miscellaneous vision items and services for individuals covered under the HUSKY Health Program is effective November 01, 2024.

LIMITATIONS

N/A

CODES:

Code	Description
V2799	Vision item or service, miscellaneous

DEFINITIONS

- HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
- HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
- HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
- HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
- HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
- HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
- Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
- Prior Authorization:** A process for approving covered services prior to the delivery of the service or

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initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- DSS Provider Bulletin 2020-64: Clarifying Guidance Pertaining to the Coverage of Eyeglasses and Contact Lenses. Available at: https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=pb20_64.pdf&URI=Bulletins/pb20_64.pdf. Accessed on February 9, 2024.
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PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	August 2024	Approved at the August 28, 2024 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on September 16, 2024. Approved by DSS on September 27, 2024.

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