HUSKY HEALTH
CONNECTICUT

HUSKY Health Benefits and Prior Authorization Grid

Vision

Covered Services for HUSKY Health A, B, C, and D Members

HUSKY Health Benefits and Prior Authorization Requirements Grid*
Vision
Effective: January 1, 2012

Member Services: 800-859-9889
Authorizations: 800-440-5071 Option #2
Authorization Fax: 203-265-3994

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
Vision Care	**Coverage of Eyeglasses Adults 21 years of age and over:** Limited to one pair of eyeglasses (frames and lenses) every two rolling years (24 month period measured backward from the date of service) unless a new pair is medically necessary due to a change in the client's medical condition (e.g. cataract surgery; tumors; stroke; diabetes or a change in visual acuity by at least 1 diopter since the last prescribed pair.) Note: if a member elects to ONLY upgrade their lenses and not their frames at the time or vice versa on the same date of service for which they were allowed to receive a new pair of glasses, this will be treated as having exhausted the full benefit, and the member will NOT be eligible for a new set of frames or lenses until the following rolling two year period has been exhausted and/or is over Vision providers must verify that no other provider has submitted a claim for a pair of eyeglasses in the previous 2 rolling years by reviewing claim history. No prior authorization is needed for eyeglasses that are medically necessary due to a change in medical condition. The above limit of one pair of eyeglasses every two years applies regardless of	**Covered** A $100 allowance toward eyeglasses every two calendar years. No exceptions will be made to replace broken, lost or stolen eyeglasses until the two year limitation is met. HUSKY Health members covered under HUSKY B have $15.00 copays Professional services of an optometrist or ophthalmologist are not subject to the one service every two year limitation. $15 co-pay for eye exams **<u>Deluxe Frames</u>** Deluxe Frames: Please refer to policy transmittal PB 2015-102 New Coverage Guidelines for Code V2025 Deluxe Frames. Deluxe frames are considered medically necessary for clinical circumstances for children ages 0 to 5 and those members who are 6 years of age and older must include one or more correlating diagnosis codes. Members under 21 years of age that have broken lenses that are in a deluxe frame and have no change in vision the member shall receive a new pair of lenses that can be accommodated in the existing deluxe frame unless the deluxe frame has been compromised.	**Coverage of Eyeglasses Adults 21 years of age and over:** Limited to one pair of eyeglasses (frames and lenses) every two rolling years (24 month period measured backward from the date of service) unless a new pair is medically necessary due to a change in the client's medical condition (e.g. cataract surgery; tumors; stroke; diabetes or a change in visual acuity by at least 1 diopter since the last prescribed pair.) Note: if a member elects to ONLY upgrade their lenses and not their frames at the time or vice versa on the same date of service for which they were allowed to receive a new pair of glasses, this will be treated as having exhausted the full benefit, and the member will NOT be eligible for a new set of frames or lenses until the following rolling two year period has been exhausted and/or is over Vision providers must verify that no other provider has submitted a claim for a pair of eyeglasses in the previous 2 rolling years by reviewing claim history. No prior authorization is needed for eyeglasses that are medically necessary due to a change in medical condition. The above limit of one pair of eyeglasses every two years applies regardless of

**Not a Legal Document. Contents provide a general description of HUSKY Health benefits. Coverage subject to change per the CT Department of Social Services (DSS).*

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
	medical necessity for a second pair of glasses or two pairs in lieu of bifocals. No exceptions will be made to replace broken, lost or stolen eyeglasses until the two year limitation is met. Professional services of an optometrist or ophthalmologist are not subject to the one service every two year limitation. **Coverage of Eyeglasses Children Under 21 Years of Age:** Limited to one pair of eyeglasses per HUSKY Health member per two rolling year period, unless a replacement pair of eyeglasses during the two-year time period is medically necessary because of a change in the member's medical condition or if the previous pair is lost, stolen, or broken. For broken lenses with no change in vision, the member is eligible to receive a new pair of lenses and frame, even if the new lenses can be accommodated in the existing frame. PLEASE NOTE, this does not apply to "Deluxe Frames" [refer to section below on Deluxe Frames]. In addition, a spare pair of glasses is not a covered. A spare pair of glasses is NOT covered. **Deluxe Frames**	Deluxe frames will be replaced only if medically necessary due to a change in the member's medical condition which results in the need to provide a new lens that cannot be accommodated in the existing frame. Eyeglasses with deluxe frames that are lost or stolen will be replaced for members under 21. Contact lenses are covered for certain diagnoses including but not limited to unilateral aphakia, keratoconus, corneal transplant, high anismetropia. Photochromatic lenses are covered when medically necessary under code V2744. No prior authorization is required. Polycarbonate lenses are covered when medically necessary under code S0580. Polycarbonate lenses require an order from an enrolled Physician, Physician Assistant (PA), Advanced Practicing Nurse (APRN) or Optometrist. The order must clearly document the medical necessity of the requested item. No prior authorization is required. High-index; anti-reflective lenses and progressive bifocal lenses are not covered unless medically necessary. PA is required. Procedure code V2799 must be used when requesting PA.	medical necessity for a second pair of glasses or two pairs in lieu of bifocals. No exceptions will be made to replace broken, lost or stolen eyeglasses until the two year limitation is met. Professional services of an optometrist or ophthalmologist are not subject to the one service every two year limitation. **Coverage of Eyeglasses Children Under 21 Years of Age:** Limited to one pair of eyeglasses per HUSKY Health member per two rolling year period, unless a replacement pair of eyeglasses during the two-year time period is medically necessary because of a change in the member's medical condition or if the previous pair is lost, stolen, or broken. For broken lenses with no change in vision, the member is eligible to receive a new pair of lenses and frame, even if the new lenses can be accommodated in the existing frame. PLEASE NOTE, this does not apply to "Deluxe Frames" [refer to section below on Deluxe Frames]. In addition, a spare pair of glasses is not a covered. A spare pair of glasses is NOT covered. **Deluxe Frames**

Member Services: 800-859-9889
Authorizations: 800-440-5071 Option #2
Authorization Fax: 203-265-3994

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
	Deluxe Frames: Please refer to policy transmittal PB 2015-102 New Coverage Guidelines for Code V2025 Deluxe Frames. Deluxe frames are considered medically necessary for clinical circumstances for children ages 0 to 5 and those members who are 6 years of age and older must include one or more correlating diagnosis codes. Members under 21 years of age that have broken lenses that are in a deluxe frame and have no change in vision the member shall receive a new pair of lenses that can be accommodated in the existing deluxe frame unless the deluxe frame has been compromised. Deluxe frames will be replaced only if medically necessary due to a change in the member's medical condition which results in the need to provide a new lens that cannot be accommodated in the existing frame. Eyeglasses with deluxe frames that are lost or stolen will be replaced for members under 21. Contact lenses are covered for certain diagnoses including but not limited to unilateral aphakia, keratoconus, corneal transplant, high anismetropia. Photochromatic lenses are covered when medically necessary under code V2744. No prior authorization is required.		Deluxe Frames: Please refer to policy transmittal PB 2015-102 New Coverage Guidelines for Code V2025 Deluxe Frames. Deluxe frames are considered medically necessary for clinical circumstances for children ages 0 to 5 and those members who are 6 years of age and older must include one or more correlating diagnosis codes. Members under 21 years of age that have broken lenses that are in a deluxe frame and have no change in vision the member shall receive a new pair of lenses that can be accommodated in the existing deluxe frame unless the deluxe frame has been compromised. Deluxe frames will be replaced only if medically necessary due to a change in the member's medical condition which results in the need to provide a new lens that cannot be accommodated in the existing frame. Eyeglasses with deluxe frames that are lost or stolen will be replaced for members under 21. Contact lenses are covered for certain diagnoses including but not limited to unilateral aphakia, keratoconus, corneal transplant, high anismetropia. Photochromatic lenses are covered when medically necessary under code V2744. No prior authorization is required.

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
	Polycarbonate lenses are covered when medically necessary under code S0580. Polycarbonate lenses require an order from an enrolled Physician, Physician Assistant (PA), Advanced Practicing Nurse (APRN) or Optometrist. The order must clearly document the medical necessity of the requested item. No prior authorization is required. High-index; anti-reflective lenses and progressive bifocal lenses are not covered unless medically necessary. PA is required. Procedure code V2799 must be used when requesting PA.		Polycarbonate lenses are covered when medically necessary under code S0580. Polycarbonate lenses require an order from an enrolled Physician, Physician Assistant (PA), Advanced Practicing Nurse (APRN) or Optometrist. The order must clearly document the medical necessity of the requested item. No prior authorization is required. High-index; anti-reflective lenses and progressive bifocal lenses are not covered unless medically necessary. PA is required. Procedure code V2799 must be used when requesting PA.
	Vision related surgical services – refer to Prior Authorization section of this grid for a list of vision related surgical services which require prior authorization. Procedure code V2799 (Vision services, miscellaneous) may be used when requesting prior authorization (PA) for any medically necessary miscellaneous vision service not listed on the optician fee schedule. This code requires PA. The use of miscellaneous code V2799 is not allowed to be used as a dispensing fee. Code V2799 may be used when requesting authorization for services such as a keratoconus lens.	Vision related surgical services – refer to Prior Authorization section of this grid for a list of vision related surgical services which require prior authorization. Procedure code V2799 (Vision services, miscellaneous) may be used when requesting prior authorization (PA) for any medically necessary miscellaneous vision service not listed on the optician fee schedule. This code requires PA. The use of miscellaneous code V2799 is not allowed to be used as a dispensing fee. Code V2799 may be used when requesting authorization for services such as a keratoconus lens.	Vision related surgical services – refer to Prior Authorization section of this grid for a list of vision related surgical services which require prior authorization. Procedure code V2799 (Vision services, miscellaneous) may be used when requesting prior authorization (PA) for any medically necessary miscellaneous vision service not listed on the optician fee schedule. This code requires PA. The use of miscellaneous code V2799 is not allowed to be used as a dispensing fee. Code V2799 may be used when requesting authorization for services such as a keratoconus lens.

HUSKY Health Benefits and Prior Authorization Requirements Grid*
Vision
Effective: January 1, 2012

Member Services: 800-859-9889
Authorizations: 800-440-5071 Option #2
Authorization Fax: 203-265-3994

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
Optometrist/ Ophthalmologist Professional Services:	Professional services of Optometrists and Ophthalmologists, example, CPT code 92012– Ophthalmological services: medical examination and evaluation) are paid according to the rules on the Physician Office and Outpatient fee schedule. These services are not subject to the provision of the eyeglasses limit of one per every two years; however, other limitations may apply. Professional services provided following a surgical procedure should be billed with appropriate evaluation and management or ophthalmology service code.		Professional services of Optometrists and Ophthalmologists, example, CPT code 92012– Ophthalmological services: medical examination and evaluation) are paid according to the rules on the Physician Office and Outpatient fee schedule. These services are not subject to the provision of the eyeglasses limit of one per every two years; however, other limitations may apply. Professional services provided following a surgical procedure should be billed with appropriate evaluation and management or ophthalmology service code
	Providers should not bill with the surgery procedure code and modifier -55 (post-operative management only). When submitting a PA request form for vision-related surgical procedures, you should check “Professional /Surgical Services” on the PA form. Do not check off the box labeled “Vision Care Services” for surgical procedure codes.		Providers should not bill with the surgery procedure code and modifier -55 (post-operative management only). When submitting a PA request form for vision-related surgical procedures, you should check “Professional /Surgical Services” on the PA form. Do not check off the box labeled “Vision Care Services” for surgical procedure codes.
Out of Network Services	Non-Covered Providers must be an enrolled CMAP provider to be reimbursed for services.	Non-Covered Providers must be an enrolled CMAP provider to be reimbursed for services.	Non-Covered Providers must be an enrolled CMAP provider to be reimbursed for services.

HUSKY Health Benefits and Prior Authorization Requirements Grid*

Vision

Effective: January 1, 2012

Member Services: 800-859-9889
Authorizations: 800-440-5071 Option #2
Authorization Fax: 203-265-3994

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
Out of State Care	Non Emergent Care Requires Prior Authorization	Non Emergent Care Requires Prior Authorization	Non Emergent Care Requires Prior Authorization
Out of Country Care (with the exception of Puerto Rico and USA territories of American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Marina Islands, US Virgin Islands)	Out of the country care (including emergency care) is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	Out of the country care (including emergency care) is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).	Out of the country care (including emergency care) is not a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).
Procedures requiring Prior Authorization	Blepharoplasty Canthopexy Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Vision Services, miscellaneous	Blepharoplasty Canthopexy Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Vision Services, miscellaneous	Blepharoplasty Canthopexy Blepharoptosis repair Brow ptosis repair Correction lid retraction Procedures to correct myopia, refractive errors and surgically induced astigmatism Procedures related to corneal prosthetics Vision Services, miscellaneous
Translation Services	1-800-440-5071	1-800-440-5071	1-800-440-5071

**Not a Legal Document. Contents provide a general description of HUSKY Health benefits. Coverage subject to change per the CT Department of Social Services (DSS).*

Last Update: 10/15/2020 / MMTPE0001-0312

HUSKY Health Benefits and Prior Authorization Requirements Grid*
Vision
Effective: January 1, 2012

Member Services: 800-859-9889
Authorizations: 800-440-5071 Option #2
Authorization Fax: 203-265-3994

Benefit	HUSKY A, HUSKY C	HUSKY B	HUSKY D
Benefit Exclusions This is a general listing of those exclusions most applicable to Vision Services and includes but is not limited to the following:	• All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • Care out of the country • Services for which prior authorization is required and is not obtained • Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational • Services that are not medically necessary • Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioner's scope of practice pursuant to state law • Services beyond what is necessary to treat the medical problems • Services that have nothing to do with the illness or problem of the visit • Services or items for which the provider does not usually charge • Drugs that are not approved by the FDA • Services not usually performed by the provider	• All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • Care out of the country • Services for which prior authorization is required and is not obtained • Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational • Services that are not medically necessary • Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioner's scope of practice pursuant to state law • Services beyond what is necessary to treat the medical problems • Services that have nothing to do with the illness or problem of the visit • Services or items for which the provider does not usually charge • Drugs that are not approved by the FDA • Services not usually performed by the provider	• All services of a plastic or cosmetic nature e.g. hair transplants, electrolysis • Care out of the country • Services for which prior authorization is required and is not obtained • Services that are considered to be of an unproven, experimental or research nature or cosmetic, social, habilitative, vocational, recreational or educational • Services that are not medically necessary • Services required by third parties, such as school or employers, court ordered testing, diagnostics, etc. • Services not within scope of practitioner's scope of practice pursuant to state law • Services beyond what is necessary to treat the medical problems • Services that have nothing to do with the illness or problem of the visit • Services or items for which the provider does not usually charge • Drugs that are not approved by the FDA • Services not usually performed by the provider

Not a Legal Document. Contents provide a general description of HUSKY Health benefits. Coverage subject to change per the CT Department of Social Services (DSS).

Last Update: 10/15/2020 / MMTPE0001-0312