Connecticut Medical Assistance Program Provider Bulletin 2015-102
Policy Transmittal 2015-44 January 2016

Effective Date: February 1, 2016
Roderick L. Bremby, Commissioner Contact: Edith Atwerebour @ 860-424-5671

TO: Ophthalmologists, Optometrists, and Opticians

RE: New Coverage Guidelines for CPT Code V2025 Deluxe Frames

The Department of Social Services has established new criteria for reimbursement of **Healthcare Common Procedure Coding System (HCPCS) code V2025 - Deluxe Frames**, effective for dates of services on or after February 1, 2016.

Clinical Guidelines

Coverage guidelines for deluxe eyeglass frames are made in accordance with the Connecticut Department of Social Services' definition of "Medical Necessity", as defined in Connecticut General Statutes § 17b-259b. Coverage determinations are based on an individual assessment of the member and his or her clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail.

Submitted claims for deluxe frames for members who are 6 years old and over **must include** one or more correlating diagnosis code(s). These diagnosis codes can be found on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download", then click on "Click here for the Fee Schedule Instructions". The list of diagnosis codes is the last item located at the end of this section, entitled Table 16, "Diagnosis Codes for Deluxe Frames (HCPCS Code V2025)".

The Department of Social Services will consider the purchase of deluxe frames to be medically necessary for clinical circumstances including but not limited to:

1. Individuals with a facial deformity or anomaly that is not accommodated by a standard frame (as compared to a minor degree, which could be accommodated by a standard frame).
2. Children age 0-5 years.
3. Individuals requiring a medically necessary specialized size or type frame not available within the standard frame pricing. Medical necessity must be supported by a medical diagnosis and must be documented.
4. Individuals requiring a frame made of non-reactive material. Medical necessity must be supported by a medical diagnosis and there must be documented allergy to the materials available in a standard eyeglass frame.
5. When a more durable or flexible frame is needed due to a medical or behavioral health condition (e.g. seizure condition, craniofacial malformation). Medical necessity must be supported by a documented diagnosed condition.

As referenced previously in Provider Bulletin 2011-74, the Department of Social Services will reimburse for no more than one (1) pair of eyeglass frames (whether deluxe or standard eyeglass) per member for every two rolling years from initial reimbursement of a frame, across all providers, unless a new pair is documented as medically necessary due to a change in the client's medical condition.

Examples of a relevent change in the client's medical condition include, but are not limited to: cataract surgery; tumors; stroke; diabetes and change of vision acuity by at least 1 diopter since the last prescribed pair, resulting in a lens change that cannot be accommodated in the existing frame.

Any claim for eyeglass frames submitted within two rolling years of a previously paid claim for eyeglass frames, for members 21 years of age or older, will deny.

No exceptions will be made to replace broken, lost or stolen eyeglasses until the two year limitation is met. **Providers are reminded that children under age 21 are not affected by this coverage limitation.**

Prior to dispensing eyeglass frames, vision providers are encouraged to review a member's claim history via the provider Secure Web portal by clicking on "Claims", then "Claim History for Specific Services and selecting Eyeglass Vision Services". The claim history inquiry feature on the Web portal verifies if a member who is 21 years or older has met the benefit limit of one (1) pair of frames within two rolling years from initial reimbursement.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed by Hewlett Packard Enterprise to providers enrolled in the Connecticut Medical Assistance Program.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Edith Atwerebour, Medical Policy consultant at (860) 424-5671.

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