

Vision Care Applies to:

Blue Medicare Advantage (PPO)

Blue Medicare Advantage Comprehensive (PPO)

Vision Care

Vision care is designed to cover a member's preventive and routine visual needs, such as glaucoma testing for those at high risk, routine eye exams for both preventive and diagnostic purposes, and eyewear for corrective purposes.

Original Medicare

Original Medicare covers glaucoma tests once every 12 months for people who are at high risk. The beneficiary is at high risk if they have diabetes, a family history of glaucoma, are African American and 50 years of age or older, or are Hispanic and age 65 or older. An eye doctor who is legally authorized by the state must perform the test. Original Medicare also covers one pair of eyeglasses with standard frames (or one set of contact lenses) after cataract surgery that implants an intraocular lens. Original Medicare does not cover routine eye exams.

Blue Cross Blue Shield of Kansas Medicare Advantage (PPO) Benefit

Blue Cross Blue Shield of Kansas (BCBSKS) Medicare Advantage PPO is a Medicare Advantage Plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSKS to offer enriched plans by using Original Medicare as the base program and adding desired benefit options. BCBSKS Medicare Advantage (PPO) has contracted with EyeMed, a leading provider of vision services, to administer and support these benefits.

Coverage for routine vision exams and supplemental eyewear is provided to members under BCBSKS Medicare Advantage PPO plans. Since Original Medicare does not cover routine vision care and supplemental eyewear, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts, and member cost sharing are determined by BCBSKS.

Eye Exams

A routine eye exam is a complete assessment by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing, and other tests necessary to determine overall visual health. One routine eye exam (per year) is covered In-Network through EyeMed with zero copay. For Out-Of-Network plans, there is a 40 percent coinsurance under the Blue Medicare Advantage PPO and 30 percent coinsurance under the Blue Medicare Advantage Comprehensive PPO. The annual eye exam is capped at an \$85 allowance per year across all products.

Eyewear

Eyewear must be prescribed and dispensed by an ophthalmologist or optometrist based on the findings of the most recent eye examination. Members may be reimbursed up to a maximum of \$150 for medically necessary eyewear, fitting, and extras such as tinting. Specialty eyewear such as sunglasses and specialty glasses may be covered only with a prescription.

- One eyeglass frame and lenses in any period of 12 consecutive months
- Elective* contact lenses in lieu of lenses and frame, or medically necessary contact lenses, renewed in any period of 12 consecutive months
- Medically necessary** contact lenses in lieu of lenses and frame, or elective contact lenses, renewed in any period of 12 consecutive months

*Elective — prescribed by an ophthalmologist or optometrist, but does not meet the criteria of "medically necessary"

**Medically necessary — must meet the criteria of "medically necessary"

Conditions for Payment

The table below specifies payment conditions for routine physical examinations.

Conditions for Payment	
Eligible provider	Consistent with Original Medicare (MD or DO), EyeMed Network Providers (to contract, call 877-226-1115).
Out-of-Network providers	Member must submit claim (866-292-9825).
Payable location	Office
Frequency	12 months
CPT/HCPCS codes	S0500-S9999, V2020-V2797
Diagnosis restrictions	ICD-10 Vision Codes
Age restrictions	No restrictions

Note: Members are responsible for all charges that exceed the \$200 Eyewear annual allowance that are ordered and delivered by either In-Network or Out-of-Network providers.

Billing Instructions for Providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
2. Use the Blue Cross Blue Shield of Kansas MA PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Submit all claims to EyeMed.
5. Contact EyeMed at 877-226-1115 (TTY: 711).

Revision History

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