Vision care

All BCBSKS Blue Medicare Advantage plans

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 eye exams for diabetic retinopathy once each year, and medically necessary doctors services. Additionally, original Medicare 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 or refractions.

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

Eye exams - EyeMed

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. Refer to the evidence of coverage (EOC) for the members routine eye exam benefit, or contact customer service. Provider reimbursement for the routine eye exam is handled directly by EyeMed. Members may file a claim for reimbursement when using a non-network/EyeMed provider.

Eyewear - EyeMed

Eyewear must be prescribed and dispensed by an ophthalmologist or optometrist based on the findings of the most recent eye examination. Refer to the evidence of coverage (EOC) for the members eyewear allowance 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. EyeMed network providers should submit a claim to EyeMed. Provider reimbursement for the routine eye

exam is handled directly by EyeMed. Members may file a claim for reimbursement when using a non-network provider.

- 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"

Refraction - BCBSKS

Determination of refractive state is an integral component of an eye examination and is statutorily excluded as non-covered under original Medicare. BCBSKS Blue Medicare Advantage plans cover a refraction billed with an eye examination, on claims submitted to BCBSKS. No additional member cost-share will apply for the refraction, other than the cost-sharing applicable to the eye exam. As refraction is not covered by original Medicare, the maximum payment amount for refraction is based on the BCBSKS Competitive Allowance Program (CAP). This represents payment in full and providers are not allowed to balance bill the member the difference between the allowed amount and the charge.

Conditions for payment

The table below specifies payment conditions for the vision care benefit.

	Conditions for payment
Eligible provider	Consistent with Original Medicare (OD, MD or DO), EyeMed Network Providers (to contract, call 877-226-1115)
Out-of-network providers	For routine services provided through EyeMed: Member must submit claim (866-292-9825) For non-Kansas Preferred Blue Medicare Advantage providers: Submit claims to your local Blue Cross and/or Blue Shield plan. Out-of-network benefits will apply
Payable location	Office
Frequency	12 months
CPT/HCPCS codes	S0500-S999, V2020-V2797, 92015
Diagnosis restrictions	ICD-10 Vision Codes
Age restrictions	No restrictions

Note: Members are responsible for all charges that exceed the eyewear annual allowance specified in the explanation of coverage (EOC) that are ordered and delivered by either in-network or out-of-network providers.

Billing instructions for providers

- Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
- Use the Blue Cross Blue Shield of Kansas MA PPO unique billing requirements.
- Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- Submit all routine claims to EyeMed. Medicare-covered services should be billed to BCBSKS.

Billing instructions for providers (continued)

- Contact EyeMed at 877-226-1115 (TTY: 711) or blue MA Provider Services at 800-240-0577.

Revisions

Policy number: PR MAVV A001

01/01/2020	Policy effective
03/01/2023	Updated to reflect 2023 benefits and plan offerings
04/25/2023	Updated to clarify refraction coverage and submission of claims throughout policy
01/01/2024	Updated to reflect current plans throughout, updated conditions of payment table, and directing providers to self-service tools for benefit specifics