

Policy Number: CP-IFP20-003A

Effective Date: 1/1/2021

EYEWEAR FOR CHILDREN

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare member documents, the member documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	√
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

Summary

This policy pertains to the Eyewear for Children section for members under age 19 of the Individual and Family Plans contract.

- Exams for refraction for correction of vision in members age 19 and above are outside the scope of this benefit.
- Refer to the IFP Preventive Services Guide for coverage of routine eye exams for members age 19 and older.

Benefit Category: Eyewear for Children**Coverage Policy**

For members under age 19, the following eyeglasses and contacts are covered:

- One pair of frames and lenses per year, which includes polycarbonate lenses (not scratch coating)*
OR
- One pair of standard contact lenses
OR
- One 12-month series of planned replacement lenses per calendar year, which includes lens fitting and exam

*Polycarbonate lenses are covered (V2787) *without* scratch coating

**Coverage is limited to most cost-effective alternative. When frames, lenses, or optical devices are purchased that are more costly than is considered medically necessary by UCare's medical director or its designee, member must pay the difference in purchase and maintenance cost

SERVICES NOT COVERED

Eyeglasses and contact lenses are not covered for members age 19 and older

For members under age 19, **ALL** of the following types of *additions* to eyewear and contact lenses are **NOT** covered:

- Color contact lenses
- Daily wear specialty contact lenses
- Protective coating for plastic lenses
- Contact lens supplies
- Services and materials not meeting the standards of accepted optometric practices
- Repairs to frames and lenses
- Replacement of stolen, broken or lost eyewear
- Non-prescription lenses, including reading glasses
- Two pairs of eyeglasses in lieu of bifocals
- Contact lens insurance
- Sunglasses, sport lenses and sport frames
- Special lens designs and coatings not medically necessary, including but not limited to:
 - Special lenses or lens modifications that do not correct vision problems
 - Tinted lenses
 - Oversized lenses
 - Transition (photochromic) lenses
- High-index lenses
- Progressive or invisible lenses
- Ultraviolet coating
- Photochromic and non-reflective coating
- Safety glasses or goggles for sports or vocational reasons
- Replacement of lenses or frames due to provider error in prescribing, frame selection or measurement. (provider who made the error is responsible for the cost of correcting the error)

Prior Authorization

Prior authorization is not required for this service.

References and Source Documents

2021 Individual & Family Plan Member Contract <https://home.ucare.org/en-us/health-plans/ifp/>

Bright Futures Recommendations for Preventive Pediatric Health Care
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf