



MEDICARE VISION SERVICES

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Please Note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Table 4. Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Original Medicare does not normally cover routine vision services, such as eyeglasses and eye exams. Medicare may cover some vision costs if associated with other covered expenses (that is, Medicare may cover some vision costs associated with eye problems that result from an illness or injury).

Generally, Medicare covers items or services if they satisfy three basic requirements. The item or service must:

1. Fall within a statutorily-defined benefit category
2. Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body part
3. Not be excluded from coverage

NOTE: Some beneficiaries may have a Medicare Advantage (MA) plan, Medicare Supplement Insurance, or retirement benefits that helps with routine vision services, but these are not part of the Original Medicare Program.

This publication provides information about Medicare-covered vision services for certain beneficiaries, including:

- Intraocular Lenses (IOLs) and related services
- Glaucoma screenings
- Other related Medicare-covered services

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Intraocular Lenses (IOLs)

A conventional IOL is a small, lightweight, clear disk that replaces the focusing power of the eye's natural crystalline lens. Medicare covers a conventional IOL when it is implanted as a part of cataract surgery. A cataract is an opacity or cloudiness in the crystalline lens of the eye that blocks the passage of light through the lens, sometimes resulting in blurred or impaired vision.

Medicare specifically excludes certain items and services from coverage, including eyeglasses and contact lenses. However, Medicare provides an exception for one pair of eyeglasses or contact lenses as a prosthetic device furnished after each cataract surgery with insertion of an IOL.

Medicare covers the following IOL items and services:

- A conventional IOL implanted during cataract surgery
- Facility and physician services, and supplies required to insert a conventional IOL during cataract surgery
- One pair of eyeglasses or contact lenses as a prosthetic device furnished after each cataract surgery with insertion of an IOL

NOTE: Durable Medical Equipment (DME) suppliers billing for eyeglasses or contact lenses should submit claims to their DME Medicare Administrative Contractor (DME MAC).

Presbyopia- and Astigmatism-Correcting IOLs

Presbyopia and astigmatism are common eye problems corrected by presbyopia-correcting IOLs (P-C IOLs) and astigmatism-correcting IOLs (A-C IOLs), respectively. A P-C IOL or A-C IOL provides what is otherwise achieved by two separate items or services:

- An implantable conventional IOL (one that is not P-C/A-C) that Medicare covers
- The surgical correction, eyeglasses, or contact lenses to correct presbyopia or astigmatism that Medicare does not cover

When a beneficiary requests a P-C IOL or A-C IOL instead of a conventional IOL, inform the beneficiary before the procedure that Medicare will not pay for services specific to the insertion, adjustment, or other subsequent treatments related to the presbyopia-correcting or astigmatism-correcting function of the IOL.

Consider an ABN

The voluntary Advance Beneficiary Notice (ABN) allows the beneficiary to make an informed decision about whether to get the item or service that may not be covered and accept financial responsibility if Medicare does not pay. When you issue the ABN as a voluntary notice, it has no effect on financial liability, and the beneficiary is not required to check an option box or sign and date the notice.

For more information about Medicare coverage rules with respect to IOLs, P-C IOLs, and A-C IOLs, refer to MLN Matters® Article MM3927, [Implementation of the Centers for Medicare & Medicaid Services \(CMS\) Ruling 05-01 Regarding Presbyopia-Correcting Intraocular Lenses \(IOLs\) for Medicare Beneficiaries](#).

Billing for Cataract Removal and IOLs

Table 1 lists the approved Current Procedural Terminology (CPT) and HCPCS codes for cataract removal and IOLs.

Table 1. Billing and Coding for Cataract Removal, P-C IOLs, and A-C IOLs

Code	Service/Procedure
66830	Removal of secondary membranous cataract (Opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique, complex requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic development stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure) manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
V2788	Non-covered charges related to the P-C function of the IOL
V2787	Non-covered charges related to the A-C function of the IOL

NOTE: Cataract removal codes are mutually exclusive and only billed once per eye. For more information, refer to the [National Correct Coding Initiative \(NCCI\) Policy Manual for Medicare Services](#), Chapter 8, Section D.

Glaucoma Screening

Medicare provides coverage of an annual glaucoma screening for beneficiaries in at least one of the following high risk groups:

- Individuals with diabetes mellitus
- Individuals with a family history of glaucoma
- African-Americans age 50 and older
- Hispanic-Americans age 65 and older

A covered glaucoma screening includes:

- A dilated eye examination with an intraocular pressure measurement
- A direct ophthalmoscopy examination, or a slit-lamp bio microscopic examination

Medical record documentation must show the beneficiary is a member of one of the high risk groups. The documentation must also show you performed the covered screening services. Include diagnosis code Z13.5 on your claim.

Table 2. Billing and Coding for Glaucoma Screening

Provider	Code	Service/Procedure
Optometrist or ophthalmologist	G0117	Glaucoma screening for high-risk patients Special screening for neurological eye and ear diseases, glaucoma
Under the direct supervision of an optometrist or ophthalmologist	G0118	Glaucoma screening for high-risk patients
Comprehensive Outpatient Rehabilitation Facility (CORF), Critical Access Hospital (CAH), or Skilled Nursing Facility (SNF)	G0117 or G0118	Glaucoma screening for high-risk patients
Hospital Outpatient	G0117 or G0118	Glaucoma screening for high-risk patients
Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC)	G0117 or G0118 Paid under the all-inclusive rate, include diagnosis code	Glaucoma screening for high-risk patients

Other Eye-Related Medicare-Covered Services

- Eye prostheses for patients with absence or shrinkage of an eye due to birth defect, trauma, or surgical removal. Medicare generally covers replacement every 5 years. Medicare covers polishing and resurfacing.

NOTE: DME suppliers billing for eyeglasses or contact lenses should submit claims to their DME MAC.

- Eye exams to evaluate for eye disease for patients with diabetes or signs and symptoms of eye disease. Annual examinations by an ophthalmologist or optometrist are recommended for asymptomatic diabetics.
- Certain diagnostic tests and treatments for patients with age-related macular degeneration.

MA Plans and Vision Services

An MA plan may provide access to coverage for additional vision care benefits. Vision benefits vary from plan to plan with respect to cost and coverage. In general, however, an MA vision benefit plan will likely cover:

- Routine eye exams
- Eyeglass frames (once every 24 months)
- One pair of eyeglass lenses or contact lenses every 24 months

Resources

For more information about preventive services, use the [Medicare Preventive Services Educational Tool](#). Table 3 provides resources for additional information.

Table 3. Resources

Resource	Website
Medicare Benefit Policy Manual, Chapter 15	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Medicare Claims Processing Manual, Chapter 18	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Learning Network® (MLN) Matters Article, MM3927, “Implementation of the Centers for Medicare & Medicaid Services (CMS) Ruling 05-01 Regarding Presbyopia-Correcting Intraocular Lenses (IOLs) for Medicare Beneficiaries”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm3927.pdf

Table 3. Resources (cont.)

Resource	Website
MLN Matters Article, MM9269, “Required Billing Updates for Rural Health Clinics”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-MattersArticles/Downloads/MM9269.pdf
MLN Matters Special Edition Article, SE1319, “Cataract Removal, Part B”	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-MattersArticles/Downloads/SE1319.pdf
NCCI Edits Website	CMS.gov/Medicare/Coding/NationalCorrectCodInitEd
Your Medicare Benefits Publication	Medicare.gov/Pubs/pdf/10116-Your-Medicare-Benefits.pdf

Table 4. Hyperlink Table

Embedded Hyperlink	Complete URL
Implementation of the Centers for Medicare & Medicaid Services (CMS) Ruling 05-01 Regarding Presbyopia-Correcting Intraocular Lenses (IOLs) for Medicare Beneficiaries	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm3927.pdf
Medicare Preventive Services	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html
National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services	https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd

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