



765 The City Drive South, Orange Ca 92868

P&P #: 027	<i>Vision Services</i>	Page 1 of 4
TITLE:	Astiva Health Utilization Management Policy for Vision Services	
APPROVED:	12/6/2023	
APPROVED:	Jason Chung MD, Chief Medical Officer	
APPROVED:	Utilization Management Committee	
DEPARTMENT:	Utilization Management Department	

POLICY:

This policy outlines the Utilization Management process and guidelines regarding vision benefit(s) administration at Astiva Health.

This Policy applies to:

Stakeholder(s)	Line(s) of Business
X Workforce Member ¹	X Medicare
X Contractor/Vendor	<input type="checkbox"/> Medi-Cal
X Delegate	X Dual
<input type="checkbox"/> Other	<input type="checkbox"/> Commercial
	<input type="checkbox"/> Other

PURPOSE:

Astiva Health is responsible for authorizing quality vision products, including optical lenses and eyewear for Medicare members in need of new or replacement optical eyewear. Optical eyewear is a covered benefit with a written prescription by a contracting physician, optometrist, or ophthalmologist. Covered services include lenses, contact lenses and frames.

DEFINITIONS:

CMS

The Centers for Medicare & Medicaid Services oversees the federally and state funded insurance programs for seniors, persons with disabilities (Medicare) and low income (Medicaid) who are deemed eligible for these benefits.

P&P #:	Vision Services	Page 2 of 4
TITLE:	Astiva Health Utilization Management Policy for Vision Services	
APPROVED:	12/6/2023	REVISED: 12/6/2023

NCQA

National Committee for Quality Assurance is an accreditation body that is highly respected in the industry and has been appointed by Congress to aid in developing standards for Special Needs Plans (SNPs) including but not limited to the SNP Model of Care requirements. Additionally, health plans and providers who voluntarily request NCQA Accreditation undergo an in-depth review and survey of their operations and quality improvement processes and results to prove their value to consumers and other purchasers of insurance. Accreditation may or may not be granted. When granted the accreditation is for specified functional areas and is for a specified timeframe.

FWA

FWA is Fraud, Waste, and Abuse (a term used to reference the entire gamut of inappropriate behavior, activities, practices, etc. related to perpetrating crimes against members or related to government funding)

HHS

The United States Department of Health and Human Services (HHS), is a cabinet-level executive branch department of the U.S. federal government created to protect the health of all Americans and providing essential human services. Its motto is "Improving the health, safety, and well-being of America. Various States also have a Health & Human Services Department for the citizens of their State.

P&P #:	Vision Services	Page 3 of 4
TITLE:	Astiva Health Utilization Management Policy for Vision Services	
APPROVED:	12/6/2023	REVISED: 12/6/2023

PROCEDURES

Referrals:

- Members may self-refer for annual routine vision services and schedule an appointment with a “contracted optical provider” without prior authorization.
- The Health Plan/IPA PCPs are encouraged as part of the Well Visit exam and during routine visits educate their members regarding the importance of vision care and to make corrective and preventive referrals.

Vision Care - Medicare-covered services include:

- Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Original Medicare doesn’t cover routine eye exams (eye refractions) for eyeglasses/contacts.
- For people who are at high risk of glaucoma, we will cover one glaucoma screening each year. People at high risk of glaucoma include people with a family history of glaucoma, people with diabetes, African Americans who are age 50 and older and Hispanic Americans who are 65 or older.
- For people with diabetes, screening for diabetic retinopathy is covered once per year.
- One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens (If you have two separate cataract operations, you cannot reserve the benefit after the first surgery and purchase two eyeglasses after the second surgery.)

Vision Care – Routine/Non-Medicare Covered

- Eyewear allowance for one pair of glasses (frame and lenses) or contact lenses from a network provider every two years, as specified by Plan Evidence of Coverage documents. You are responsible for any amounts beyond the allowance.
- **Policy Review and Updates:** This policy will be reviewed as needed by the Utilization Management Committee.

P&P #:	Vision Services	Page 4 of 4
TITLE:	Astiva Health Utilization Management Policy for Vision Services	
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HISTORY:

Date	Summary of Significant Changes to P&P
11/1/2023	<ul style="list-style-type: none"> • Updates to existing policy
12/6/2023	<ul style="list-style-type: none"> • Approved by UM Committee