



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Low Vision Aides and Devices**

NOTICE: Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) provide these Clinical Review Criteria for internal use by their members and health care providers. The Clinical Review Criteria only apply to Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. Use of the Clinical Review Criteria or any Kaiser Permanente entity name, logo, trade name, trademark, or service mark for marketing or publicity purposes, including on any website, or in any press release or promotional material, is strictly prohibited.

Kaiser Permanente Clinical Review Criteria are developed to assist in administering plan benefits. These criteria neither offer medical advice nor guarantee coverage. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change any or all of these Clinical Review Criteria, at Kaiser Permanente's sole discretion, at any time, with or without notice. **Member contracts differ in health plan benefits. Always consult the patient's Evidence of Coverage or call Kaiser Permanente Member Services at 1-888-901-4636 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. to determine coverage for a specific medical service.**

**Criteria
For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	Refractive Lenses (L33793)
Local Coverage Article	Refractive Lenses – Policy Article (A52499) <i>*Low vision aids (V2600, V2610, V2615) will be denied as noncovered because coverage under the Medicare prosthetic benefit is limited to persons with congenital absence or surgical removal of the lens of the eye.</i>

For Non-Medicare Members

- A. To qualify for low vision aides or devices a member must have best corrected vision of 20/70 or worse in the better eye with glasses or contacts on.
 - 1. The following codes are identified and coverable per contract for low vision aides and devices:
 - o **V2600** – Handheld low vision aids and other non-specific mounted aids.
 - o **V2610** – Single Lens Spectacles mounted low vision aids
 - o **V2615** – Telescope and other compound lens system, including distance vision telescopic, near vision telescopic and compound microscopic lens system.
 - o **92354** – Fitting of spectacle mounted low vision aid: single element system
 - o **92355** – Fitting of spectacle mounted low vision aid: Telescopic or compound lens system

If requesting one or more of these items, please send the following documentation to support medical necessity:

- Clinical notes from requesting provider &/or specialist indicating corrected visual acuity

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

A wide variety of rehabilitation options are available to help people with low vision live and/or work more effectively, efficiently, and safely. Most people can be helped with one or more low vision treatment options. The more commonly prescribed devices are: Handheld low vision aids and other non-spectacle mounted aids, Single lens spectacle mounted low vision aids, Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system.

Applicable Codes

Medicare – Considered not medically necessary

Non-Medicare - Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
V2600	Handheld low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Date Created	Date Reviewed	Date Last Revised
12/03/2013	12/03/2013 ^{MPC} , 09/16/2014 ^{MPC} , 08/04/2015 ^{MPC} , 06/07/2016 ^{MPC} , 04/04/2017 ^{MPC} , 02/06/2018 ^{MPC} , 01/08/2019 ^{MPC} , 01/07/2020 ^{MPC} , 01/05/2021 ^{MPC} , 01/04/2022 ^{MPC} , 01/10/2023 ^{MPC}	09/10/2018

^{MPC} Medical Policy Committee

Revision History	Description
08/04/2015	Editorial changes were made to criteria
09/10/2018	Added coverage article A52499