



# Provider Manual

**Manual Effective: January 1, 2019**

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# Quick Reference Guide

## Provider Web Portal

Our user friendly Provider Web Portal features a full complement of resources.

Real - Time Eligibility

Claims – Submit & Status

Clinical Guidelines

Electronic Remittance Advice

Electronic Fund Transfer

Up-to-Date Provider Manual

Access the Provider Web Portal by clicking this link:

<https://ocularbenefitspwp.wonderboxsystem.com>



# When You Need Us – We’ll Be There!

Contact us any time for assistance, training, or to arrange an onsite visit: Call Provider Services: 855-918-2258, or email us at [providerservices@ocularbenefits.com](mailto:providerservices@ocularbenefits.com)

## Quick Contacts

<b>Corrected Claims mailing address</b>	SKYGEN USA Corrected Claims PO Box 1607 Milwaukee WI 53201
<b>Grievances and Appeals</b>	Aetna Better Health of Kansas Attn: Appeals Department 9401 Indian Creek Parkway, Suite 1300 Overland Park, KS 66210
<b>Electronic Funds Transfer</b>	Email: <a href="mailto:providerservices@ocularbenefits.com">providerservices@ocularbenefits.com</a>
<b>Electronic Outreach Team</b>	Email: <a href="mailto:providerportal@skygenusa.com">providerportal@skygenusa.com</a>
<b>Contracting Portal</b>	<a href="https://providercap.skygenusasystems.com/CAP">https://providercap.skygenusasystems.com/CAP</a> (access code: ABHKSV)
<b>Credentialing Team</b>	Email: <a href="mailto:credentialing@skygenusa.com">credentialing@skygenusa.com</a>
<b>Fraud &amp; Abuse Hotline</b>	877-378-5292
<b>Provider Services</b>	Email: <a href="mailto:providerservices@skygenusa.com">providerservices@skygenusa.com</a> 855-918-2258
<b>Provider Web Portal</b>	<a href="https://ocularbenefitspwp.wonderboxsystem.com">https://ocularbenefitspwp.wonderboxsystem.com</a>

## Quick Reference Information

<b>Member Eligibility</b>	To verify member eligibility: <ul style="list-style-type: none"> <li>Log on to Provider Web Portal: <a href="https://ocularbenefitspwp.wonderboxsystem.com">https://ocularbenefitspwp.wonderboxsystem.com</a></li> </ul>
<b>Claims Submission</b>	The timely filing requirement is 180 calendar days, 365 calendar days for a corrected claim. Submit claims through these formats: <ul style="list-style-type: none"> <li>Provider Web Portal: <a href="https://ocularbenefitspwp.wonderboxsystem.com">https://ocularbenefitspwp.wonderboxsystem.com</a></li> <li>Claims can be submitted on the KMAP secure website, billed through Provider Electronic Solutions (PES)</li> <li>Electronic submission via clearinghouse – Change Healthcare (formerly Emdeon) or Availity, Waystar. Payer ID: L0140</li> <li>Aetna Better Health of Kansas: Claims P.O. Box 1607 Milwaukee, WI 53201</li> </ul>

## Quick Reference Information

### Authorization Submission

Prior authorization determinations must be made within 14 days from the date SKYGEN USA receives the request. Expedited requests will be determined within 72 hours. Prior authorizations will be honored for 30 days from the date they are determined. Submit authorizations in one of the following formats:

- Provider Web Portal:  
<https://ocularbenefitsspwp.wonderboxsystem.com>
- Expedited requests Fax to: **800-310-9871**
- Aetna Better Health of Kansas: Authorizations PO Box 1164  
Milwaukee WI 53201

### Retro-Review Claims

Retro-Review claims submissions requires participating providers to submit documentation associated with certain ocular services rendered as outlined in the benefit descriptions at the end of this manual. Retro-Review claims can be received in the following formats:

- Provider Web Portal:  
<https://ocularbenefitsspwp.wonderboxsystem.com>
- Electronic submission via clearinghouse, Payer ID: L0140
- Submit Retro-Review claims to:  
Aetna Better Health of Kansas: Claims  
PO Box 1607  
Milwaukee WI 53201

All Retro-Review requests submitted should include the member's Medicaid ID. Retro-Review claims submitted with the Aetna ID will be rejected. Retro-Review claims should include Provider NPI Number.

### Provider Reconsiderations Claims

To request reconsideration of a claims denial submit a written appeal to:

- Aetna Better Health of Kansas  
Attn: Appeals Department  
9401 Indian Creek Parkway, Suite 1300  
Overland Park, KS 66210

Please note the (120 calendar days (an additional 3 calendar days is allowed for mailing time)) time limit from date of the notice.

## Quick Reference Information

<b>Provider Appeals – Claims</b>	<p>To request reconsideration of an authorization denial submit a written appeal to:</p> <ul style="list-style-type: none"> <li>• Aetna Better Health of Kansas Attn: Appeals Department 9401 Indian Creek Parkway Suite 1300 Overland Park, KS 66210</li> </ul> <p>Please note the (60 calendar days (an additional 3 calendar days is allowed for mailing time)) time limit from date of the notice</p>
<b>Member Appeals</b>	<p>Appeals must be filed within 60 calendar days (an additional 3 calendar days is allowed for mailing time) from the Notice of Action. To submit a written appeal on behalf of a member, write to:</p> <ul style="list-style-type: none"> <li>• Aetna Better Health of Kansas Attn: Appeals Department 9401 Indian Creek Parkway Suite 1300 Overland Park, KS 66210</li> </ul>
<b>EFT (Direct Deposit) Enrollment</b>	<p>The EFT Authorization Agreement form is found online in Provider Web Portal: <a href="https://ocularbenefitspwp.wonderboxsystem.com">https://ocularbenefitspwp.wonderboxsystem.com</a></p>
<b>Provider Web Portal</b>	<p>For training or help registering for or using the Provider Web Portal, contact the SKYGEN USA Electronic Outreach Team:</p> <ul style="list-style-type: none"> <li>• Email: <a href="mailto:providerportal@skygenusa.com">providerportal@skygenusa.com</a></li> </ul>
<b>Credentialing</b>	<p>Send credentialing and recredentialing applications and documents to SKYGEN USA by:</p> <ul style="list-style-type: none"> <li>• Email: <a href="mailto:credentialing@skygenusa.com">credentialing@skygenusa.com</a></li> </ul>
<b>Credentialing Appeals</b>	<p>To appeal a credentialing decision, send a request for a reconsideration review within 30 days of receiving an adverse recommendation.</p> <ul style="list-style-type: none"> <li>• Email: <a href="mailto:credentialing@skygenusa.com">credentialing@skygenusa.com</a></li> </ul>

# Welcome

*Welcome to the Aetna Better Health of Kansas SKYGEN USA Provider Network!* We are pleased you have joined our provider network, which is composed of the best providers in the state. SKYGEN USA is a national leader in the administration of federally funded contracts such as Medicare and Medicaid.

SKYGEN USA leverages over 17 years of experience in delivering ophthalmic services. SKYGEN USA accepts full health plan delegation for claims management, provider credentialing, network management and utilization management.

SKYGEN USA provides comprehensive medical-surgical eye care from medical exams to complex ocular surgical procedures. SKYGEN USA offers an integrated medical network that includes optometric primary eye care doctors, ophthalmologists, subspecialists and eye surgeons.

SKYGEN USA retains the right to add to, delete from and otherwise modify this provider manual with 30 days prior notice. Contracted providers must acknowledge this provider manual and any other written materials provided by SKYGEN USA as proprietary and confidential. We are committed to providing our members the best possible care, keeping them healthy, stable, and independent – it's our reason for being here. We are pleased to welcome you to our team.

SKYGEN USA, is a nationwide leader in managed benefits administration. Aetna Better Health of Kansas has chosen SKYGEN USA to administer SKYGEN USA for members enrolled in the Aetna Better Health of Kansas SKYGEN USA Plan. Throughout your ongoing relationship with SKYGEN USA refer to this provider manual for quick answers and useful information, including how to contact us, how to submit claims and authorizations, and what benefits are offered to members.

- When you need answers, log on to <https://ocularbenefitspwp.wonderboxsystem.com>
- Send an email message to [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com), or call Provider Services **855-918-2258**.

SKYGEN USA, retains the right to add to, delete from, and otherwise modify this provider manual. Contracted providers must acknowledge this provider manual and any other written materials provided by SKYGEN USA as proprietary and confidential.

This manual describes SKYGEN USA policies and procedures that govern our administration of vision benefits. SKYGEN USA makes every effort to maintain accurate information in this manual; however, we will not be held liable for any damages due to unintentional errors. If you discover an error, please report it to us by calling **855-918-2258**. If information in this manual differs from your Participating Agreement, the Participating Agreement takes precedence and shall control.

This document contains confidential and proprietary information and may not be disclosed to others without written permission from SKYGEN USA© 2018. All rights reserved.

Ocular Benefits is now operating as SKYGEN USA. The SKYGEN USA Family of Companies – Scion Dental, Wonderbox Technologies, Vestica Healthcare, and Ocular Benefits – has transitioned from a family to a single organization united under the SKYGEN USA brand.

Providers will see SKYGEN USA branding (logos, websites, and collateral) during this transition. You may still see reference to the Ocular Benefits ([ocularbenefitspwp.wonderboxsystem.com](http://ocularbenefitspwp.wonderboxsystem.com)) as we complete the transition.

We believe operating under one name, with one brand, strengthens our ability to deliver products and services to our customers. Being one integrated company positions us as a leading innovator of next-generation technology-enabled solutions that elevate the business of healthcare for the digital age, drive efficiencies and re-allocates more dollars for better care.

# Member Rights & Responsibilities

## Member Rights

The Aetna Better Health of Kansas and SKYGEN USA are committed to the following core concepts in our approach to member care:

- Access to providers and services.
- Wellness Programs, which include member education and disease management initiatives. This includes the Early Periodic Screening Diagnostic Treatment (EPSDT) Program.
- Outreach Programs that educate members and give them the tools they need to make informed decisions about their vision care.
- Feedback that measures provider and member satisfaction.

We believe all members have the right to:

- Privacy, respectful treatment, and recognition of their dignity when receiving vision care.
- Participate fully with caregivers in making decisions about their health care.
- Be fully informed about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed. For those children receiving EPSDT services, any limits on services may be exceeded when medically necessary.
- Members covered under EPSDT are entitled to receive any medically necessary service.
- Voice a complaint against the Aetna Better Health of Kansas, SKYGEN USA, or any of its participating offices, or any of the care provided by these groups or people, when their performance has not met the member's expectations.
- Appeal any decisions related to patient care and treatment.
- Make recommendations regarding our member rights and responsibilities policies.
- Receive relevant, updated information about Aetna Better Health of Kansas, the services provided, the participating networks, as well as member rights and responsibilities.

## Member Responsibilities

Along with rights, members have important responsibilities, including:

- Becoming familiar with benefit plan coverage and rules.
- Giving providers complete and accurate information they need to provide care.
- Following treatment plans and instructions received from providers.
- Supporting the care given to other patients and behaving in a way that helps offices and other locations run smoothly.
- Notifying Customer Service of any questions, concerns, problems, or suggestions

## Provider Rights & Responsibilities

Aetna Better Health of Kansas and SKYGEN USA has established the following core concepts in our approach to a positive provider experience:

- Access to flexible participation options in provider networks.
- Outreach Programs that lower provider participation costs.
- Technology tools that increase efficiency and lower administrative costs.
- Feedback that measures provider and member satisfaction.

## Provider Rights

Enrolled participating providers have the right to:

- Communicate with patients about vision treatment options.
- Recommend a course of treatment to a member, even if the treatment is not a covered benefit or approved by Aetna Better Health of Kansas and SKYGEN USA.
- File an appeal or complaint about the procedures of Aetna Better Health of Kansas and SKYGEN USA.
- Supply accurate, relevant, and factual information to a member in conjunction with an appeal or complaint filed by the member.
- Object to policies, procedures, or decisions made by Aetna Better Health of Kansas and SKYGEN USA.
- Be informed of the status of their credentialing or re-credentialing application, upon request.

## Provider Responsibilities

Participating Providers have the following responsibilities:

- If a recommended treatment plan is not covered (not approved by Aetna Better Health of Kansas/SKYGEN USA, the participating provider, if intending to charge the member for the non-covered services, must notify and obtain agreement from the member in advance. (See Payment for Non-Covered Services).
- A provider may not bill both medical codes and vision codes for the same procedure.
- Providers must complete the Aetna Better Health of Kansas Provider Participation Agreement (along with all supporting documentation) and provide requested information for registration of provider portal.
- Providers are expected to use electronic options for claim and authorization submission, claim reimbursement, and receipt of remittance advice statements including enrolling in the EFT Program, (see the Electronic Payments section in the manual for more details).

## Provider Bill of Rights

- To be treated with respect
- To be paid accurately
- To be paid on time

## Positive Provider Experience

Committed providers are essential to the success of Aetna Better Health of Kansas. The Aetna Better Health of Kansas provider network is structured to give providers the flexibility they need to participate in vision programs on their own terms. At SKYGEN USA, we are not only the benefits management partner for Aetna Better Health of Kansas, we also consider ourselves to be your partner in patient care.

At SKYGEN USA, we recognize the significant link between good care and overall patient health, and we advocate increasing provider funding while improving member education and outreach. We partner with thousands of providers across the country to deliver high-quality care to all members of Aetna Better Health of Kansas.

## Cultural Competency

Your office and staff should demonstrate behaviors and policies of cultural competency by:

- Assessing and documenting cultural and/or language barriers to member care.
- Seeking information from community resources to assist in servicing the needs of culturally and ethnically diverse members and families.
- Displaying pictures, posters, and other materials to reflect the cultures and ethnic backgrounds of members and families.
- Providing magazines and brochures in the waiting area that emphasize diversity.
- Understanding that folk and religious beliefs may influence how families respond to illness, disease, death, and their reaction and approach to children with special health needs.
- Accepting that the family unit can be defined differently by different cultures.
- Seeking bilingual staff or trained personnel to serve as interpreters, when possible.
- Understanding that a limited English proficiency in no way reflects intellect.
- Discriminating against a member or potential member because of race, age, color, religion, natural origin, ancestry, marital status, sexual orientation, physical or mental disability, health status or existing need for medical care, with the following exception: certain gifts and services may be made available to members with certain diagnoses.

## Access to Flexible Participation Options

Aetna Better Health of Kansas invites all licensed providers, regardless of their past commitment to government-sponsored vision programs, to participate in its provider network. Providers can choose their own level of participation for each of their practice locations. Providers can choose to:

- Be listed in a directory and accept appointments for all new patients.
- Treat only emergencies or special needs cases on an individual basis.
- Access web-based applications and credentialing.

To make it easy to apply and be accepted into the program, we use our web portals and electronic documents to streamline the provider/clinic contracting and credentialing process.

## Recordkeeping Requirements

SKYGEN USA publishes standardized record keeping criteria that is state specific and compliant with the requirements of The National Committee for Quality Assurance. SKYGEN USA' expectation is that every participating medical office is compliant with these protocols. SKYGEN USA expects that every office will provide quality medical services in a cost effective manner in keeping with the stated or implied standards of care in the community and medical profession nationwide. The offices will submit claims for services in an accurate and ethical fashion reflecting the appropriate level and scope of services performed.

One method used on a limited basis to assure compliance with these conditions and expectations is to require providers to supply upon request, complete copies of patient medical charts. They are then reviewed by the appropriately trained staff, to document the rate of compliance with the charting requirements as well as the accuracy of the medical claims submitted for payment.

The first part of the audit will consist of the charts being reviewed for compliance with the stated record keeping requirements, utilizing a standardized audit tool. The charts are reviewed and a composite score determined. Offices with scores above 80% are considered as passing the audit but a corrective action letter is sent to them so that they are aware of the areas that need improvement. Offices that receive a score of 95% or greater, are exempt from the audit the following year. Offices with scores less than 80% will have a corrective action letter sent, and are re-reviewed for compliance within the next ninety days. Offices that do not cooperate with improving their scores are subject to sanction up to and including termination from the panel.

The second portion of the audit consists of a billing reconciliation whereby the patient treatment notes are compared to the actual claims submitted for payment by each medical office. The records are analyzed to determine if the patient record documents the performance of all the medical services that have been submitted for payment. Any services not documented are recouped, and the records are referred to the Special Investigations Unit for a complete investigation and necessary corrective action.

Results of both parts of the audit are entered into a tracking data base at SKYGEN USA and then reported back to each office in a summary of finding format. Results are reported back to the Health Plans on an annual basis.

## Time Frame

For charts that are requested and not received within 10 business days, the first request for records are followed up with a second request letter and a telephone call placed to the Provider's office. The Provider is reminded of the contractual obligation to participate with SKYGEN USA' Quality initiatives. If a third request letter is warranted, the Quality Specialist will refer the Provider to the Peer Review Committee for noncompliance with the record request. The Peer Review Committee may send a letter including information about possible credentialing sanctions imposed for noncompliance with the record request.

# Provider Web Portal

Our Provider Web Portal offers quick access to easy-to-use self-service tools for managing daily administration tasks. The Provider Web Portal offers you many benefits including:

- Faster payment through streamlined claim submissions.
- Real-time member eligibility verification.
- Immediate access to member information, claim history, and payment records at any time, 24 hours a day, 7 days a week.
- Lower administrative and participation costs.

Get Started! For help getting started with the Provider Web Portal, contact the Electronic Outreach Team: **844-275-8756**.

A web browser, Internet connection, and a valid User ID and password are required for online access. From the Provider Web Portal, providers and authorized office staff can log in for secure access anytime from anywhere and handle a variety of day-to-day tasks, including:

- Verify eligibility for multiple members simultaneously, and review individual patient treatment history.
- Set up office appointment rosters that automatically verify eligibility and fill in claim forms for online submission.
- Submit claims using pre-filled electronic forms and data entry shortcuts.
- Generate a pricing estimate before submitting a claim for a quick indication of whether a service may be denied and a likely reason for denial.
- Check the real-time status of in-process claims and review historical payment records.
- Review provider clinical profiling data relative to your peers.
- Download and print a provider manual, remittance reports, and more.

Online help is available from every page of the Provider Web Portal, offering quick answers, animated videos, and step-by-step instructions.

## Provider Web Portal Registration

The Provider Web Portal was designed to help you keep your administrative costs low, give you immediate access to real-time information, and make it fast and easy to submit claims and authorizations.

To register for our Provider Web Portal, visit <https://ocularbenefitspwp.wonderboxsystem.com> and click the provider login link. On the login page, click **Register Now**.

Register as a **Payee** so you have the option to view remittances and be paid electronically. Call the Electronic Outreach Team at **844-275-8756** to obtain your Payee ID. As soon as you register, you can log in and start using the portal. Quick and easy online help is just a click away on every page in the portal.

RETURNING USERS

User Name

Password

LOGIN

Forgot your User Name or Password?

NEW USER

REGISTER NOW

If you don't find answers to your questions, or if you want personalized training for yourself or your office staff, call the SKYGEN USA Electronic Outreach Team for assistance: **844- 275-8756**.

Main

## Select Entity

You can register for the portal as one of the following entities. Select the entity that best fits your role.

**Payee**  
 Register as a payee if you receive payment for adjudicated claims on behalf of one or more providers and/or locations. As a payee, you will have access to information for all of your associated providers and locations.  
 

**Location**  
 Register as a location if you are administrative staff for an office or clinic location. As a location, you will have access to information for all of the providers associated with your physical location.

**Provider**  
 Register as a provider if you work with only your own patients. As a provider, you will have access to your own information.

### Payee Registration

**Identifying Information** 

Payee ID

Name

City

State

Zip

**Contact Information**

First Name

Middle Name

Last Name

Email

**User Name, Password and PIN**

User Name

1 alpha character.  
 1 numeric character.  
 1 special character (!, #, \$, %, \* or ~).  
 Cannot contain username.  
 8 or more characters.

Password

Retype Password

Four Digit PIN

Confirm New PIN

As soon as you register, you can log in and start using the portal. Online help and how-to videos are available on the Provider Web Portal. If you don't find answers to your questions, or want personalized help or training email the Web Portal Team at: [providerportal@skygenusa.com](mailto:providerportal@skygenusa.com).

# Electronic Payments

## Electronic Funds Transfer (EFT)

SKYGEN USA makes claim payments via Electronic Funds Transfer (EFT). With EFT, we can pay claims faster and more efficiently because funds are deposited directly into payee bank accounts, eliminating the steps of printing and mailing paper checks.

To receive claims payments through the EFT Program:

- Complete the online form in the Provider Web portal:  
<https://ocularbenefitspwp.wonderboxsystem.com>

Allow 2-3 weeks for SKYGEN USA verification and for the EFT Program to be implemented after submitting the EFT form on-line via the Provider Web portal. Once you are enrolled in the EFT Program, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid.

Once you are enrolled in the EFT Program, notify SKYGEN USA of any changes to bank accounts, including changes in Routing Number or Account Number, or if you switch to a different bank. Use the EFT Authorization Agreement form to submit your changes. Allow up to three weeks for changes to be implemented after we receive your change request. SKYGEN USA is not responsible for delays in payment if we are not properly notified, in writing, of banking changes.

## Electronic Remittance Reports

When you enroll in the SKYGEN USA EFT Program, your Remittance Reports will be made available automatically from the Provider Web Portal. For help registering for the portal or accessing your Remittance Reports send an email message to Provider Services to request electronic remittances: [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com).

# Health Insurance Portability and Accountability Act (HIPAA)

As a health care provider, if you transmit any health information electronically, your office is required to comply with all aspects of the Health Insurance Portability and Accountability Act (HIPAA) regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA.

Aetna Better Health of Kansas and SKYGEN USA have implemented numerous operational policies and procedures to ensure we comply with all HIPAA Privacy Standards, and we intend to comply with all Administrative Simplification and Security Standards by their compliance dates. We also expect all providers in our networks to work cooperatively with us to ensure compliance with all HIPAA regulations.

The provider and Aetna Better Health of Kansas and SKYGEN USA agree to conduct their respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

When contacting Customer Services, providers will be asked to supply their Tax ID or NPI number. When calling regarding member inquiries, providers will be asked to supply specific member identification such as member ID, date of birth, name, and/or address.

Approved CPT or ICD-10 ocular codes as published in the current CPT book or as defined in this manual must be used to define all services.

Effective as of the date of this manual, Aetna Better Health of Kansas and SKYGEN USA require providers to submit all claims with the proper CPT codes listed in this manual. In addition, all paper claims must be submitted on the current CMS-1500 claim form. To request copies of the Aetna Better Health of Kansas and SKYGEN USA HIPAA policies, call Customer Services at **855-918-2256** or send an email to [providerservices@skygenusa.com](mailto:providerservices@skygenusa.com).

**To report a potential security issue, call our Hotline **844-809-9449****

## National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the adoption of a standard unique provider identifier for health care providers. An NPI number is required for all claims submitted to SKYGEN USA for payment. You must use your individual and billing NPI numbers. To apply for an NPI, do one of the following:

- Complete the application online at <https://nppes.cms.hhs.gov>.
- Download and complete a paper copy from <https://nppes.cms.hhs.gov>.
- Call **800-465-3203** to request an application.

# Utilization Management

## Community Practice Patterns

To ensure fair and appropriate reimbursement, SKYGEN USA has developed a philosophy of Utilization Management which recognizes the fact there exists, as in all health care services, a relationship between optometrist's and ophthalmologist's treatment planning, treatment costs, and outcomes. The dynamics of these relationships, in any region, are reflected by community practice patterns of local optometrists and ophthalmologists and their peers. With this in mind, SKYGEN USA Utilization Management is designed to ensure the fair and appropriate distribution of health care dollars as defined by the regionally based community practice patterns of local optometrists and ophthalmologists and their peers.

All Utilization Management analysis, evaluations, and outcomes are related to these patterns. SKYGEN USA Utilization Management recognizes individual optometrists and ophthalmologists variance within these patterns among a community of optometrist and ophthalmologist and accounts for such variance. Optometrist and ophthalmologist are evaluated as a separate group general optometrists and ophthalmologists, since the types and nature of treatment may differ.

## Evaluation

SKYGEN USA Utilization Management evaluates claims submissions in such areas as:

- Diagnostic and preventive treatment
- Patient treatment planning and sequencing
- Types of treatment
- Treatment outcomes
- Treatment cost effectiveness

## Results

With the objective of ensuring fair and appropriate reimbursement to providers, SKYGEN USA Utilization Management helps identify providers whose treatment patterns show significant deviation from the normal practice patterns of the community of their peers (typically less than five percent of all optometrists and ophthalmologists). SKYGEN USA is contractually obligated to report suspected fraud, waste, abuse, or misuse by members and participating ocular providers to Aetna Better Health of Kansas and to the Ocular Benefits Office of the Inspector General.

## Non-Incentivization Policy

It is SKYGEN USA practice to ensure our contracted providers make treatment decisions based upon medical necessity for individual members. Providers are never offered, nor will they ever accept, any kind of financial incentives or any other encouragement to influence their treatment decisions. SKYGEN USA Utilization Management Department bases their decisions on only appropriateness of care, service, and existence of coverage. SKYGEN USA does not specifically reward practitioners or other individuals for issuing denials of coverage or care. If financial incentives exist for Utilization Management decision makers, they do not include or encourage decisions which result in underutilization.

# Fraud, Waste, and Abuse

SKYGEN USA conducts our business operations in compliance with ethical standards, contractual obligations, and all applicable federal and state statutes, regulations, and rules. We are committed to detecting, reporting, and preventing potential fraud, waste, and abuse, and we look to our providers to assist us. We expect our optometrists and ophthalmologists partners to share this same commitment, conduct their businesses similarly, and report suspected noncompliance, fraud, waste or abuse.

Fraud, waste, and abuse are defined as:

Fraud is intentional deception or misrepresentation made by a person with knowledge the deception could result in some unauthorized benefit to themselves or some other person or entity. It includes any act which constitutes fraud under federal or state law.

Waste is the unintentional, thoughtless, or careless expenditures, consumption, mismanagement, use, or squandering of federal or state resources. Waste also includes incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.

Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and that result in the unnecessary cost to the government healthcare program or in reimbursement for services medically unnecessary or that fail to meet professionally recognized standards for health care. Abuse includes intentional infliction of physical harm, injury caused by negligent acts, or omissions, unreasonable confinement, sexual abuse, or sexual assault. Abuse also includes beneficiary practices that result in unnecessary costs to the healthcare program.

Provider fraud is any deception or misrepresentation committed intentionally, or through willful ignorance or reckless disregard, by a person or entity in order to receive benefits or funds to which they are not entitled. This may include deception by improper coding or other false statements by providers seeking reimbursement or false representations or other violations of federal health care program requirements, its associates, or contractors.

## Reporting suspected fraud, waste, or abuse

To report a suspected case of noncompliance, fraud, waste, or abuse, call the SKYGEN USA Fraud and Abuse hotline: **877-378-5292** or write to:

SKYGEN USA  
Attention: Fraud and Abuse  
10201 N Port Washington Rd  
Mequon WI 53092

## Deficit Reduction Act: The False Claims Act

Section 6034 of the Deficit Reduction Act of 2005 signed into law in 2006 established the Medicaid Integrity Program in section 1936 of the Social Security Act. The legislation directed the Secretary of the United States Department of Health and Human Services (HHS) to establish a comprehensive plan to combat provider fraud, waste, and abuse in the Medicaid Program, beginning in 2006. The Comprehensive Medicaid Integrity Plan is issued for successive five-year periods.

Under the False Claims Act, those who knowingly submit or cause another person to submit false claims for payment of government funds are liable for up to three times the government's damages plus civil penalties of \$5,500 to \$11,000 for each false claim.

The False Claims Act allows private persons to bring a civil action against those who knowingly submit false claims. If there is a recovery in the case brought under the False Claims Act, the person bringing the suit may receive a percentage of the recovered funds. For the party found responsible for the false claim, the government may exclude them from future participation in Federal health care Programs or impose additional obligations against the individual.

The False Claims Act is the most effective tool U.S. taxpayers have to recover the billions of dollars stolen through fraud every year. Billions of dollars in health care fraud have been exposed, largely through the efforts of whistleblowers acting under federal and state false claims acts.

For more information about the False Claims Act visit [www.TAF.org](http://www.TAF.org).

## Whistleblower Protection

The False Claims Act (FCA) provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. 31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. SKYGEN USA Fraud and Abuse Hotline: **877-378-5292**.

# Eligibility & Member Services

Aetna Better Health of Kansas offers vision coverage for children and adults enrolled in the Program. Aetna Better Health of Kansas determines member eligibility.

Aetna Better Health of Kansas includes the following plans:

- Kansas CHIP (Children Under Age 20)
- Kansas Medicaid (Adults and Children)

If your patients have questions about how to enroll in the Aetna Better Health of Kansas program, or if they have questions about loss of eligibility ask them to call the Managed Care Enrollment Center: **866-305-5147**.

## Medically Needy (Spendedown)

In some cases, the income of a family or individual exceeds the income standard to receive public assistance monies. However, their income is not sufficient to meet all medical expenses. The family group/individual, is considered Medically Needy (MN), and must then incur a specified amount of medical expenses before they are eligible for Medicaid benefits. This process is referred to as Spendedown.

SKYGEN USA does not make payment on the amount that is the beneficiary's responsibility until after they have spent their spenddown amount. Providers can call USA Provider Services at 855-918-2256, or check the KMAP website (<https://www.kmap-state-ks.us/>), to identify those beneficiaries with a spenddown obligation.

Note: Do not reduce the claim charges or balance due by the spenddown amount. This reduction is made automatically during claim processing.

A full listing of covered services by benefit plan is outlined in the "Authorization Requirements and Benefit Plan Detail" section at the end of the manual. The "Authorization Requirements and Benefit Plan Details" provides you with:

- Complete listing of all covered codes
- Description of Retro Claim Review or Prior Authorization Requirement per code
- Listing of documentation required for Retro Claim Review and Prior Authorization submissions
- Age maximums per each code. Certain services are only covered to a certain age and the maximum age is listed in the Age Max column of the grid
- Additional information regarding coverage or limitations for a specific code

## Member ID Card

Members receive the Aetna Better Health of Kansas Member ID cards from Aetna Better Health. Participating providers are responsible for verifying that members are eligible when services are rendered and for determining whether recipients have other health insurance. Because it is possible for a member's eligibility status to change at any time without notice, presenting a Member ID card does not guarantee a member's eligibility, nor does it guarantee provider payment.

SKYGEN USA recommends each vision office make a photocopy of the member's identification card each time treatment is provided. Please be aware the identification card is not dated and does not need to be returned to SKYGEN USA should a member lose eligibility.

## Sample Member ID Card

<p><b>Aetna Better Health® of Kansas</b> Medicaid</p> <p> </p> <p>Name <i>Last Name, First Name, MI</i> Member ID# <i>0000000000</i>      DOB <i>00/00/0000</i>      Sex <i>X</i></p> <p>PCP <i>Last Name, First Name</i> PCP Phone <i>000-000-0000</i>      Effective Date <i>00/00/0000</i></p> <p>.....</p> <p>RXBIN: 610591    RXPCN: ADV    RXGRP: RX8849</p> <p>Pharmacist Use Only: 1-844-234-8268      </p> <p>THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.      MEKS</p>	<p>Aetna Better Health of Kansas 9401 Indian Creek Parkway, Suite 1300, Overland Park, KS 66210</p> <p>Member Services: 1-855-221-5656, (TTY 711) 24-Hour Nurse Line: 1-855-221-5656, (TTY 711) Vision Services: 1-855-918-2259, (TTY 711) Dental Services: 1-855-918-2257, (TTY 711)</p> <p>Prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, please call 1-855-221-5656.</p> <p>In case of an emergency go to the nearest emergency room or call 911. You don't need preapproval for emergency transportation or emergency care in the hospital.</p> <p>Send claims to:      Payer EDI: 128KS Aetna Better Health of Kansas P.O. Box 61838 Phoenix, AZ 85082-1838</p> <p>KS1</p>
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## Verifying Member Eligibility

To verify member eligibility, you can:

- Log on to Provider Web Portal: <https://ocularbenefitspwp.wonderboxsystem.com>, click on the “Eligibility” tab and fill out the Member Information.
- Call Interactive Voice Response (IVR) eligibility line: **855-918-2258**.
- Check member eligibility and benefits on the **date of service**.
- The KMAP website provides information to Medicaid beneficiaries and providers including the most up to date Member eligibility, <https://www.kmap-state-ks.us/>.

The Provider Web Portal and IVR system are both available 24 hours a day, 7 days a week — giving you quick access to information without requiring you to wait for an available Customer Service Representative during business hours.

## Verifying Eligibility via IVR

Use our Interactive Voice Response system to verify eligibility for an unlimited number of patients. Call **855-918-2258**. Follow the prompts to identify yourself and the patient whose eligibility you are verifying.

Our system analyzes the information entered and verifies the patient’s eligibility. If the system cannot verify the member information, you will be transferred to a Customer Service Representative. You also have the option of transferring to a Customer Service Representative after completing eligibility checks, if you have other inquiries.

## Appointment Availability Standards

Aetna Better Health of Kansas Vision Program has established appointment time requirements to ensure patients receive vision services within a time period appropriate to their health condition. We expect vision providers to meet these appointment standards for a number of important reasons, including:

- Ensure patients receive the care they need to protect their health.
- Maintain member satisfaction.
- Reduce unnecessary use of alternative services such as emergency room visits.

Vision specialists are expected to meet the following minimum standards for appointment availability:

- Comprehensive assessment: An initial, comprehensive assessment must be scheduled within 45 days of a patient’s enrollment.
- Routine appointments: Routine preventive care must be scheduled within 28 calendar days.
- Urgent Services: Urgent Service must be available within 48 hours
- Emergency services: Emergency services must be available within 24 hours.

SKYGEN USA will educate providers about appointment standards, monitor the adequacy of the process, and take corrective action if required.

## Transportation Benefits

Aetna Better Health of Kansas covers all medically necessary ambulance transportation and all medically necessary non-emergency ambulance transportation. Members who need transportation assistance should contact Access2Care of Kansas at **866-252-5634**.

Non-emergency transportation is covered by the Medical Assistance Transportation Program (MATP). MATP is responsible for:

Non-emergency transportation to a medical service that is covered by the MATP Program. This includes transportation for urgent care appointments. Transportation to another county to receive medical care as well as advice on locating a train, the bus and route information. Reimbursement for mileage, parking and tolls with valid receipts if the consumer used their own car or someone else's to get to the medical care provider.

## Missed Appointments

Enrolled providers are not allowed to charge members for missed appointments. If your office mails letters to members who miss appointments, the following language may be helpful to include:

- “We missed you when you did not come for your vision appointment on Month/Date. Regular checkups are needed to keep your teeth healthy.”
- “Please call to reschedule another appointment. Call us in advance if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

Aetna Better Health of Kansas recommends contacting the member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment. The Centers for Medicaid & Medicare Services (CMS) interpret federal law to prohibit a provider from billing any Aetna Better Health of Kansas member for a missed appointment. In addition, your missed appointment policy for Aetna Better Health of Kansas enrolled patients cannot be stricter than your private or commercial patients. If an Aetna Better Health of Kansas member exceeds your office policy for missed appointments and you choose to discontinue seeing the patient, ask them to contact Aetna Better Health of Kansas for a referral to a new provider.

## Payment for Non-covered Services

Enrolled participating providers shall hold members, Aetna Better Health of Kansas and SKYGEN USA harmless for the payment of non-covered services except as provided in this paragraph. A provider may bill a member for non-covered services if the provider obtains an agreement from the member prior to rendering such service which indicates:

- The services to be provided.
- Aetna Better Health of Kansas or SKYGEN USA will not pay for or be liable for these services.
- Member will be financially liable for such services.

Providers must inform members in advance and in writing when the member is responsible for non-covered services.

# Retrospective Review, Prior Authorization & Documentation Requirements

## Prior Authorization for Treatment

The Aetna Better Health of Kansas has specific utilization criteria, as well as a prior authorization review process, to manage the utilization of services. Whether prior authorization is required for a particular service, and whether supporting documentation is also required, is defined in this provider manual in Benefit Plan Details & Authorization Requirements.

Non-emergency services requiring prior authorization should not be started until the authorization request is reviewed and approved by a SKYGEN USA Vision consultant. Non-emergency treatment started prior to the determination of coverage will be performed at the financial risk of the vision office. If coverage is denied, the treating provider will be financially responsible and may not balance bill the member, Aetna Better Health of Kansas or SKYGEN USA.

Should a procedure need to be initiated to relieve pain and suffering in an emergency situation, you are to provide treatment to alleviate the patient's condition.

Submit requests for prior authorization online through the Provider Web Portal <https://ocularbenefitspwp.wonderboxsystem.com>, electronically in a HIPAA-compliant data file. Any claims or authorizations submitted without the required documentation will be denied and must be resubmitted to obtain reimbursement.

SKYGEN USA will make a decision on a request for prior authorization within 14 calendar days from the date we receive the request, provided all information is complete.

SKYGEN USA will honor prior authorizations for 180 calendar days from the date they are determined. ***An authorization does not guarantee payment.*** The member must be eligible for benefits at the time services are provided.

SKYGEN USA reviewers and licensed vision consultants approve or deny authorization requests based on whether:

- The item or service is medically necessary.
- A less expensive service would adequately meet the member's needs.
- The proposed item or service conforms to commonly accepted standards in the vision community.

## **Retrospective Review**

Services that require retrospective review are outlined in the exhibit section at the end of this manual. Claims that require retrospective review need to be submitted with the appropriate documentation. Retro reviews are determined within 30 calendar days for clean claims and notification will be sent to the provider via the provider remittance statement.

## **Procedures Requiring Prior Authorization**

SKYGEN USA must make a decision on a request for prior authorization within 14 calendar days from the date SKYGEN USA receives this request, provided all information is complete. If you indicate or we determine that following this time frame could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function, we will make an expedited authorization decision and provide notice of our decision within three business days.

If SKYGEN USA denies the approval for some or all of the services requested, SKYGEN USA will send the recipient a written notice of the reasons for the denial(s) and will tell the member he or she may appeal the decision. The requesting provider will also receive notice of the decision. SKYGEN USA has specific vision utilization criteria as well as a prior authorization and retrospective review process to manage the utilization of services. Consequently, SKYGEN USA's operational focus is on assuring compliance with its vision utilization criteria.

One method used on a limited basis to assure compliance is to require providers to supply specified documentation prior to authorizing payment for certain procedures. Services requiring prior authorization should not be started prior to the determination of coverage (approval or denial of the prior authorization) for nonemergency services. Nonemergency treatment started prior to the determination of coverage will be performed at the financial risk of the vision office.

If coverage is denied, the treating vision specialist will be financially responsible and may not balance bill the member, the state of Kansas or any agents, and/or SKYGEN USA. Prior authorizations will be honored for 180 days from the date they are issued. An approval does not guarantee payment. The member must be eligible at the time the services are provided. The provider should verify eligibility at the time of service.

The basis for granting or denying approval shall be whether the item or service is medically necessary, whether a less expensive service would adequately meet the member's needs, and whether the proposed item or service conforms to commonly accepted standards in the vision community.

## Appealing an Authorization Decision

If you have questions about a prior authorization decision or wish to speak to the reviewer, call Provider Services: **855-918-2258**. See the **Grievances & Appeals** section in this manual for information.

If SKYGEN USA denies approval for any requested service, the member will receive written notice of the reasons for each denial and will be notified of how to appeal the decision. The requesting provider will also receive notice of the decision.

To appeal an authorization decision, submit the appeal in writing along with any necessary documentation within 60 calendar days (an additional 3 calendar days for mailing time) of the original determination date to:

Aetna Better Health of Kansas  
Attn: Appeals Department  
9401 Indian Creek Parkway Suite 1300  
Overland Park, KS 66210

# Authorization Submission Procedures

SKYGEN USA accepts authorizations submitted in any of the following formats:

- Provider Web Portal, <https://ocularbenefitspwp.wonderboxsystem.com>
- Electronic submission via clearinghouse, Payer ID: L0140
- Aetna Better Health of Kansas: Authorizations  
PO Box 1164  
Milwaukee WI 53201

## Submitting Authorizations via Provider Web Portal

Providers may submit authorizations along with any required treatment documentation directly to SKYGEN USA through our Provider Web Portal: <https://ocularbenefitspwp.wonderboxsystem.com>.

Submitting authorizations via the web portal has several significant advantages:

- The online claim form has built-in features that automatically verify member eligibility, pre-fill the authorization form with member information, and make data entry quick and easy.
- The online authorization process steps you through clinical guidelines, when applicable, giving you a quick indication of how your authorization request will be evaluated and whether it's likely to be approved. (Successfully completing a clinical guideline does not guarantee payment.)
- The online authorization process indicates whether supporting documentation is required and allows you to attach and send documents as part of the authorization request—*for no charge*.
- Vision reviewers and consultants receive your authorization requests and supporting documentation as soon as you submit them online—which means you receive decisions faster.
- As soon as an authorization is determined, its status is instantly updated online and available for review. You don't have to wait for a letter to find out whether your authorization request is approved.

If you have questions about submitting authorizations online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team: **844-275-8756**.

## Submitting Authorizations on Paper Forms

To ensure timely processing of submitted authorizations, please use the form on the following page.



**Medical / Surgical Review Form - (Fax requests to: 1-800-310-9871)**

Member ID #: \_\_\_\_\_ Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI# \_\_\_\_\_

Physician Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Diagnosis Codes:**

CPT Code	Description	OD	OS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Treatment Location Name: \_\_\_\_\_

Treatment Location Address: \_\_\_\_\_

Inpatient \_\_\_\_ Outpatient \_\_\_\_

Tentative Surgery Date: \_\_\_\_\_ **Urgent:** Yes/No (circle one)

**INFORMATION FOR ALL CASES:**

Legible, complete copies of the last three (3) chart notes, if available.

For Cataract and YAG Laser Surgeries:

- |   |                                       |
|---|---------------------------------------|
| 1. PAM, OU<br>_____                     | 2. Best Corrected VA,<br>OU<br>_____  |
| 3. Glare Test, OU (if<br>Nec.)<br>_____ | 4. VA with correction,<br>OU<br>_____ |

For Plastic and Reconstructive Surgeries:

- Copies of visual fields (taped and untaped)
- Copies of external ocular photos

# Claim Submission Procedures

SKYGEN USA accepts claims submitted in any of the following formats:

- Provider Web Portal, <https://ocularbenefitspwp.wonderboxsystem.com>
- Electronic submission via clearinghouse, Payer ID: L0140
- Aetna Better Health of Kansas: Claims  
PO Box 1607  
Milwaukee WI 53201

## Submitting Claims via Provider Web Portal

Providers may submit claims directly to SKYGEN USA through our Provider Web Portal: <https://ocularbenefitspwp.wonderboxsystem.com>. Submitting claims via the web portal has several significant advantages:

- The online claim form has built-in features that automatically verify member eligibility, pre-fill the claim form with member information, and make data entry quick and easy.
- The online process allows you to attach and send electronic documents as part of submitting a claim—*for nocharge*.
- Before submitting a claim—or before rendering services—you can generate an online claim estimate to find out how much you are likely to be paid or whether your claim will be denied—and the reasons why.
- Claims enter our benefits administration system faster—which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a Remittance Report is available for review.

If you have questions about submitting claims online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team: **844-275-8756**.

## Submitting Claims via Clearinghouses

Optometrists/Ophthalmologists may submit electronic claims and authorizations to SKYGEN USA directly via the Change Healthcare (formerly Emdeon) or Availity, WayStar clearinghouses. You can contact your software vendor and make certain that they have SKYGEN USA listed as a payer. Your software vendor will be able to provide you with any information you may need to ensure that submitted claims are forwarded to SKYGEN USA Payer ID L0140 will ensure that by utilizing this unique payer ID, claims will be submitted successfully.

## Submitting Claims on Paper Forms

Paper claims must be sent directly to SKYGEN USA. All claims must be submitted on an original standard CMS-1500 form. SKYGEN USA cannot accept claims submitted on a UB-04 claim form. Member name, Medicaid identification number, and date of birth must be listed on all claims submitted. If the Member identification number is missing or miscoded on the claim form, the patient cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment.

The Provider and office location information must be clearly identified on the claim. Frequently, if only the optometrist/ophthalmologist signature is used for identification, the optometrists/ophthalmologist's name cannot be clearly identified. To ensure proper claim processing, the claim form must include the following:

- The treating Provider's name;
- The location in which the treatment occurred;
- The billing (business office) location; and
- The treating Provider's Kansas Medicaid ID #, NPI or tax identification number (TIN).
- The date of service must be provided on the claim form for each service line submitted.
- Approved CPT or HCPCS and ICD-10 Diagnostic Codes as published in the current CPT book or as defined in this manual must be used to define all services.
- Provider must list all details for ocular codes that necessitate identification. Missing identification codes can result in the delay or denial of claim payment.

Affix the proper postage when mailing bulk documentation. SKYGEN USA does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.

Claims should be mailed to the following address:

- Aetna Better Health of Kansas: Claims  
P.O. Box 1607  
Milwaukee, WI 53201

Providers submitting claims via Front End Billing must ensure they are providing the following information:

- Member's Medicaid ID – This is sometimes known as the KMAP ID.

This is listed on the Aetna member ID cards as "Medicaid or CHIP number." Providers should not use the Aetna ID when submitting claims via the Front End Billing process as these claims will be rejected. The state forwards these claims to SKYGEN USA based on the Medicaid ID and claims submitted with the Aetna ID will be rejected.

- Provider NPI

## Claims Adjudication and Payment

SKYGEN USA' system adjudicates all claims automatically once per week. It also has the ability to automatically update individual and family claim history, perform claim payment calculations, calculate and update co-payment/deductible accumulations, and track benefit maximums and frequency limits, where appropriate.

The Claim Adjudication Module (CAM) serves as SKYGEN USA 'primary claims processing tool'. SKYGEN USA Claims Adjudication Module imports the data, edits the data for completeness and correctness, analyzes the data for clinical and coding correctness/appropriateness, and audits against product and benefit limits. CAM also will review claims/services that require preauthorization's, and automatically match the claim/service to the appropriate Member record for efficient claims processing.

Once all CAM edits are complete, claims are priced, a remittance summary is printed, and a check or EFT payment is generated.

## Coordination of Benefits (COB)

SKYGEN USA is the secondary insurance carrier, and should only be billed when the primary insurance has paid. A copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim. When determining additional payments after COB has been collected from the primary carrier, SKYGEN USA will determine if the primary carrier's payment meets or exceeds a Provider's contracted rate or fee schedule or if the member has any patient responsibility as reflected on the EOB. SKYGEN USA will pay the lesser of the two mentioned totals. SKYGEN USA does not reimburse providers for discounts or write off amounts associated with their agreement with the member's primary carrier.

For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate COB field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, SKYGEN USA will consider the claim paid in full and no further payment will be made on the claim. If another insurance company does not respond to the provider or policyholder's claim submission and follow-up request and 30 days have lapsed, proceed as follows:

1. Submit a paper claim within 180 days of the date of service.
2. Indicate in the other insurance field "No response from (name insurer) insurance company".
3. Attach a copy of the claim the provider submitted to the other insurance company.

\*NOTE\* SKYGEN USA follows KMAP TPL policy. All KMAP TPL billing requirements still apply. Please provide a copy of the original remittance advice (RA) or EOB that was received from the primary insurance (not KanCare), or other third party liability (TPL) documentation. If you never received a RA or EOB from the primary insurance, then please include a brief explanation as to why a RA or EOB was not received (i.e., no response from the insurance company). Adequate documentation includes a copy of the other insurance's remittance advice or a copy of the EOB letter that clearly display the member name, dates of service, charges and TPL payment. For prior authorizations, if there was an approval from the primary insurance, SKYGEN USA does not require you to obtain an authorization as the secondary insurance carrier.

## Timely Filing Limits

SKYGEN USA must receive claims requesting payment within 180 days from the date of service. Claims submitted more than 180 days from the date of service will be denied for “untimely filing.” If a claim is denied for untimely filing, you may not bill the member. If Aetna Better Health of Kansas is not the primary carrier, the claim still must be received within 365 days from the date of service.

## Receipt and Audit of Claims

In order to ensure timely, accurate remittances to each optometrist and ophthalmologist SKYGEN USA performs an edit of all claims upon receipt. This edit validates Member eligibility, procedure codes, and Provider identifying information. A Reimbursement Analyst dedicated to Kansas ocular offices analyzes any claim conditions that would result in non-payment. When potential problems are identified, your office may be contacted and asked to assist in resolving this problem. Please feel free to contact SKYGEN USA Provider Services at **855-918-2258** with any questions you may have regarding claim submission or your remittance.

Each Enrolled Participating Provider office receives an “explanation of benefit” report with their remittance. This report includes Member information and an allowable fee by date of service for each service rendered during the period.

# Grievances & Appeals

Aetna Better Health of Kansas and SKYGEN USA are committed to providing high-quality vision services to all members. As part of that commitment, we work to ensure all members and providers have every opportunity to exercise their rights to a fair and timely resolution to any grievances and appeals. Our procedures for handling and resolving grievances (complaints) and appeals are designed to:

- Ensure fair, just, and speedy resolutions by working cooperatively with providers and supplying any documentation related to grievances and/or appeals, upon request.
- Treat providers and members with dignity and respect at all levels of the grievances and appeals resolution process.
- Inform providers and members of their full rights as they relate to grievance and appeal resolutions, including their rights of appeal at each step in the process.
- Resolve grievances and appeals in a satisfactory and acceptable manner within the Aetna Better Health of Kansas and SKYGEN USA Vision protocol.
- Comply with all regulatory guidelines and policies with respect to grievances (complaints) and appeals.
- Efficiently monitor the resolution of grievances, to allow for tracking and identifying unacceptable patterns of care over time.

Differences sometimes arise between providers and insurers or their benefit administrators regarding prior authorization determinations and payment decisions. Since many of these issues result from misunderstanding of service coverage, processing policy, or payment levels, we encourage providers to contact us for explanations and education. For assistance, call Provider Services: **855-918-2258**. A designated Aetna Appeals Specialist is dedicated to the expedient, satisfactory resolution of both provider and member grievances and appeals.

## Making a Grievance

Aetna takes an active role assisting providers and members who have grievances. If you have a grievance, send a written grievance to:

Aetna Better Health of Kansas  
Attn: Appeals Department  
9401 Indian Creek Parkway Suite 1300  
Overland Park, KS 66210

You can also file a verbal grievance by calling Aetna Better Health at **1-855-221-5656**.

## Grievance Investigation & Resolution

Aetna investigates and resolves grievances within the following time frames:

- Expedited Member Grievance: within 72 hours of receipt
- Standard Member or Provider Grievance: within 30 calendar days of receipt.

## Appeals Investigation & Resolution

Appeals are available to any member or provider who disagrees with a decision to deny services or payment for services. Appeals can also be requested by representatives who are authorized to appeal on behalf of a member, such as a lawyer, parent or guardian, provider, etc. SKYGEN USA provides both the member and the provider a copy of their appeal rights with each pre-or post-service denial.

## Submitting Provider Reconsiderations

A provider may request a claim reconsideration if they would like us to review the claim decision. Claim reconsideration is available to providers prior to submitting an appeal. Reconsideration requests must be submitted within 120 calendar days (an additional 3 day calendar days is allowed for mailing time) from the date of the notice of the claim denial. Providers may submit reconsideration requests orally by contacting the Aetna Better Health Provider Experience department at **855-221-5656 (TTY 711)**. Providers can submit a written reconsideration to:

Aetna Better Health of Kansas Attn: Reconsideration  
9401 Indian Creek Parkway Suite 1300  
Overland Park, KS 66210

Aetna Better Health will review your reconsideration request and provide a written response within 30 calendar days of receipt.

## Submitting Provider Appeals

Providers who disagree with claim payment decisions may submit a written appeal within 60 calendar days (an additional 3 calendar days for mailing time) of the original denial date. If a reconsideration was requested, providers have 60 calendar days (an additional 3 calendar days for mailing time) from the date of the reconsideration resolution letter to file an appeal.

As a provider, you may file an authorization appeal on a member's behalf, with their written consent. When submitting a written appeal, include your name and your clinic address, member's name and Member ID, reasons you disagree with the decision, and additional documentation that supports your appeal, such as treatment plans, medical records, etc. Send written appeals to:

Send written appeals to:

Aetna Better Health of Kansas Attn: Appeals Department  
9401 Indian Creek Parkway Suite 1300  
Overland Park, KS 66210

## Submitting Member Appeals

A member may appeal any decision which denies or reduces services. Appeals are reviewed under our administrative appeal procedure. As a provider, you may file an authorization appeal on a member's behalf, with their written consent, include your name and your clinic address, member's name and Member ID, reasons you disagree with the decision, and additional documentation that supports your appeal, such as x-rays, treatment plans, medical records, etc. Appeals regarding authorization determinations must be filed within 60 calendar days (an additional 3 calendar days for mailing time) of the authorization denial notice. Send written member appeals to:

Aetna Better Health of Kansas Attn: Appeals Department  
9401 Indian Creek Parkway Suite 1300  
Overland Park, KS 66210

## Expedited Appeals

You may ask for an expedited (fast) appeal if waiting 30 calendar days could put your life or health in danger. To ask for a fast appeal, call Aetna Better Health toll free at **855-221-5656 (TTY 711)**. You don't have to request a fast appeal in writing. If we expedite your appeal, we'll let you know our decision within 72 hours of receiving the expedited request. If we don't feel your appeal needs to be expedited, we'll:

- Call you right away
- Send you a letter within two calendar days letting you know we'll review your appeal within 30 calendar days

If you don't agree with our decision not to expedite your appeal, you may file a grievance (complaint) with Aetna Better Health.

## State Fair Hearings

You or an authorized representative may file a state fair hearing if you don't agree with our appeal decision. You must file a state fair hearing within 120 calendar days of the date of the notice of the appeal decision. (An extra three calendar days is allowed for mailing time.)

# Provider Credentialing

As required by law, any optometrist/ophthalmologist who is interested in participation with SKYGEN USA is invited to apply and submit a credentialing application form for review by the SKYGEN USA Credentialing Committee. SKYGEN USA, has the sole right to determine which optometrists/ophthalmologists it shall accept and continue as Participating Providers.

Providers who seek participation in any SKYGEN USA network must be credentialed prior to participation in the network. SKYGEN USA will not differentiate or discriminate in the treatment of Providers seeking credentialing on the basis of race, ethnicity, sex, age, national origin or religion. All applications reviewed by SKYGEN USA must satisfy NCQA and/or URAC standards of credentialing, as they apply to ocular services.

The Credentialing Committee has the discretion and authority to accept an application without restrictions. If the Credentialing Committee determines that an application should be accepted with restriction or declined, it shall recommend the appropriate action to the Executive Subcommittee for approval.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may table an application pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency or any other organization or institution; or recommend any other action it deems appropriate.

Adverse credentialing recommendations of the Credentialing Committee can be forwarded to the Executive Subcommittee for final approval, subject to any appeal following such approval offered to and accepted by the applicant. If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee will review all original documents, as well as, any additional information submitted for the reconsideration review. If an applicant accepts the opportunity to appeal the Credentialing Committee's recommendation, the Peer Review Committee will complete the review. Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with SKYGEN USA.

## Credentialing Process

The SKYGEN USA credentialing process follows NCQA (National Committee for Quality Assurance) credentialing guidelines for optometry. All credentialing applications must satisfy NCQA and/or URAC standards of credentialing as they apply to vision services. SKYGEN USA has the sole right to determine which provider it accepts and continues to allow as participating providers in the Aetna Better Health of Kansas Program network.

In reviewing an application, the Credentialing Committee may request further information from the applicant. The Credentialing Committee may postpone a decision pending the outcome of an investigation of the applicant by a hospital, licensing board, government agency, institution, or any other organization, or the Committee may recommend other actions it deems appropriate. SKYGEN USA notifies Aetna of all disciplinary actions that involve participating providers.

Any acceptance of an applicant is conditioned upon the applicant's execution of a participation agreement with Aetna Better Health of Kansas Vision Program. SKYGEN USA will not enroll any provider with an effective date prior to the date for which credentialing verification is complete. As a result, we can no longer backdate an enrollment effective date prior to completion of credentialing.

If you have questions about the credentialing process or need assistance, call the SKYGEN USA Credentialing team: **855-812-9211**.

## Submitting a Credentialing Application

To submit your credentialing application and required documents, you may:

- Providers must enroll with the state's Medicaid program through KMAP and complete an application on there before SKYGEN USA may begin credentialing.

## Recredentialing Process

Recredentialing is required at least every 36 months, per NCQA guidelines. Six months before you are due for recredentialing, SKYGEN USA will notify you of your upcoming recredentialing due date. Our notification letter will include instructions for how to complete the recredentialing process. If you have questions about recredentialing or need assistance, call the SKYGEN USA Credentialing team: **855-812-9211**.

## Appealing a Credentialing Decision

The SKYGEN USA Credentialing Committee has the discretion and authority to accept an application without restrictions. However, if the Credentialing Committee determines an application should be accepted with restriction or declined, the Committee recommends the appropriate action to the Executive Subcommittee for approval and offers the applicant an opportunity to request a reconsideration review or appeal the recommendation.

If the applicant accepts the opportunity for a reconsideration review, the Credentialing Committee reviews all original documents, as well as any additional information submitted for the reconsideration review. If an applicant appeals the Credentialing Committee's recommendation, a Peer Review Committee completes the review. SKYGEN USA retains ultimate responsibility for the credentialing process and final credentialing decisions.

To appeal a decision, send a written request for a reconsideration review within 30 days of receiving an adverse recommendation to:

Aetna Better Health of Kansas: Credentialing  
PO Box 2059  
Milwaukee WI 53201

# Clinical Criteria

## Medical Necessity

The written standards utilized in the process of benefit determination will include the state Medicaid guidelines, the American Academy of Ophthalmology (AAO) guidance, the American Academy of Optometry (AOA) guidance, educational materials published by the Health Association of America, International Claims Association, plan benefit description documents as well as the information contained in the current Code of Medical Terminology published by the American Medical Association and the Medical Prevaling Healthcare Charges System, published by the Health Insurance Association of America. SKYGEN USA refers any questionable services for evaluation by the Peer Review Committee or independent peer review if requested to do so by treating provider. Criteria are reviewed on a yearly basis as part of the Utilization Management Program annual review.

The determination of medical necessity is necessary for prior authorization, concurrent reviews or retrospective review for claims processing. The Medical Consultant or licensed physician, as required by plan/state, will consider all submitted documentation in the final determination of medical necessity.

They will also consider appropriateness of the requested service, the member's individual circumstances and the applicable contract language concerning benefits and exclusions. UR criteria may not be the sole basis for the decision. In Kansas, SKYGEN USA complies with the definition of medical necessity as outlined in K.A.R. §30-5-58(ooo).

Medical necessity - means that a health intervention is an otherwise covered category of service, is not specifically excluded from coverage, and is medically necessary, according to all of the following criteria:

- "Authority". The health intervention is recommended by the treating physician and is determined to be necessary by the secretary or the secretary's designee.
- "Purpose". The health intervention has the purpose of treating a medical condition.
- "Scope". The health intervention provides the most appropriate supply or level of service, considering potential benefits and harms to the patient.
- "Evidence". The health intervention is known to be effective in improving health outcomes. For new interventions, effectiveness shall be determined by scientific evidence as provided herein. For existing interventions, effectiveness shall be determined as provided in §30-5-58(ooo) (4).
- "Value". The health intervention is cost-effective for this condition compared to alternative interventions, including no intervention. "Cost-effective" shall not necessarily be construed to mean lowest price. An intervention may be medically indicated and yet not be a covered benefit or meet the regulation's definition of medical necessity.

- Interventions that do not meet this regulation’s definition of medical necessity may be covered at the choice of the secretary or the secretary’s designee. An intervention shall be considered cost effective if the benefits and harms relative to costs represent an economically efficient use of resources for patients with this condition. In the application of this criterion to an individual case, the characteristics of the individual patient shall be determinative.
- Children enrolled in EPSDT may exceed established limits based on medical necessity.

## Emergency Treatment

SKYGEN USA covers emergency services when:

- Participating provider shall be reimbursed for services rendered without prior approval, where a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
- In addition to the private office, medical services may be provided in the home, a hospital, approved independent clinic, nursing facility, residential treatment center and elsewhere.
- Services should be provided in any appropriate setting, governed by medical necessity and not by the convenience or desires of the members or providers of services.
- Medical services provided in an inpatient or outpatient hospital setting or elsewhere outside the provider’s office setting are subject to all applicable State and facility regulations.

## Clinical Guidelines

Clinical guidelines are utilized to assist in the day to day and triage of services requested for members. While the guidelines are a great asset in determining medical care for a member, they are not an absolute standard that SKYGEN USA is bound to. Numerous factors can influence what type of medical care is appropriate for a member and if a member needs care different from the clinical guidelines, the Medical Director has the ultimate authority on how to best plan the treatment for a member.

Criteria is reviewed objectively and based on medical evidence that is consistent with national Medicaid coverage guidelines, as well as, the American Academy of Ophthalmology Clinical Guidelines and the American Optometric Association Clinical Guidelines, the state Medicaid guidelines, Health Plan requirements and Member benefit level description.

A provider may request a member to see an ophthalmologist if the provider feels it is within the member’s best interest even in cases where a member would normally be triaged to an Optometrist.

The clinical guidelines are reviewed annually with updates and revisions added to policy as necessary. Clinical guidelines can be obtained by logging onto:

<https://ocularbenefitspwp.wonderboxsystem.com>. You can also contact Provider Services at **855-918-2258** to obtain a copy of the clinical guidelines.

# Benefits and Limitations

## Eye Exams

Eye exams are covered once per 365 days for all members. Additional eye exams are covered as needed for members to detect and/or follow medical conditions. Eye exams are covered as needed for post-cataract surgery patients up to one year following the surgery. The basic eye exam procedure codes are: 92002, 92004, 92012, 92014, and 99173.

Refraction (92015) is not included in a basic eye exam. Refractions may be provided on the same date of service as the basic eye exam and billed as a separate procedure.

If visual field examinations, fundus photography, and laser scanning are performed on the same date of service as an eye exam, visual field examinations, fundus photography, and laser scanning are considered content of service of that eye exam unless medical necessity is shown. Visual field examinations and laser scanning are not allowed on the same date of service. Both procedures are limited to a total of four times per 365 days if medical necessity is present. (Laser scanning is limited to four per year. Modifier LT or RT is no longer required when billing laser scanning).

Visual field testing must be medically necessary to establish a diagnosis, monitor a course of treatment, or determine if a change in therapeutic plan is necessary because of a progression of a disease. Furthermore, the lowest level of testing medically necessary should be used. Glaucoma is the most frequent diagnosis associated with visual field testing. Visual field testing may be medically necessary in a glaucoma suspect or a patient with glaucoma, mild damage, and good control only once every year. Visual field testing may be necessary in patients with moderate glaucoma and good control once a year. Field testing may be necessary in mild, moderate, or advanced glaucoma and borderline control two times a year. Finally, visual field testing in patients with advanced damage or uncontrolled glaucoma may be necessary up to four times a year.

Fundus photography and visual field examinations are considered content of service of an eye exam when performed on the same date of service unless the diagnosis on the claim clearly supports medical necessity for the procedure.

Laser scanning is appropriate once a year to follow pre-glaucoma patients or those with mild damage. Patients with moderate damage may be followed with either scanning or visual field testing. Using scanning and visual field testing is not allowed. Patients with moderate damage may be followed with two tests per year. If the glaucoma is uncontrolled, more than two tests per year (up to the limit of four tests) may be necessary. Finally, in advanced damage, visual field testing is preferred instead of laser scanning.

Corneal topography is allowed no more than one time per year with prior authorization. Medical necessity must be shown by one of the following diagnosis codes: H18.459, H18.469, H18.609, H18.619, H18.629, T85.398A, and Z94.7. Corneal topography is non-covered for preparation or continued care of Laser-Assisted in Situ Keratomileusis (LASIK) surgery or basic fitting or refitting of contact lenses. LASIK surgery is non-covered.

## Eyeglasses Children

- All frames must include a one-year warranty.
- Backup eyeglasses are non-covered and should not be billed to SKYGEN USA.
- Eyeglasses may initially be ordered on the same date a vision exam is performed.
- The fitting of new eyeglasses is considered content of service of the charge for the glasses and cannot be billed separately.

The date of receipt of the prescription (ordering date) is considered the date of service. The provider may bill SKYGEN USA before the actual dispensing of the glasses since the intent to render service has been confirmed by the acceptance of the prescription.

If a member chooses eyeglass frames or lenses that exceed the amount allowed by Aetna Better Health of Kansas Inc., the beneficiary is responsible for the entire expense of the frames or lenses. Do not bill Aetna Better Health of Kansas Inc. for these services.

All sunglasses, transition lenses, tints (including photochromatic), progressive lenses, safety glasses, and athletic glasses are non-covered.

## Eyeglasses Adults 21 & Over

Adults (21 & over) covered by the Aetna KanCare Medicaid, in addition to the covered comprehensive eye examination and one pair of glasses covered once per 365 days, will receive a \$50 benefit maximum for use towards non-covered lens options such as: Tints, UV Coating, Anti-Glare Coating, Polarization, Mirror Coating and Progressive No-Line upgrade (Codes: V2730, V2740, V2741, V2742, V2743, V2744, V2745, V2750, V2755, V2761, V2762, V2770, V2780, V2781).

Adult members will owe any balance for eyewear over and above the \$50.00 benefit maximum.

The Covered Eye Exam, the eyewear and \$50 lenses option upgrade benefit will be the extent of routine vision coverage for adults per 365 days.

- All frames must include a one-year warranty.
- Backup eyeglasses are non-covered and should not be billed to SKYGEN USA.
- Eyeglasses may initially be ordered on the same date a vision exam is performed.
- The fitting of new eyeglasses is considered content of service of the charge for the glasses and cannot be billed separately.

The date of receipt of the prescription (ordering date) is considered the date of service. The provider may bill SKYGEN USA before the actual dispensing of the glasses since the intent to render service has been confirmed by the acceptance of the prescription.

Eyeglasses for post cataract surgery patients are covered when provided within one year following the cataract surgery.

## Polycarbonate Lenses

Codes V2784 & S0580 cannot be billed together. V2784 is NOT in addition to and cannot be billed with any other lens codes. S0580 is in addition to the basic lens code and must be billed in addition to the appropriate lens code. Modifier 22 is no longer required.

## Medically Necessary Contact Lenses

Prior authorization is required at all times for contact lens services. Backdating a prior authorization is not allowed. Providers must obtain a prior authorization approval from SKYGEN USA before dispensing contacts. The following beneficiary information must be provided with a prior authorization request:

- Eyeglass lens prescription and the visual acuity achieved with this correction in both eyes
- Visual acuity without correction
- Type of contact lenses to be fitted
- Date of original fitting
- Reason for refitting, if applicable
- Medical necessity for contact lenses
- Outline of adaptation procedures
- Probability of need for supplemental eyeglass lenses
- Approximate cost to SKYGEN USA
- Contact lenses and replacements are covered with prior authorization for the following (medical necessity must be present):
  - Monocular Aphakia
  - Bullous Keratopathy
    - Keratoconus
    - Corneal Transplant
  - Anisometropia of more than three diopters of difference that is causing vision distortion and cannot be corrected with glasses
  - Anisekonia of more than three diopters of difference that is causing vision distortion and cannot be corrected with glasses
- Contact Lenses:
  - Contact lens adaptation includes six months of care.
  - Contact lens replacement includes neutralization per lens.
  - Contact lenses are non-covered for cosmetic purposes or for athletic participation.
  - Contact sunglasses, colored or tinted of any kind, are non-covered.

- Contact lens fitting is allowed once per lifetime when contacts are first prescribed.
- Subsequent fittings will be considered if a new type of contact lens is being prescribed and fitted.

## Blepharoplasty and Blepharoptosis

Blepharoplasty and Blepharoptosis procedures require prior authorization. The beneficiary must meet the following criteria:

- Margin Reflex Distance (MRD) must be 1.0 or less in the best eye.
- Full Flash Photo light reflex must be performed to identify papillary center resting tangent.
  - Visual field loss must be 10-15 degrees above dead center in the best eye for beneficiaries 14 years of age and older. Submit with request visual field loss of both eyes (taped and untaped).
- Prior vision history and expected outcomes of surgery must be submitted with request.
- If best eye does not meet the above criteria, the surgery is not allowed except in beneficiaries less than 10 years of age.
- For coverage of one eye, the same criteria applies unless person only has one functional eye.
- For coverage of both eyes, the best eye must meet all of the above criteria.
- All of the above information must be submitted at the time the prior authorization request is made. Requests cannot be processed without all of the above information.

## Vision Therapy

- Orthoptic and/or Pleoptic Training (also referred to as vision therapy) are not covered.
- No services are payable arising from the assessment, planning, implementation, or evaluation of vision therapy.

## **Benefit Plan Details**

Aetna KanCare CHIP Vision

Aetna KanCare Medicaid Vision

Aetna KS Spenddown Medicaid

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
11042	DEBRIDEMENT; SKIN AND SUBCUTANEOUS TISSUE	0-18	All modifiers				Yes	Narrative of Medical Necessity
11043	DEBRIDEMENT; SKIN SUBCUTANEOUS TISSUE AND MUSCLE	0-18	All modifiers				Yes	Narrative of Medical Necessity
11044	DEBRIDEMENT; SKIN SUBCUT TISSUE MUSCLE&BONE	0-18	All modifiers				Yes	Narrative of Medical Necessity
11100	BX SKIN SUBQ TISSUE &/ MUCOUS MEMBRANE; 1 LESION	0-18	All modifiers				Yes	Narrative of Medical Necessity
11101	BX SKIN SUBQ TISSUE &/ MUCOUS MEMBRANE; EA ADD	0-18	All modifiers				Yes	Narrative of Medical Necessity
11200	REMOVAL SKIN TAGS ANY AREA;TO & INCL 15 LESION	0-18	All modifiers				Yes	Narrative of Medical Necessity
11440	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	0-18	All modifiers				Yes	Narrative of Medical Necessity
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
11446	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M >4.0CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
11640	EXC MAL LES MARG FCE ERS EYELD NSE LPS; 0.5 CM/<	13-18	All modifiers				Yes	Narrative of Medical Necessity
11641	EXC MAL LES MARG FCE ERS EYELD NSE LP;0.6-1.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
11642	EXC MAL LES MARG FCE ERS EYELD NSE LP;1.1-2.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
11643	EXC MAL LES MARG FCE ERS EYELD NSE LP;2.1-3.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
11644	EXC MAL LES MARG FCE ERS EYELD NSE LP;3.1-4.0 CM	0-20	All modifiers				Yes	Narrative of Medical Necessity
11646	EXC MAL LES MARG FCE ERS EYELD NSE LP;OVR 4.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12011	SIMPL REPR FACE EARS NOSE&/MUCOUS MEMB; < 2.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12013	SIMPL REPR FACE ERS NOSE&/MUCOUS MEMB;2.6-5.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12014	SIMPL REPR FCE ERS NOSE&/MUCOUS MEMB; 5.1-7.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12015	SIMPL REPR FCE ERS NOSE&/MUCOUS MEMB;7.6-12.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
12016	SIMPL REPR FCE ERS NSE&/MUCOUS MEMB;12.6-20.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12017	SIMPL REPR FCE ERS NSE&/MUCOUS MEMB;20.1-30.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12018	SIMPL REPR FACE ERS NOSE&/MUCOUS MEMB; > 30.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12020	TX SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	0-18	All modifiers				Yes	Narrative of Medical Necessity
12021	TX SUPERFICIAL WOUND DEHISCENCE; W/PACKING	0-18	All modifiers				Yes	Narrative of Medical Necessity
12051	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; < 2.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12052	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; 2.6-5.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12053	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; 5.1-7.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12054	LAYER CLOS WNDS FCE EARS NOSE&/LIPS; 7.6-12.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12055	LAYER CLOS WNDS FCE EARS NOSE&/LPS; 12.6-20.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12056	LAYER CLOS WNDS FCE EARS NOSE&/LPS; 20.1-30.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
12057	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; > 30.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
13151	REPR CMLPX EYELIDS NOSE EARS&/LIPS; 1.1-2.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
13152	REPR CMLPX EYELIDS NOSE EARS&/LIPS; 2.6-7.5 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
13153	REPR CMLPX EYELDS NSE EARS&/LPS;EA ADD 5 CM/LESS	0-18	All modifiers				Yes	Narrative of Medical Necessity
13160	SEC CLOS SURGICAL WOUND/DEHIS EXTENSIVE/COMP	0-18	All modifiers				Yes	Narrative of Medical Necessity
14060	ADJ TISS TRANS EYELDS NOSE&/LIPS; 10 SQ CM/LESS	0-18	All modifiers				Yes	Narrative of Medical Necessity
14061	ADJ TISS TRANS EYELDS NOSE&/LIPS;10.1-30.0 SQ CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	0-18	All modifiers				Yes	Narrative of Medical Necessity
15120	SPLT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1%	0-18	All modifiers				Yes	Narrative of Medical Necessity
15121	SPLT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	0-18	All modifiers				Yes	Narrative of Medical Necessity
15260	FULL THICK GFT NOSE EARS EYELDS&/LPS; 20 SQ CM/<	0-18	All modifiers				Yes	Narrative of Medical Necessity
15576	FORM DIR PEDICLE W/WO TRANSF;EYELDS NSE EARS/LIP	0-18	All modifiers				Yes	Narrative of Medical Necessity
15630	DELAY FLAP/SECTIONING FLAP;EYELD NOSE EARS/LIPS	0-18	All modifiers				Yes	Narrative of Medical Necessity
15820	BLEPHAROPLASTY LOWER EYELID;	0-18	All modifiers				Yes	Narrative of Medical Necessity
15821	BLPHPLSTY LOWER EYELID; W/EXT HERNIATED FAT PAD	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
15822	BLEPHAROPLASTY UPPER EYELID;	0-18	All modifiers				Yes	Narrative of Medical Necessity
15823	BLPHPLSTY UPPER EYELID; W/XCESS SKIN WT DOWN LID	0-18	All modifiers				Yes	Narrative of Medical Necessity
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	0-18	All modifiers				Yes	Narrative of Medical Necessity
17000	DESTRUC BEN/PREMLIG LES OTH THAN SKN TAG; 1 LES	0-18	All modifiers				Yes	Narrative of Medical Necessity
17003	DESTRUC BEN/PREMLIG LES OTH THN SKN TAG;2-14 EA	0-18	All modifiers				Yes	Narrative of Medical Necessity
17004	DESTRUC BEN/PREMLIG OTH THN SKIN TAGS 15/> LES	0-18	All modifiers				Yes	Narrative of Medical Necessity
17106	DESTRUC CUT VASCULAR PROLIFERAT LES; < 10 SQ CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
17107	DESTRUC CUT VASC PROLIFERAT LES; 10.0-50.0 SQ CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
17108	DESTRUC CUT VASC PROLIFERAT LES; > 50.0 SQ CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
17110	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14	0-18	All modifiers				Yes	Narrative of Medical Necessity
17111	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; 15/>LES	0-18	All modifiers				Yes	Narrative of Medical Necessity
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
17280	DESTRUC MAL LES FCE ERS EYELD NSE LPS; 0.5 CM/<	0-18	All modifiers				Yes	Narrative of Medical Necessity
17281	DESTRUC MAL LES FCE ERS EYELD NSE LPS;0.6-1.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
17282	DESTRUC MAL LES FCE ERS EYELD NSE LPS;1.1-2.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
17283	DESTRUC MAL LES FCE ERS EYELD NSE LPS;2.1-3.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
17284	DESTRUC MAL LES FCE ERS EYELD NSE LPS;3.1-4.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
17286	DESTRUC MAL LES FCE ERS EYELD NSE LPS; > 4.0 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
65091	EVISCKERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity
65093	EVISCKERATION OF OCULAR CONTENTS; WITH IMPLANT	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity
65103	ENUCLEAT EYE; W/IMPLANT MUSC NOT ATTCH IMPLANT	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity
65105	ENUCLEATION EYE; W/IMPLANT MUSCLES ATTCH IMPLANT	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity
65110	EXENTERATION ORBIT REMOVAL ORB CONTENTS; ONLY	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65112	EXENTERATION ORBITAL CONTENTS; W/REMOV BONE	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity
65114	EXENTERAT ORBITAL CONTENTS; W/MUSC/MYOCUT FLAP	0-18	All modifiers	Removal of Eye	2	1- LIFETIME	Yes	Narrative of Medical Necessity
65125	MODIFICATION OCULR IMPLANT W/PLCMT/REPLCMT PEGS	0-18	All modifiers				Yes	Narrative of Medical Necessity
65130	INSRT OCULAR IMPLNT SECNDRY; AFTER EVISCERATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
65135	INSRT OCULAR IMPLNT SECNDRY; AFTER ENUCLEATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
65140	INSRT OCULAR IMPLNT; ENUCLEAT- MUSC ATTACH- IMPLT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65150	REINSERTION OCULAR IMPLANT; W/WO CONJUNCT GRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65155	REINSRT OCULAR IMPLNT; W/FOREIGN MAT REINFORCE	0-18	All modifiers				Yes	Narrative of Medical Necessity
65175	REMOVAL OF OCULAR IMPLANT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65205	REMOVAL FB EXTERNAL EYE; CONJUNCT SUPERFICIAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
65210	REMOV FB EXT EYE; CONJUNC EMBEDDED/SUBCONJUNC	0-18	All modifiers				Yes	Narrative of Medical Necessity
65220	REMOVAL FB EXTERNAL EYE; CORNEAL W/O SLIT LAMP	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65222	REMOVAL FB EXTERNAL EYE; CORNEAL W/SLIT LAMP	0-18	All modifiers				Yes	Narrative of Medical Necessity
65235	REMOVAL FB INTRAOCULAR; FROM ANT CHAMB EYE/LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
65260	REMV FB IO; POST SEGMENT-MAGNETIC EXTRACTION	0-18	All modifiers				Yes	Narrative of Medical Necessity
65265	REMV FB INTRAOCULR; POST SEG NONMAGNETIC XTRAC	19-999	All modifiers				Yes	Narrative of Medical Necessity
65270	REPR LACERAT; CONJUNC WWO LACERAT SCLERA	19-999	All modifiers				Yes	Narrative of Medical Necessity
65272	REPR LAC; CONJUNCT MOBILIZ&REARNGMENT W/O HOSP	0-18	All modifiers				Yes	Narrative of Medical Necessity
65273	REPR LAC; CONJUNCT MOBILIZ&REARNGMENT W/HOSP	0-18	All modifiers				Yes	Narrative of Medical Necessity
65275	REPR LAC; CORN NONPERFORATING WWO REMOVAL FB	0-18	All modifiers				Yes	Narrative of Medical Necessity
65280	REPR LACERAT; CORNEA PERFORATING WO UVEAL TISS	0-18	All modifiers				Yes	Narrative of Medical Necessity
65285	REPR LACERAT; CORNEA W/REPOSIT/RESECT UVEAL TISS	0-18	All modifiers				Yes	Narrative of Medical Necessity
65286	REPR LAC; APPLIC TISS GLUE WND SCLERA & OR CORN	0-18	All modifiers				Yes	Narrative of Medical Necessity
65290	REPR WOUND XTRAOCULR MUSC TENDON & OR TENONS CAP	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65400	EXCISION OF LESION CORNEA EXCEPT PTERYGIUM	0-18	All modifiers				Yes	Narrative of Medical Necessity
65410	BIOPSY OF CORNEA	0-18	All modifiers				Yes	Narrative of Medical Necessity
65420	EXCISION/TRANSPOSITION PTERYGIUM; WITHOUT GRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; W/GRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65430	SCRAPING OF CORNEA DIAGNOSTIC SMEAR &OR CULTURE	0-18	All modifiers				Yes	Narrative of Medical Necessity
65435	REMOVAL CORNEAL EPITHELIUM; W/WO CHEMOCAUT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65436	REMOVAL CORNEAL EPITHEL; W/APPLIC CHELATING AGT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65450	DESTRUC LES CORN CRYOTHAPY PHOTOCOAG/THERMOCAUT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA	0-18	All modifiers				Yes	Narrative of Medical Necessity
65710	KERATOPLASTY; LAMELLAR	0-18	All modifiers				Yes	Narrative of Medical Necessity
65730	KERATOPLASTY; PENETRATING EXCEPT IN APHAKIA	0-18	All modifiers				Yes	Narrative of Medical Necessity
65750	KERATOPLASTY; PENETRATING IN APHAKIA	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65755	KERATOPLASTY; PENETRATING IN PSEUDOPHAKIA	0-18	All modifiers				Yes	Narrative of Medical Necessity
65756	KERATOPLASTY ENDOTHELIAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65770	KERATOPROSTHESIS	0-18	All modifiers				Yes	Narrative of Medical Necessity
65772	CORNL RELAXING INCI CORR SURGLY INDUCD ASTIGMA	0-18	All modifiers				Yes	Narrative of Medical Necessity
65775	CORNL WEDGE RESECTION CORR SURGLY INDUCD ASTIGMA	1518	All modifiers				Yes	Narrative of Medical Necessity
65778	PLACE AMNIOTIC MEMB OCULAR SURFACE SELF RETAIN	0-18	All modifiers				Yes	Narrative of Medical Necessity
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	0-18	All modifiers				Yes	Narrative of Medical Necessity
65780	OCULR SURFCE RECNSTR; AMNIOTIC MEMBRANE TPLNT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65781	OCULR SURFCE RECNSTR; LIMBAL STEM CELL ALLOGFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65782	OCULR SURFCE RECNSTR; LIMBAL CONJUNCT AUTOGFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
65800	PARACEN ANT CHAMB EYE- SEP PROC; W/DX ASPIR AQUES	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65810	PARACEN ANT CHAMB EYE-SEP PROC; W/REMOV VITREOUS	0-18	All modifiers				Yes	Narrative of Medical Necessity
65815	PARACENTESIS ANT CHAMB EYE-SEP PROC; W/REMOV BLD	0-18	All modifiers				Yes	Narrative of Medical Necessity
65820	GONIOTOMY	0-18	All modifiers				Yes	Narrative of Medical Necessity
65850	TRABECULOTOMY AB EXTERNO	0-18	All modifiers				Yes	Narrative of Medical Necessity
65855	TRABECULOPLASTY LASER SURGERY 1 OR MORE SESSIONS	0-18	All modifiers	Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
65860	SEVERING ADHES ANTERIOR SEGMENT LASER TECHNIQUE	0-18	All modifiers				Yes	Narrative of Medical Necessity
65865	SEVERING ADHESIONS-SEP PROC; GONIOSYNECHIAE	0-18	All modifiers				Yes	Narrative of Medical Necessity
65870	SEVERING ADHESIONS-SEP PROC; ANT SYNECHIAE	0-18	All modifiers				Yes	Narrative of Medical Necessity
65875	SEVERING ADHESIONS-SEP PROC; POST SYNECHIAE	0-18	All modifiers				Yes	Narrative of Medical Necessity
65880	SEVERING ADHESIONS-SEP PROC; CORNEOVITREAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
65900	REMOVAL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	0-18	All modifiers				Yes	Narrative of Medical Necessity
65920	REMOVAL IMPLANTED MATERIAL ANTERIOR SEGMENT EYE	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65930	REMOVAL OF BLOOD CLOT ANTERIOR SEGMENT OF EYE	0-18	All modifiers				Yes	Narrative of Medical Necessity
66020	INJ ANTERIOR CHAMBER OF EYE SEP PROC; AIR/LIQUID	0-18	All modifiers				Yes	Narrative of Medical Necessity
66030	INJECTION ANTERIOR CHAMBER OF EYE SEP PROC; MED	0-18	All modifiers				Yes	Narrative of Medical Necessity
66130	EXCISION OF LESION SCLERA	0-18	All modifiers				Yes	Narrative of Medical Necessity
66150	FISTULIZ SCLERA GLAUC; TREPHINATION W/IRIDECTOMY	0-18	All modifiers				Yes	Narrative of Medical Necessity
66155	FISTULIZ SCLERA GLAUC; THERMOCAUT W/IRIDECTOMY	0-18	All modifiers				Yes	Narrative of Medical Necessity
66160	FISTULIZAT SCLERA; SCLERECTOMY W/PUNCH W/IRIDECT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66170	FISTULIZAT SCLER; TRABECULECT AB EXT-NO OTHR SURG	0-18	All modifiers				Yes	Narrative of Medical Necessity
66172	FISTULIZAT SCLERA; TRABECULECT AB EXT W/SCARRING	0-18	All modifiers				Yes	Narrative of Medical Necessity
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	0-18	All modifiers				Yes	Narrative of Medical Necessity
66185	REVISION AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	0-17	All modifiers				Yes	Narrative of Medical Necessity
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66250	REVIS/REPR OPERATIVE WOUND ANT SEGMT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66500	IRIDOTOMY STAB INCI-SEP PROC; EXCEPT TRANSFIXION	0-18	All modifiers				Yes	Narrative of Medical Necessity
66505	IRIDOTOMY-SEP PROC; W/TRANSFIXION AS IRIS BOMBE	0-18	All modifiers				Yes	Narrative of Medical Necessity
66600	IRIDECT W/CORNEOSCLERAL/CORNL SECT; REMOVL LES	0-18	All modifiers				Yes	Narrative of Medical Necessity
66605	IRIDECT W/CORNEOSCLERAL/CORNL SECTION; W/CYCLECT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66625	IRIDECT-CORNEOSCLERL/CORNL SECT; PERIPH GLAUC-SP	0-18	All modifiers				Yes	Narrative of Medical Necessity
66630	IRIDECT-CORNEOSCLERAL/CORNL SECT;SECTOR GLAUC-SP	0-18	All modifiers				Yes	Narrative of Medical Necessity
66635	IRIDECT W/CORNEOSCLERAL/CORNEAL SECT; OPTICAL-SP	0-18	All modifiers				Yes	Narrative of Medical Necessity
66680	REPAIR OF IRIS CILIARY BODY	0-18	All modifiers				Yes	Narrative of Medical Necessity
66682	SUTURE IRIS CILIARY BODY-SEP PROC W/RETRIEVL SUT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66700	CILIARY BODY DESTRUCTION; DIATHERMY	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66710	CILIARY BDY DESTRUC; CYCLOPHOTOCOAG TRANSSCLERAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
66711	CILIARY BODY DESTRCTION; CYCLOPHOTOCOAGULAT ENDO	0-18	All modifiers				Yes	Narrative of Medical Necessity
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	0-18	All modifiers				Yes	Narrative of Medical Necessity
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	0-18	All modifiers				Yes	Narrative of Medical Necessity
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY	0-18	All modifiers	Laser Scanning KS	4	365- DAYS	Yes	Narrative of Medical Necessity
66762	IRIDOPLASTY BY PHOTOCOAGULATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
66770	DESTRUCTION CYST OR LESION IRIS OR CILIARY BODY	0-18	All modifiers				Yes	Narrative of Medical Necessity
66820	DISCISSION SEC MEMB CATARACT; STAB INCI TECH	0-18	All modifiers				Yes	Narrative of Medical Necessity
66821	DISCISSION SEC MEMB CATARACT; LASER SURGERY	0-18	All modifiers	Laser Scanning KS	4	365- DAYS	Yes	Narrative of Medical Necessity
66825	REPSTN INTRAOCULR LENS PROSTH RQR INCI-SEP PROC	0-18	All modifiers				Yes	Narrative of Medical Necessity
66830	REMOV 2ND MEMBRN CATARACT W/CORNEO-SCLERAL SECT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66840	REMOVAL LENS MATL; ASPIR TECHNIQUE 1/MORE STAGES	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66850	REMOVL LENS MATL; PHACOFRAGATION TECH W/ASPIR	0-18	All modifiers				Yes	Narrative of Medical Necessity
66852	REMOVL LENS MATL; PARS PLANA APPRCH W/WO VITRECT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	0-18	All modifiers				Yes	Narrative of Medical Necessity
66930	REMOVAL LENS MATERIAL; INTRACAPSULAR DISLOC LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR	0-18	All modifiers				Yes	Narrative of Medical Necessity
66982	EXTRACAP CATARACT REMV W/IOL- COMPLX-DIFF TECH	0-18	All modifiers	Cataract Surgery	2	1- LIFETIME	Yes	Narrative of Medical Necessity
66983	INTRACAPSULAR CATARACT EXTRAC W/INSRT IOL PROSTH	0-18	All modifiers	Cataract Surgery	2	1- LIFETIME	Yes	Narrative of Medical Necessity
66984	EXTRACAPSULAR CATARACT REMV W/INSRT IOL PROSTH	0-18	All modifiers	Cataract Surgery	2	1- LIFETIME	Yes	Narrative of Medical Necessity
66985	INSERT IOL PROSTHESIS- SECONDARY IMPLANT	0-18	All modifiers				Yes	Narrative of Medical Necessity
66986	EXCHANGE OF INTRAOCULAR LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67031	SEVERING VITREOUS STRANDS/MEMBRN-LASER SURG	0-18	All modifiers	Laser Scanning KS	4	365- DAYS	Yes	Narrative of Medical Necessity
67208	DESTRCT LOCALIZ LES RETINA; CRYOTHERAPY/DIATHERM	0-18	All modifiers	Laser Scanning KS	4	365- DAYS	Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67210	DESTRUC LOC LES RETINA 1/MORE SESS; PHOTOCOAG	0-18	All modifiers	Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
67220	DESTRUC LOC LES CHOROID; PHOTOCOAG 1/MORE SESS	0-18	All modifiers	Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
67311	STRABISMUS SURGERY R/R PROC; 1 HORIZONTAL MUSCLE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67399	UNLISTED PROCEDURE OCULAR MUSCLE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67400	ORBITOTOMY WITHOUT BONE FLAP; EXPL W/WO BX	0-18	All modifiers				Yes	Narrative of Medical Necessity
67405	ORBITOTOMY WITHOUT BONE FLAP; WITH DRAINAGE ONLY	0-18	All modifiers				Yes	Narrative of Medical Necessity
67412	ORBITOTOMY WITHOUT BONE FLAP; W/REMOVAL LESION	0-18	All modifiers				Yes	Narrative of Medical Necessity
67413	ORBITOTOMY WITHOUT BONE FLP; W/REMOVAL FB	0-18	All modifiers				Yes	Narrative of Medical Necessity
67414	ORBITOT W/O BONE FLP; W/REMOVAL BONE DECOMPRS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67420	ORBITOT W/BN FLP/WINDOW LAT APPRCH; W/REMOVL LES	0-18	All modifiers				Yes	Narrative of Medical Necessity
67430	ORBITOT W/BN FLP/WINDOW LAT APPRCH; W/REMOVAL FB	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67440	ORBITOTOMY W/BONE FLP/WINDOW LAT APPRCH; W/DRAIN	0-18	All modifiers				Yes	Narrative of Medical Necessity
67445	ORBITOTOMY W/BONE FLAP/WINDOW; W/REMV BONE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67450	ORBITOT W/BN FLP/WINDOW LAT APPRCH; EXPL W/VO BX	0-18	All modifiers				Yes	Narrative of Medical Necessity
67500	RETROBULBAR INJECTION; MEDICATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
67505	RETROBULBAR INJECTION; ALCOHOL	0-18	All modifiers				Yes	Narrative of Medical Necessity
67515	INJECTION MEDICATION/OTH SUBSTANCE IN TENONS CAP	0-18	All modifiers				Yes	Narrative of Medical Necessity
67550	ORBITAL IMPLANT; INSERTION	0-18	All modifiers				Yes	Narrative of Medical Necessity
67560	ORBITAL IMPLANT; REMOVAL OR REVISION	0-18	All modifiers				Yes	Narrative of Medical Necessity
67570	OPTIC NERVE DECOMPRESSION	0-18	All modifiers				Yes	Narrative of Medical Necessity
67599	UNLISTED PROCEDURE ORBIT	0-18	All modifiers				Yes	Narrative of Medical Necessity
67700	BLEPHAROTOMY DRAINAGE OF ABSCESS EYELID	0-18	All modifiers				Yes	Narrative of Medical Necessity
67710	SEVERING OF TARSORRHAPHY	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67715	CANTHOTOMY	0-18	All modifiers				Yes	Narrative of Medical Necessity
67800	EXCISION OF CHALAZION; SINGLE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67801	EXCISION OF CHALAZION; MULTIPLE SAME LID	0-18	All modifiers				Yes	Narrative of Medical Necessity
67805	EXCISION OF CHALAZION; MULTIPLE DIFFERENT LIDS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67808	EXC CHALAZION; UNDER GEN ANES- &/ RQR HOSP 1/MX	0-18	All modifiers				Yes	Narrative of Medical Necessity
67810	BIOPSY OF EYELID	0-18	All modifiers				Yes	Narrative of Medical Necessity
67820	CORRECTION OF TRICHIASIS; EPILATION FORCEPS ONLY	0-18	All modifiers				Yes	Narrative of Medical Necessity
67825	CORRECT TRICHIASIS; EPILATION OTH THAN FORCEPS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	0-18	All modifiers				Yes	Narrative of Medical Necessity
67835	CORRECT TRICHIASIS; INCS LID MARGIN W/MEMBRN GFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
67840	EXCISION LESION EYELID W/O CLOS/W/SMPL DIR CLOS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67850	DESTRUCTION OF LESION OF LID MARGIN	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67880	CONSTRUCT INTERMARGINAL ADHESIONS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67882	CONSTRUCT INTERMARG ADHESIONS; W/TRANSPPOSIT TARSL	0-18	All modifiers				Yes	Narrative of Medical Necessity
67900	REPAIR OF BROW PTOSIS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67901	RPR BLPOS FRNTIS MUSC SUTR/OTH MATRL	0-18	All modifiers				Yes	Narrative of Medical Necessity
67902	RPR BLPOS FRNTIS MUSC AUTOL FSCAL SLING	0-18	All modifiers				Yes	Narrative of Medical Necessity
67903	REP BLEPHAROPT; LEVATOR RES/ADVMNT INTRL APPRCH	0-18	All modifiers				Yes	Narrative of Medical Necessity
67904	REPR BLEPHAROPT; LEVATOR RES/ADVMNT EXT APPRCH	0-18	All modifiers				Yes	Narrative of Medical Necessity
67906	REPR BLEPHAROPT; SUP RECTUS TECH W/FASCL SLING	0-18	All modifiers				Yes	Narrative of Medical Necessity
67908	REPR BLEPHAROPTOSIS; CONJUNC- TARSO-MULLER'S	0-18	All modifiers				Yes	Narrative of Medical Necessity
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	0-18	All modifiers				Yes	Narrative of Medical Necessity
67911	CORRECTION OF LID RETRACTION	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67912	CORR LAGOPHTHALMOS W/IMPL UPPER EYELID LID LOAD	0-18	All modifiers				Yes	Narrative of Medical Necessity
67914	REPAIR OF ECTROPION; SUTURE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
67916	REPAIR ECTROPION; EXCISION TARSAL WEDGE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67917	REPAIR OF ECTROPION; EXTENSIVE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67921	REPAIR OF ENTROPION; SUTURE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
67923	REPAIR ENTROPION; EXCISION TARSAL WEDGE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67924	REPAIR OF ENTROPION; EXTENSIVE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67930	SUTURE RECENT WOUND EYELID DIR CLOS; PART THICK	0-18	All modifiers				Yes	Narrative of Medical Necessity
67935	SUTURE RECENT WOUND EYELID DIR CLOS; FULL THICK	0-18	All modifiers				Yes	Narrative of Medical Necessity
67938	REMOVAL OF EMBEDDED FOREIGN BODY EYELID	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67950	CANTHOPLASTY	0-18	All modifiers				Yes	Narrative of Medical Necessity
67961	EXC & REPR EYELID; UP TO 1/4 LID MARGIN	0-18	All modifiers				Yes	Narrative of Medical Necessity
67966	EXC & REPR EYELID > 1/4 LID MARGIN	0-18	All modifiers				Yes	Narrative of Medical Necessity
67971	RECON EYELID FULL THICK; UP TO 2/3 LID 1 STAGE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67973	RECON EYELID; TOT LID LOWER 1 STAGE/1ST STAGE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67974	RECON EYELID; TOT LID UPPER 1 STAGE/1ST STAGE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67975	RECON EYELID FULL THICK-TRANSF FLAP; 2ND STAGE	0-18	All modifiers				Yes	Narrative of Medical Necessity
67999	UNLISTED PROCEDURE EYELIDS	0-18	All modifiers				Yes	Narrative of Medical Necessity
68020	INCISION OF CONJUNCTIVA DRAINAGE OF CYST	0-18	All modifiers				Yes	Narrative of Medical Necessity
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES	0-18	All modifiers				Yes	Narrative of Medical Necessity
68100	BIOPSY OF CONJUNCTIVA	0-18	All modifiers				Yes	Narrative of Medical Necessity
68110	EXCISION OF LESION CONJUNCTIVA; UP TO 1 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68115	EXCISION OF LESION CONJUNCTIVA; OVER 1 CM	0-18	All modifiers				Yes	Narrative of Medical Necessity
68130	EXCISION LESION CONJUNCTIVA; W/ADJACENT SCLERA	0-18	All modifiers				Yes	Narrative of Medical Necessity
68135	DESTRUCTION OF LESION CONJUNCTIVA	0-18	All modifiers				Yes	Narrative of Medical Necessity
68200	SUBCONJUNCTIVAL INJECTION	0-18	All modifiers				Yes	Narrative of Medical Necessity
68320	CONJUNCTPLSTY; W/CONJUNCT GRAFT/EXT REARRNGMENT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68325	CONJUNCTPLSTY; W/BUCCAL MUCOUS MEMBRANE GRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68326	CONJUNCTIVOPLASTY RECON CUL- DE-SAC; W/GFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68328	CONJUNCTIVOPLASTY RECON CUL- DE-SAC; W/BUCCAL GFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68330	REPAIR SYMBLEPHARON; CONJUNCTPLSTY WITHOUT GRAFT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68335	REPR SYMBLEPHARON; W/FREE GFT CONJUNC/BUCCAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
68340	REPR SYMBLEPHARON; DIVIS SYMBLEPHARON W/WO INSRT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
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68362	CONJUNCTIVAL FLAP; TOTAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT LIVING DONOR	0-18	All modifiers				Yes	Narrative of Medical Necessity
68399	UNLISTED PROCEDURE CONJUNCTIVA	0-18	All modifiers				Yes	Narrative of Medical Necessity
68400	INCISION DRAINAGE OF LACRIMAL GLAND	0-18	All modifiers				Yes	Narrative of Medical Necessity
68420	INCISION DRAINAGE OF LACRIMAL SAC	0-18	All modifiers				Yes	Narrative of Medical Necessity
68440	SNIP INCISION OF LACRIMAL PUNCTUM	0-18	All modifiers				Yes	Narrative of Medical Necessity
68500	EXCISION OF LACRIMAL GLAND EXCEPT TUMOR; TOTAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
68505	EXCISION OF LACRIMAL GLAND EXCEPT TUMOR; PARTIAL	0-18	All modifiers				Yes	Narrative of Medical Necessity
68510	BIOPSY OF LACRIMAL GLAND	0-18	All modifiers				Yes	Narrative of Medical Necessity
68520	EXCISION OF LACRIMAL SAC	0-18	All modifiers				Yes	Narrative of Medical Necessity
68525	BIOPSY OF LACRIMAL SAC	0-18	All modifiers				Yes	Narrative of Medical Necessity
68530	REMOVAL FB/DACRYOLITH LACRIMAL PASSAGES	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68540	EXCISION LACRIMAL GLAND TUMOR; FRONTAL APPROACH	0-18	All modifiers				Yes	Narrative of Medical Necessity
68550	EXCISION LACRIMAL GLAND TUMOR; INVLV OSTEOTOMY	0-18	All modifiers				Yes	Narrative of Medical Necessity
68700	PLASTIC REPAIR OF CANALICULI	0-18	All modifiers				Yes	Narrative of Medical Necessity
68705	CORRECTION OF EVERTED PUNCTUM CAUTERY	0-18	All modifiers				Yes	Narrative of Medical Necessity
68720	DACRYOCYSTORHINOSTOMY	0-18	All modifiers				Yes	Narrative of Medical Necessity
68745	CONJUNCTIVORHINOSTOMY; WITHOUT TUBE	0-18	All modifiers				Yes	Narrative of Medical Necessity
68750	CONJUNCTIVORHINOSTOMY; W/INSERTION TUBE OR STENT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68760	CLOS LAC PUNCTUM; THERMOCAUT LIG/LASER SURGERY	0-18	All modifiers				Yes	Narrative of Medical Necessity
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG EACH	0-18	All modifiers				Yes	Narrative of Medical Necessity
68770	CLOSURE OF LACRIMAL FISTULA	0-18	All modifiers				Yes	Narrative of Medical Necessity
68801	DILATION OF LACRIMAL PUNCTUM WWO IRRIGATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
68810	PROBING OF NLD WITH OR WITHOUT IRRIGATION;	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68811	PROBING NLD W/WO IRRIGATION; RQR GEN ANESTHESIA	0-18	All modifiers				Yes	Narrative of Medical Necessity
68815	PROBING NLD W/WO IRRIG; W/INSRTION TUBE/STENT	0-18	All modifiers				Yes	Narrative of Medical Necessity
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
68840	PROBING OF LACRIMAL CANALICULI W/WO IRRIGATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
68850	INJECTION OF CONTRAST MEDIUM DACRYOCYSTOGRAPHY	0-18	All modifiers				Yes	Narrative of Medical Necessity
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	0-18	All modifiers				Yes	Narrative of Medical Necessity
76510	OPHTHALMIC US DX; B-SCAN&QUAN A-SCAN SAME ENCNR	0-18	All modifiers				Yes	Narrative of Medical Necessity
76511	OPHTHALMIC US DX; QUANTITATIVE A-SCAN ONLY	0-18	All modifiers				Yes	Narrative of Medical Necessity
76512	OPHTHALMIC US DX; B-SCAN W/WO NON-QUAN A-SCAN	0-18	All modifiers				Yes	Narrative of Medical Necessity
76513	OPHTHALMIC US DX; ANT SEG US B- SCAN/BIOMICROSCPY	0-18	All modifiers				Yes	Narrative of Medical Necessity
76514	OPHTHALMIC US DX; CORNEAL PACHYMETRY UNI/BIL	0-18	All modifiers				Yes	Narrative of Medical Necessity
76516	OPHTHALMIC BIOMETRY ULTRASOUND ECHO A-SCAN;	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
76519	OPHTH BIOMETRY A-SCAN; W/IO LENS POWER CALCULAT	0-18	All modifiers				Yes	Narrative of Medical Necessity
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	0-18	All modifiers				Yes	Narrative of Medical Necessity
92002	OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	0-18	All modifiers	Routine Exam KS	1	365-DAYS	No	Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92004	OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	0-18	All modifiers	Routine Exam KS	1	365-DAYS	No	Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92012	OPHTH SERV: MED EXAM & EVAL; INITERMED ESTAB PT	0-18	All modifiers	Routine Exam KS	1	365-DAYS	No	Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92014	OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	0-18	All modifiers	Routine Exam KS	1	365-DAYS	No	Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92015	DETERMINATION OF REFRACTIVE STATE	0-18		Refraction KS	1	365-DAYS	No	

Aetna KanCare CHIP Vision								
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92018	OPHTH EXAM & EVAL-GEN ANES; CMPL	0-18	All modifiers				Yes	Narrative of Medical Necessity
92019	OPHTH EXAM & EVAL-GEN ANES; LTD	0-18	All modifiers				Yes	Narrative of Medical Necessity
92020	GONIOSCOPY	0-18	All modifiers	Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	0-18	All modifiers	Corneal Topography KS	3	365-DAYS	Yes	Narrative of Medical Necessity
92060	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	0-18	All modifiers				Yes	Narrative of Medical Necessity
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	0-18	All modifiers				Yes	Narrative of Medical Necessity
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	0-18	All modifiers				Yes	Narrative of Medical Necessity
92081	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	0-18	All modifiers	Visual Field Examination	4	365-DAYS	Yes	Narrative of Medical Necessity
92082	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	0-18	All modifiers	Visual Field Examination	4	365-DAYS	Yes	Narrative of Medical Necessity
92083	VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	0-18	All modifiers	Visual Field Examination	4	365-DAYS	Yes	Narrative of Medical Necessity
92100	SERIAL TONOMETRY-SEP PROC W/I&R SAME DAY	0-18	All modifiers	Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI	0-18	All modifiers	Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	0-18		Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	0-18	All modifiers	Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92136	OPHTH BIOMETRY PART COHERENCE INTRFEROMETRY	0-18	All modifiers				Yes	Narrative of Medical Necessity
92225	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	0-18	All modifiers				Yes	Narrative of Medical Necessity
92226	OPHTH EXT W/RETINAL DRAWING W/I&R; SUBSEQUENT	0-18	All modifiers				Yes	Narrative of Medical Necessity
92227	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/BI	0-18	All modifiers				Yes	Narrative of Medical Necessity
92228	REMOTE IMG MGT RETINL DIS W/I&R UNI/BI	0-18	All modifiers				Yes	Narrative of Medical Necessity
92230	FLUORESCEIN ANGIOSCOPY W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92235	FLUORESCEIN ANGIOGRAPHY W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92240	INDOCYANINE-GREEN ANGIOGRAPHY W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92250	FUNDUS PHOTOGRAPHY W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92260	OPHTHALMODYNAMOMETRY	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92265	NEEDLE OCULOELECTROMYOGRAPHY 1/MORE MUSCL W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92270	ELECTRO-OCULOGRAPHY W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92275	ELECTRORETINOGRAPHY W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92283	COLOR VISION EXAM EXT EG ANOMALOSCOPE/EQUIVALENT	0-18	All modifiers				Yes	Narrative of Medical Necessity
92284	DARK ADAPTATION EXAMINATION W/I&R	0-18	All modifiers				Yes	Narrative of Medical Necessity
92285	EXT OCULR PHOTOGRAPHY W/I&R DOC MEDICAL PROGRESS	0-18	All modifiers				Yes	Narrative of Medical Necessity
92286	SPEC ANT SEGMENT PHOTO W/I&R; W/MICRO/CELL CNT	0-18	All modifiers				Yes	Narrative of Medical Necessity
92287	SPCL ANT SEG PHOTGRPH W/I&R; W/FLUORESCEIN ANGIO	0-18	All modifiers				Yes	Narrative of Medical Necessity
92310	PRSC & FIT CONTACT LENS; CORNEAL EXCEPT APHAKIA	0-18	All modifiers				Yes	Narrative of Medical Necessity
92311	PRSC & FIT CONTACT LENS; CORNEAL-APHAKIA-1EYE	0-18	All modifiers				Yes	Narrative of Medical Necessity
92312	PRSC CONTACT LENS; CORNEAL- APHAKIA-BOTH EYES	0-18	All modifiers				Yes	Narrative of Medical Necessity
92313	PRSC & FIT CONTACT LENS; CORNEOSCLERAL LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92316	PRSC W/FIT BY TECH; LENS-APHAZIA- BOTH EYES	0-18	All modifiers				Yes	Narrative of Medical Necessity
92317	PRSC W/FIT BY TECH; CORNEOSCLERAL LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
92325	MODIFICATION CNTC LENS W/MEDICAL SUPERVIS ADPT	0-18	All modifiers				Yes	Narrative of Medical Necessity
92326	REPLACEMENT OF CONTACT LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
92354	FIT SPECTACLE MOUNTED LOW VISION AID; 1 ELEM SYS	0-18					Yes	Narrative of Medical Necessity
92355	FIT SPECTACL MOUNT LO VISION AID; TELESCOP/OTHER	0-18					Yes	Narrative of Medical Necessity
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT APHAZIA	0-18	All modifiers				Yes	Narrative of Medical Necessity
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BIL	0-18	All modifiers	Routine Exam KS	1	365-DAYS	No	Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
99201	OFFICE OUTPT NEW 10 MIN	0-18	All modifiers				No	
99202	OFFICE OUTPT NEW 20 MINUTES	0-18	All modifiers				No	
99203	OFFICE OUTPT NEW 30 MIN	0-18	All modifiers				No	
99204	OFFICE OUTPT NEW 45 MIN	0-18	All modifiers				No	
99205	OFFICE OUTPT NEW 60 MIN	0-18	All modifiers				No	
99211	OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	0-18	All modifiers				No	

Aetna KanCare CHIP Vision								
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99212	OFC/OUTPT VISIT E&M EST SELF- LIMIT/MINOR 10 MIN	0-18	All modifiers				No	
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	0-18	All modifiers				No	
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	0-999					No	
99214	OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	0-18	All modifiers				No	
99215	OFC/OUTPT VISIT E&M ESTAB MOD-HI SEVRTY 40 MIN	0-18	All modifiers				No	
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	0-18	All modifiers				No	
99218	INIT OBSRV CARE-DAY E&M LOW SEVERITY	0-18	All modifiers				No	
99219	INIT OBSRV CARE-DAY E&M MODERATE SEVERITY	0-18	All modifiers				No	
99220	INIT OBSRV CARE-DAY E&M HIGH SEVERITY	0-18	All modifiers				No	
99221	1ST HOSP CARE PR D 30 MIN	0-18	All modifiers				No	
99222	INIT HOSP CARE-DAY E&M MODERATE SEVERITY 50 MIN	0-18	All modifiers				No	
99223	INIT HOSP CARE-DAY E&M HIGH SEVERITY 70 MIN	0-18	All modifiers				No	
99224	SBSQ OBS CARE PR D LOW SEVERITY	0-18	All modifiers				No	
99225	SBSQ OBS CARE PR D MODERATE SEVERITY	0-18	All modifiers				No	
99226	SBSQ OBS CARE PR D HIGH SEVERITY	0-18	All modifiers				No	

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
99231	SUBSQT HOSP CARE-DAY E&M STABLE/RECOVER 15 MIN	0-18	All modifiers				No	
99232	SUBSQT HOSP CARE-DAY E&M MINOR CMPL 25 MIN	0-18	All modifiers				No	
99233	SUBSQT HOSP CARE-DAY E&M SIGNIFIC CMPL 35 MIN	0-18	All modifiers				No	
99234	OBSRV/INPT HOSP CARE E&M LOW SEVERITY	0-18	All modifiers				No	
99235	OBSRV/INPT HOSP CARE E&M MODERATE SEVERITY	0-18	All modifiers				No	
99236	OBSRV/INPT HOSP CARE E&M HIGH SEVERITY	0-18	All modifiers				No	
99238	HOSPITAL D/C DAY MANAGEMENT; 30 MINUTES/LESS	0-18	All modifiers				No	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; > 30 MINUTES	0-18	All modifiers				No	
99241	OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	0-18	All modifiers				No	
99242	OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	0-18	All modifiers				No	
99243	OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	0-18	All modifiers				No	
99244	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	0-18	All modifiers				No	
99245	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	0-18	All modifiers				No	
99251	INIT INPT CNSLT NEW/EST SELF LIMIT/MINOR 20 MIN	0-18	All modifiers				No	
99252	INIT INPT CNSLT NEW/ESTAB LOW SEVERITY 40 MIN	0-18	All modifiers				No	

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
99253	INIT INPT CNSLT NEW/EST MODERATE SEVERITY 55MIN	0-18	All modifiers				No	
99254	1ST INPT CONSLTJ 80 MIN	0-18	All modifiers				No	
99255	INIT INPT CNSLT NEW/EST MOD-HI SEVERITY 110 MIN	0-18	All modifiers				No	
99281	EMERG DEPT VISIT E&M SELF LIMITED/MINOR	0-18	All modifiers				No	Specialty Required – ophthalmologist only
99282	EMERG DEPT VISIT E&M LOW-MODERATE SEVERITY	0-18	All modifiers				No	Specialty Required – ophthalmologist only
99283	EMERG DEPT VISIT E&M MODERATE SEVERITY	0-18	All modifiers				No	Specialty Required – ophthalmologist only
99284	EMERG DEPT VISIT E&M HIGH SEVERITY URGENT EVAL	0-18	All modifiers				No	Specialty Required – ophthalmologist only
99285	EMERG DEPT E&M-HIGH SEVERITY IMMED SIG THREAT	0-18	All modifiers				No	Specialty Required – ophthalmologist only
J0178	INJECTION AFLIBERCEPT 1 MG	0-18	All modifiers				Yes	Narrative of Medical Necessity
J0585	BOTULINUM TOXIN TYPE A PER UNIT	0-18	All modifiers				Yes	Narrative of Medical Necessity
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	0-18	All modifiers				Yes	Narrative of Medical Necessity
J2778	INJECTION RANIBIZUMAB 0.1 MG	0-18	All modifiers				Yes	Narrative of Medical Necessity
J3300	INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG	0-18	All modifiers				Yes	Narrative of Medical Necessity
J3301	INJECTION TRIAMCINOLONE ACETONIDE PER 10 MG	0-18					Yes	Narrative of Medical Necessity
J3396	INJECTION VERTEPORFIN 0.1 MG	0-18	All modifiers				Yes	Narrative of Medical Necessity
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	0-18	All modifiers				Yes	Narrative of Medical Necessity

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J9035	INJECTION BEVACIZUMAB 10 MG	0-18	All modifiers				Yes	Narrative of Medical Necessity
S0500	DISPOSABLE CONTACT LENS PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
S0580	POLYCARBONATE LENS	0-18	All modifiers	Polycarbonate Lenses KS	3	365-DAYS	No	Appropriate Diagnosis Code(s) required to substantiate Medical Necessity for Poly on claim
V2020	FRAMES PURCHASES	0-18	All modifiers	Vision Frames KS	3	365-DAYS	No	
V2100	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2101	SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2102	SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2103	1 VISN PLANO TO+/-4.00D SPHER 0.12- 2.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2104	1 VISN PLANO+/- 4.00D SPHER 2.12- 4.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2105	1 VISN PLANO+/- 4.00D SPHER 4.25- 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2106	1 VISN PLANO+/- 4.00D SPHER OVER 6.00D CYL-LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2107	1 VISN +/- 4.25+/- 7.00 SPHER 0.12- 2.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2108	1 VISN +/-4.25D+/-7.00D SPHER 2.12- 4.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2109	1 VISN+/- 4.25+/- 7.00D SPHER 4.25- 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2110	1 VISION +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2111	1 VISION +/-7.25-+/-12.00D SPHER 0.25- 2.25D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2112	1 VISION +/- 7.25 +/- 12.00D SPH 2.25D- 400D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2113	1 VISION +/- 7.25 +/- 12.00D SPH 4.25- 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2114	SINGLE VISION SPHERE OVER +/- 12.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2115	LENTICULAR PER LENS SINGLE VISION	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2118	ANISEIKONIC LENS SINGLE VISION	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2121	LENTICULAR LENS PER LENS SINGLE	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2200	SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2201	SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2202	SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2203	BIFOCL PLANO +/- 4.00D SPHER 0.12- 2.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2204	BIFOCL PLANO +/- 4.00D SPHER 2.12- 4.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2205	BIFOCL PLANO +/- 4.00D SPHER 4.25- 6.00D CYL-EA	0-18	All Modifiers	Covered Lenses KS	6	365-DAYS	No	
V2206	BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2207	BIFOCL +/-4.25-+/-7.00D SPHER 0.12- 2.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2208	BIFOCL +/-4.25-+/-7.00D SPHER 2.12- 4.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2209	BIFOCL +/-4.25-+/-7.00D SPHER 4.25- 6.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2210	BIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL-LENS	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2211	BIFOCL +/-7.25-+/-12.00D SPHER 0.25- 2.25D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2212	BIFOCL +/-7.25-+/-12.00D SPHER 2.25- 4.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2213	BIFOCL +/-7.25-+/-12.00D SPHER 4.25- 6.00D CYL-EA	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2214	BIFOCAL SPHERE OVER +/- 12.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2215	LENTICULAR PER LENS BIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	Yes	Narrative of Medical Necessity
V2218	ANISEIKONIC PER LENS BIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	Yes	Narrative of Medical Necessity
V2219	BIFOCAL SEG WIDTH OVER 28MM	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2220	BIFOCAL ADD OVER 3.25D	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2221	LENTICULAR LENS PER LENS BIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	Yes	Narrative of Medical Necessity
V2299	SPECIALTY BIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	Yes	Narrative of Medical Necessity
V2300	SPHERE TRIFOCAL PLANO OR +/- 4.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	
V2301	SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365- DAYS	No	

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2302	SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2303	TRIFOCL PLANO +/-4.00D SPHER 0.12- 2.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2304	TRIFOCL PLANO +/-4.00D SPHER 2.25- 4.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2305	TRIFOCL PLANO +/-4.00D SPHER 4.25- 6.00 CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2306	TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2307	TRIFOCL +/-4.25-+/-7.00D SPHER 0.12- 2.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2308	TRIFOCL +/-4.25-+/-7.00D SPHER 2.12- 4.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2309	TRIFOCL +/-4.25-+/-7.00D SPHER 4.25- 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2310	TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2311	TRIFOCL +/-7.25-+/-12.00D SPHER 0.25- 2.25D CYL E	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2312	TRIFOCL +/-7.25-+/-12.00D SPHER 2.25- 4.00D CYL E	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2313	TRIFOCL +/-7.25-+/-12.00D SPHER 4.25- 6.00D CYL EA	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2314	TRIFOCL SPHER OVER +/- 12.00D PER LENS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2315	LENTICULAR PER LENS TRIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2318	ANISEIKONIC LENS TRIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2320	TRIFOCAL ADD OVER 3.25D	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2321	LENTICULAR LENS PER LENS TRIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2399	SPECIALTY TRIFOCAL	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2410	VARIABLE ASPHERICAL LENS 1 FULL FLD GLASS/PLASTIC LNS	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2499	VARIABLE SPHERICALITY LENS OTHER TYPE	0-18	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2500	CONTACT LENS PMMA SPHERICAL PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2501	CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2503	CONTACT LENS PMMA COLOR VISION DEFIC PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2510	CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS	0-19	All modifiers				Yes	Narrative of Medical Necessity
V2511	CONTACT LENS GAS PERMEABLE TORIC PRISM BALLAST-LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2512	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2513	CONTACT LENS GAS PERMEABLE EXTENDED WEAR PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2520	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2521	CNTC LENS HYDROPHIL TORIC/PRISM BALLST PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2523	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2623	PROSTHETIC EYE PLASTIC CUSTOM	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2626	REDUCTION OF OCULAR PROSTHESIS	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2627	SCLERAL COVER SHELL	0-18	All modifiers				Yes	Narrative of Medical Necessity
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	0-18	All modifiers				Yes	Narrative of Medical Necessity

Aetna KanCare CHIP Vision								
Code	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2700	BALANCE LENS PER LENS	0-18	All modifiers				No	
V2710	SLAB OFF PRISM GLASS OR PLASTIC PER LENS	0-18	All modifiers	Slab Off	6	365-DAYS	No	
V2715	PRISM PER LENS	0-18	All modifiers	Prism	6	365-DAYS	No	
V2760	SCRATCH RESISTANT COATING PER LENS	0-18	All modifiers	Scratch Coat	6	365-DAYS	No	
V2784	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS	0-18	All modifiers	Polycarbonate Lenses KS	6	365-DAYS	No	Appropriate Diagnosis Code(s) required to substantiate Medical Necessity for Poly on claim
V2799	VISION SERVICE MISCELLANEOUS	0-18	All modifiers				Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
11042	DEBRIDEMENT; SKIN AND SUBCUTANEOUS TISSUE	0-999					Yes	Narrative of Medical Necessity
11043	DEBRIDEMENT; SKIN SUBCUTANEOUS TISSUE AND MUSCLE	0-999					Yes	Narrative of Medical Necessity
11044	DEBRIDEMENT; SKIN SUBCUT TISSUE MUSCLE&BONE	0-999					Yes	Narrative of Medical Necessity
11100	BX SKIN SUBQ TISSUE &/ MUCOUS MEMBRANE; 1 LESION	0-999					Yes	Narrative of Medical Necessity
11101	BX SKIN SUBQ TISSUE &/ MUCOUS MEMBRANE; EA ADD	0-999					Yes	Narrative of Medical Necessity
11200	REMOVAL SKIN TAGS ANY AREA;TO & INCL 15 LESION	0-999					Yes	Narrative of Medical Necessity
11440	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	0-999					Yes	Narrative of Medical Necessity
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	0-999					Yes	Narrative of Medical Necessity
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	0-999					Yes	Narrative of Medical Necessity
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	0-999					Yes	Narrative of Medical Necessity
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	0-999					Yes	Narrative of Medical Necessity
11446	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M >4.0CM	0-999					Yes	Narrative of Medical Necessity
11640	EXC MAL LES MARG FCE ERS EYELD NSE LPS; 0.5 CM/<	0-999					Yes	Narrative of Medical Necessity
11641	EXC MAL LES MARG FCE ERS EYELD NSE LP;0.6-1.0 CM	0-999					Yes	Narrative of Medical Necessity
11642	EXC MAL LES MARG FCE ERS EYELD NSE LP;1.1-2.0 CM	0-999					Yes	Narrative of Medical Necessity
11643	EXC MAL LES MARG FCE ERS EYELD NSE LP;2.1-3.0 CM	0-999					Yes	Narrative of Medical Necessity
11644	EXC MAL LES MARG FCE ERS EYELD NSE LP;3.1-4.0 CM	0-999					Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
11646	EXC MAL LES MARG FCE ERS EYELD NSE LP;OVR 4.0 CM	0-999					Yes	Narrative of Medical Necessity
12011	SIMPL REPR FACE EARS NOSE&/MUCOUS MEMB; < 2.5 CM	0-999					Yes	Narrative of Medical Necessity
12013	SIMPL REPR FACE ERS NOSE&/MUCOUS MEMB;2.6-5.0 CM	0-999					Yes	Narrative of Medical Necessity
12014	SIMPL REPR FCE ERS NOSE&/MUCOUS MEMB; 5.1-7.5 CM	0-999					Yes	Narrative of Medical Necessity
12015	SIMPL REPR FCE ERS NOSE&/MUCOUS MEMB;7.6-12.5 CM	0-999					Yes	Narrative of Medical Necessity
12016	SIMPL REPR FCE ERS NSE&/MUCOUS MEMB;12.6-20.0 CM	0-999					Yes	Narrative of Medical Necessity
12017	SIMPL REPR FCE ERS NSE&/MUCOUS MEMB;20.1-30.0 CM	0-999					Yes	Narrative of Medical Necessity
12018	SIMPL REPR FACE ERS NOSE&/MUCOUS MEMB; > 30.0 CM	0-999					Yes	Narrative of Medical Necessity
12020	TX SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	0-999					Yes	Narrative of Medical Necessity
12021	TX SUPERFICIAL WOUND DEHISCENCE; W/PACKING	0-999					Yes	Narrative of Medical Necessity
12051	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; < 2.5 CM	0-999					Yes	Narrative of Medical Necessity
12052	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; 2.6-5.0 CM	0-999					Yes	Narrative of Medical Necessity
12053	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; 5.1-7.5 CM	0-999					Yes	Narrative of Medical Necessity
12054	LAYER CLOS WNDS FCE EARS NOSE&/LIPS; 7.6-12.5 CM	0-999					Yes	Narrative of Medical Necessity
12055	LAYER CLOS WNDS FCE EARS NOSE&/LIPS; 12.6-20.0 CM	0-999					Yes	Narrative of Medical Necessity
12056	LAYER CLOS WNDS FCE EARS NOSE&/LIPS; 20.1-30.0 CM	0-999					Yes	Narrative of Medical Necessity
12057	LAYER CLOS WNDS FACE EARS NOSE&/LIPS; > 30.0 CM	0-999					Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
13151	REPR CMLPX EYELIDS NOSE EARS&/LIPS; 1.1-2.5 CM	0-999					Yes	Narrative of Medical Necessity
13152	REPR CMLPX EYELIDS NOSE EARS&/LIPS; 2.6-7.5 CM	0-999					Yes	Narrative of Medical Necessity
13153	REPR CMLPX EYELDS NSE EARS&/LPS;EA ADD 5 CM/LESS	0-999					Yes	Narrative of Medical Necessity
13160	SEC CLOS SURGICAL WOUND/DEHIS EXTENSIVE/COMP	0-999					Yes	Narrative of Medical Necessity
14060	ADJ TISS TRANS EYELDS NOSE&/LIPS; 10 SQ CM/LESS	0-999					Yes	Narrative of Medical Necessity
14061	ADJ TISS TRANS EYELDS NOSE&/LIPS;10.1-30.0 SQ CM	0-999					Yes	Narrative of Medical Necessity
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	0-999					Yes	Narrative of Medical Necessity
15120	SPLT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1%	0-999					Yes	Narrative of Medical Necessity
15121	SPLT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	0-999					Yes	Narrative of Medical Necessity
15260	FULL THICK GFT NOSE EARS EYELDS&/LPS; 20 SQ CM/<	0-999					Yes	Narrative of Medical Necessity
15576	FORM DIR PEDICLE W/VO TRANSF;EYELDS NSE EARS/LIP	0-999					Yes	Narrative of Medical Necessity
15630	DELAY FLAP/SECTIONING FLAP;EYELD NOSE EARS/LIPS	0-999					Yes	Narrative of Medical Necessity
15820	BLEPHAROPLASTY LOWER EYELID;	0-999					Yes	Narrative of Medical Necessity
15821	BLPHPLSTY LOWER EYELID; W/EXT HERNIATED FAT PAD	0-999					Yes	Narrative of Medical Necessity
15822	BLEPHAROPLASTY UPPER EYELID;	0-999					Yes	Narrative of Medical Necessity
15823	BLPHPLSTY UPPER EYELID; W/XCESS SKIN WT DOWN LID	0-999					Yes	Narrative of Medical Necessity
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	0-999					Yes	Narrative of Medical Necessity
17000	DESTRUC BEN/PREMLIG LES OTH THAN SKN TAG; 1 LES	0-999					Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
17003	DESTRUC BEN/PREMALIG LES OTH THN SKN TAG;2-14 EA	0-999					Yes	Narrative of Medical Necessity
17004	DESTRUC BEN/PREMALIG OTH THN SKIN TAGS 15/> LES	0-999					Yes	Narrative of Medical Necessity
17106	DESTRUC CUT VASCULAR PROLIFERAT LES; < 10 SQ CM	0-999					Yes	Narrative of Medical Necessity
17107	DESTRUC CUT VASC PROLIFERAT LES; 10.0-50.0 SQ CM	0-999					Yes	Narrative of Medical Necessity
17108	DESTRUC CUT VASC PROLIFERAT LES; > 50.0 SQ CM	0-999					Yes	Narrative of Medical Necessity
17110	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14	0-999					Yes	Narrative of Medical Necessity
17111	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; 15/>LES	0-999					Yes	Narrative of Medical Necessity
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	0-999					Yes	Narrative of Medical Necessity
17280	DESTRUC MAL LES FCE ERS EYELD NSE LPS; 0.5 CM/<	0-999					Yes	Narrative of Medical Necessity
17281	DESTRUC MAL LES FCE ERS EYELD NSE LPS;0.6-1.0 CM	0-999					Yes	Narrative of Medical Necessity
17282	DESTRUC MAL LES FCE ERS EYELD NSE LPS;1.1-2.0 CM	0-999					Yes	Narrative of Medical Necessity
17283	DESTRUC MAL LES FCE ERS EYELD NSE LPS;2.1-3.0 CM	0-999					Yes	Narrative of Medical Necessity
17284	DESTRUC MAL LES FCE ERS EYELD NSE LPS;3.1-4.0 CM	0-999					Yes	Narrative of Medical Necessity
17286	DESTRUC MAL LES FCE ERS EYELD NSE LPS; > 4.0 CM	0-999					Yes	Narrative of Medical Necessity
65091	EVISCKERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity
65093	EVISCKERATION OF OCULAR CONTENTS; WITH IMPLANT	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity
65103	ENUCLEAT EYE; W/IMPLANT MUSC NOT ATTCH IMPLANT	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65105	ENUCLEATION EYE; W/IMPLANT MUSCLES ATTCH IMPLANT	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity
65110	EXENTERATION ORBIT REMOVAL ORB CONTENTS; ONLY	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity
65112	EXENTERATION ORBITAL CONTENTS; W/REMOV BONE	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity
65114	EXENTERAT ORBITAL CONTENTS; W/MUSC/MYOCUT FLAP	0-999		Removal of Eye	2	1-LIFETIME	Yes	Narrative of Medical Necessity
65125	MODIFICATION OCULR IMPLANT W/PLCMT/REPLCMT PEGS	0-999					Yes	Narrative of Medical Necessity
65130	INSRT OCULAR IMPLNT SECNDRY; AFTER EVISCERATION	0-999					Yes	Narrative of Medical Necessity
65135	INSRT OCULAR IMPLNT SECNDRY; AFTER ENUCLEATION	0-999					Yes	Narrative of Medical Necessity
65140	INSRT OCULAR IMPLNT; ENUCLEAT-MUSC ATTACH-IMPLT	0-999					Yes	Narrative of Medical Necessity
65150	REINSERTION OCULAR IMPLANT; WWO CONJUNCT GRAFT	0-999					Yes	Narrative of Medical Necessity
65155	REINSRT OCULAR IMPLNT; W/FOREIGN MAT REINFORCE	0-999					Yes	Narrative of Medical Necessity
65175	REMOVAL OF OCULAR IMPLANT	0-999					Yes	Narrative of Medical Necessity
65205	REMOVAL FB EXTERNAL EYE; CONJUNCT SUPERFICIAL	0-999					Yes	Narrative of Medical Necessity
65210	REMV FB EXT EYE; CONJUNC EMBEDDED/SUBCONJUNC	0-999					Yes	Narrative of Medical Necessity
65220	REMOVAL FB EXTERNAL EYE; CORNEAL W/O SLIT LAMP	0-999					Yes	Narrative of Medical Necessity
65222	REMOVAL FB EXTERNAL EYE; CORNEAL W/SLIT LAMP	0-999					Yes	Narrative of Medical Necessity
65235	REMOVAL FB INTRAOCULAR; FROM ANT CHAMB EYE/LENS	0-999					Yes	Narrative of Medical Necessity
65260	REMV FB IO; POST SEGMT-MAGNETIC EXTRACTION	0-999					Yes	Narrative of Medical Necessity
65265	REMV FB INTRAOCULR; POST SEG NONMAGNETIC XTRAC	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65270	REPR LACERAT; CONJUNC W/WO LACERAT SCLERA	0-999					Yes	Narrative of Medical Necessity
65272	REPR LAC; CONJUNCT MOBILIZ&REARNGMENT W/O HOSP	0-999					Yes	Narrative of Medical Necessity
65273	REPR LAC; CONJUNCT MOBILIZ&REARNGMENT W/HOSP	0-999					Yes	Narrative of Medical Necessity
65275	REPR LAC; CORN NONPERFORATING W/WO REMOVAL FB	0-999					Yes	Narrative of Medical Necessity
65280	REPR LACERAT; CORNEA PERFORATING WO UVEAL TISS	0-999					Yes	Narrative of Medical Necessity
65285	REPR LACERAT; CORNEA W/REPOSIT/RESECT UVEAL TISS	0-999					Yes	Narrative of Medical Necessity
65286	REPR LAC; APPLIC TISS GLUE WNDS CORN &OR SCLERA	0-999					Yes	Narrative of Medical Necessity
65290	REPR WOUND XTRAOCULR MUSC TENDON &OR TENONS CAP	0-999					Yes	Narrative of Medical Necessity
65400	EXCISION OF LESION CORNEA EXCEPT PTERYGIUM	0-999					Yes	Narrative of Medical Necessity
65410	BIOPSY OF CORNEA	0-999					Yes	Narrative of Medical Necessity
65420	EXCISION/TRANSPPOSITION PTERYGIUM; WITHOUT GRAFT	0-999					Yes	Narrative of Medical Necessity
65426	EXCISION OR TRANSPPOSITION OF PTERYGIUM; W/GRAFT	0-999					Yes	Narrative of Medical Necessity
65430	SCRAPING OF CORNEA DIAGNOSTIC SMEAR &OR CULTURE	0-999					Yes	Narrative of Medical Necessity
65435	REMOVAL CORNEAL EPITHELIUM; W/WO CHEMOCAUT	0-999					Yes	Narrative of Medical Necessity
65436	REMOVAL CORNEAL EPITHEL; W/APPLIC CHELATING AGT	0-999					Yes	Narrative of Medical Necessity
65450	DESTRUC LES CORN CRYOTHAPY PHOTOCOAG/THERMOCAUT	0-999					Yes	Narrative of Medical Necessity
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65710	KERATOPLASTY; LAMELLAR	0-999					Yes	Narrative of Medical Necessity
65730	KERATOPLASTY; PENETRATING EXCEPT IN APHAKIA	0-999					Yes	Narrative of Medical Necessity
65750	KERATOPLASTY; PENETRATING IN APHAKIA	0-999					Yes	Narrative of Medical Necessity
65755	KERATOPLASTY; PENETRATING IN PSEUDOPHAKIA	0-999					Yes	Narrative of Medical Necessity
65756	KERATOPLASTY ENDOTHELIAL	0-999					Yes	Narrative of Medical Necessity
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	0-999					Yes	Narrative of Medical Necessity
65770	KERATOPROSTHESIS	0-999					Yes	Narrative of Medical Necessity
65772	CORNL RELAXING INCI CORR SURGLY INDUCD ASTIGMA	0-999					Yes	Narrative of Medical Necessity
65775	CORNL WEDGE RESECTION CORR SURGLY INDUCD ASTIGMA	0-999					Yes	Narrative of Medical Necessity
65778	PLACE AMNIOTIC MEMB OCULAR SURFACE SELF RETAIN	0-999					Yes	Narrative of Medical Necessity
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	0-999					Yes	Narrative of Medical Necessity
65780	OCULR SURFCE RECNSTR; AMNIOTIC MEMBRANE TPLNT	0-999					Yes	Narrative of Medical Necessity
65781	OCULR SURFCE RECNSTR; LIMBAL STEM CELL ALLOGFT	0-999					Yes	Narrative of Medical Necessity
65782	OCULR SURFCE RECNSTR; LIMBAL CONJUNCT AUTOGFT	0-999					Yes	Narrative of Medical Necessity
65800	PARACEN ANT CHAMB EYE-SEP PROC; W/DX ASPIR AQUES	0-999					Yes	Narrative of Medical Necessity
65810	PARACEN ANT CHAMB EYE-SEP PROC; W/REMV VITREOUS	0-999					Yes	Narrative of Medical Necessity
65815	PARACENTESIS ANT CHAMB EYE-SEP PROC; W/REMV BLD	0-999					Yes	Narrative of Medical Necessity
65820	GONIOTOMY	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65850	TRABECULOTOMY AB EXTERNO	0-999					Yes	Narrative of Medical Necessity
65855	TRABECULOPLASTY LASER SURGERY 1 OR MORE SESSIONS	0-999		Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
65860	SEVERING ADHES ANTERIOR SEGMENT LASER TECHNIQUE	0-999					Yes	Narrative of Medical Necessity
65865	SEVERING ADHESIONS-SEP PROC; GONIOSYNECHIAE	0-999					Yes	Narrative of Medical Necessity
65870	SEVERING ADHESIONS-SEP PROC; ANT SYNECHIAE	0-999					Yes	Narrative of Medical Necessity
65875	SEVERING ADHESIONS-SEP PROC; POST SYNECHIAE	0-999					Yes	Narrative of Medical Necessity
65880	SEVERING ADHESIONS-SEP PROC; CORNEOVITREAL	0-999					Yes	Narrative of Medical Necessity
65900	REMOVAL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	0-999					Yes	Narrative of Medical Necessity
65920	REMOVAL IMPLANTED MATERIAL ANTERIOR SEGMENT EYE	0-999					Yes	Narrative of Medical Necessity
65930	REMOVAL OF BLOOD CLOT ANTERIOR SEGMENT OF EYE	0-999					Yes	Narrative of Medical Necessity
66020	INJ ANTERIOR CHAMBER OF EYE SEP PROC; AIR/LIQUID	0-999					Yes	Narrative of Medical Necessity
66030	INJECTION ANTERIOR CHAMBER OF EYE SEP PROC; MED	0-999					Yes	Narrative of Medical Necessity
66130	EXCISION OF LESION SCLERA	0-999					Yes	Narrative of Medical Necessity
66150	FISTULIZ SCLERA GLAUC; TREPHINATION W/IRIDECTOMY	0-999					Yes	Narrative of Medical Necessity
66155	FISTULIZ SCLERA GLAUC; THERMOCAUT W/IRIDECTOMY	0-999					Yes	Narrative of Medical Necessity
66160	FISTULIZAT SCLERA; SCLERECTOMY W/PUNCH W/IRIDECT	0-999					Yes	Narrative of Medical Necessity
66170	FISTULIZAT SCLER;TRABECULECT AB EXT-NO OTHR SURG	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66172	FISTULIZAT SCLERA; TRABECULECT AB EXT W/SCARRING	0-999					Yes	Narrative of Medical Necessity
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	0-999					Yes	Narrative of Medical Necessity
66185	REVISION AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	0-999					Yes	Narrative of Medical Necessity
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	0-999					Yes	Narrative of Medical Necessity
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	0-999					Yes	Narrative of Medical Necessity
66250	REVIS/REPR OPERATIVE WOUND ANT SEGMENT	0-999					Yes	Narrative of Medical Necessity
66500	IRIDOTOMY STAB INCI-SEP PROC; EXCEPT TRANSFIXION	0-999					Yes	Narrative of Medical Necessity
66505	IRIDOTOMY-SEP PROC; W/TRANSFIXION AS IRIS BOMBE	0-999					Yes	Narrative of Medical Necessity
66600	IRIDECT W/CORNEOSCLERAL/CORN L SECT; REMOVL LES	0-999					Yes	Narrative of Medical Necessity
66605	IRIDECT W/CORNEOSCLERAL/CORN L SECTION; W/CYCLECT	0-999					Yes	Narrative of Medical Necessity
66625	IRIDECT-CORNEOSCLERL/CORN L SECT; PERIPH GLAUC-SP	0-999					Yes	Narrative of Medical Necessity
66630	IRIDECT-CORNEOSCLERAL/CORN L SECT;SECTOR GLAUC-SP	0-999					Yes	Narrative of Medical Necessity
66635	IRIDECT W/CORNEOSCLERAL/CORNEAL SECT; OPTICAL-SP	0-999					Yes	Narrative of Medical Necessity
66680	REPAIR OF IRIS CILIARY BODY	0-999					Yes	Narrative of Medical Necessity
66682	SUTURE IRIS CILIARY BODY-SEP PROC W/RETRIEVL SUT	0-999					Yes	Narrative of Medical Necessity
66700	CILIARY BODY DESTRUCTION; DIATHERMY	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66710	CILIARY BDY DESTRUC; CYCLOPHOTOCOAG TRANSSCLERAL	0-999					Yes	Narrative of Medical Necessity
66711	CILIARY BODY DESTRCTION; CYCLOPHOTOCOAGULAT ENDO	0-999					Yes	Narrative of Medical Necessity
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	0-999					Yes	Narrative of Medical Necessity
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	0-999					Yes	Narrative of Medical Necessity
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY	0-999		Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
66762	IRIDOPLASTY BY PHOTOCOAGULATION	0-999					Yes	Narrative of Medical Necessity
66770	DESTRUCTION CYST OR LESION IRIS OR CILIARY BODY	0-999					Yes	Narrative of Medical Necessity
66820	DISCISSION SEC MEMB CATARACT; STAB INCI TECH	0-999					Yes	Narrative of Medical Necessity
66821	DISCISSION SEC MEMB CATARACT; LASER SURGERY	0-999		Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
66825	REPSTN INTRAOCULR LENS PROSTH RQR INCI-SEP PROC	0-999					Yes	Narrative of Medical Necessity
66830	REMOV 2ND MEMBRN CATARACT W/CORNEO-SCLERAL SECT	0-999					Yes	Narrative of Medical Necessity
66840	REMOVAL LENS MATL; ASPIR TECHNIQUE 1/MORE STAGES	0-999					Yes	Narrative of Medical Necessity
66850	REMOVL LENS MATL; PHACOFRAGATION TECH W/ASPIR	0-999					Yes	Narrative of Medical Necessity
66852	REMOVL LENS MATL; PARS PLANA APPRCH W/WO VITRECT	0-999					Yes	Narrative of Medical Necessity
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	0-999					Yes	Narrative of Medical Necessity
66930	REMOVAL LENS MATERIAL; INTRACAPSULAR DISLOC LENS	0-999					Yes	Narrative of Medical Necessity
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66982	EXTRACAP CATARACT REMV W/IOL-COMPLX-DIFF TECH	0-999		Cataract Surgery	2	1-LIFETIME	Yes	Narrative of Medical Necessity
66983	INTRACAPSULAR CATARACT EXTRAC W/INSRT IOL PROSTH	0-999		Cataract Surgery	2	1-LIFETIME	Yes	Narrative of Medical Necessity
66984	EXTRACAPSULAR CATARACT REMV W/INSRT IOL PROSTH	0-999		Cataract Surgery	2	1-LIFETIME	Yes	Narrative of Medical Necessity
66985	INSERT IOL PROSTHESIS-SECONDARY IMPLANT	0-999					Yes	Narrative of Medical Necessity
66986	EXCHANGE OF INTRAOCULAR LENS	0-999					Yes	Narrative of Medical Necessity
67031	SEVERING VITREOUS STRANDS/MEMBRN-LASER SURG	0-999		Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
67208	DESTRCT LOCALIZ LES RETINA; CRYOTHERAPY/DIATHERM	0-999		Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
67210	DESTRUC LOC LES RETINA 1/MORE SESS; PHOTOCOAG	0-999		Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
67220	DESTRUC LOC LES CHOROID; PHOTOCOAG 1/MORE SESS	0-999		Laser Scanning KS	4	365-DAYS	Yes	Narrative of Medical Necessity
67311	STRABISMUS SURGERY R/R PROC; 1 HORIZONTAL MUSCLE	0-999					Yes	Narrative of Medical Necessity
67399	UNLISTED PROCEDURE OCULAR MUSCLE	0-999					Yes	Narrative of Medical Necessity
67400	ORBITOTOMY WITHOUT BONE FLAP; EXPL W/WO BX	0-999					Yes	Narrative of Medical Necessity
67405	ORBITOTOMY WITHOUT BONE FLAP; WITH DRAINAGE ONLY	0-999					Yes	Narrative of Medical Necessity
67412	ORBITOTOMY WITHOUT BONE FLAP; W/REMOVAL LESION	0-999					Yes	Narrative of Medical Necessity
67413	ORBITOTOMY WITHOUT BONE FLP; W/REMOVAL FB	0-999					Yes	Narrative of Medical Necessity
67414	ORBITOT W/O BONE FLP; W/REMOVAL BONE DECOMPRS	0-999					Yes	Narrative of Medical Necessity
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	0-999					Yes	Narrative of Medical Necessity
67420	ORBITOT W/BN FLP/WINDOW LAT APPRCH; W/REMOVL LES	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67430	ORBITOT W/BN FLP/WINDOW LAT APPRCH; W/REMOVAL FB	0-999					Yes	Narrative of Medical Necessity
67440	ORBITOTOMY W/BONE FLP/WINDOW LAT APPRCH; W/DRAIN	0-999					Yes	Narrative of Medical Necessity
67445	ORBITOTOMY W/BONE FLAP/WINDOW; W/REMV BONE	0-999					Yes	Narrative of Medical Necessity
67450	ORBITOT W/BN FLP/WINDOW LAT APPRCH; EXPL W/VO BX	0-999					Yes	Narrative of Medical Necessity
67500	RETROBULBAR INJECTION; MEDICATION	0-999					Yes	Narrative of Medical Necessity
67505	RETROBULBAR INJECTION; ALCOHOL	0-999					Yes	Narrative of Medical Necessity
67515	INJECTION MEDICATION/OTH SUBSTANCE IN TENONS CAP	0-999					Yes	Narrative of Medical Necessity
67550	ORBITAL IMPLANT; INSERTION	0-999					Yes	Narrative of Medical Necessity
67560	ORBITAL IMPLANT; REMOVAL OR REVISION	0-999					Yes	Narrative of Medical Necessity
67570	OPTIC NERVE DECOMPRESSION	0-999					Yes	Narrative of Medical Necessity
67599	UNLISTED PROCEDURE ORBIT	0-999					Yes	Narrative of Medical Necessity
67700	BLEPHAROTOMY DRAINAGE OF ABSCESS EYELID	0-999					Yes	Narrative of Medical Necessity
67710	SEVERING OF TARSORRHAPHY	0-999					Yes	Narrative of Medical Necessity
67715	CANTHOTOMY	0-999					Yes	Narrative of Medical Necessity
67800	EXCISION OF CHALAZION; SINGLE	0-999					Yes	Narrative of Medical Necessity
67801	EXCISION OF CHALAZION; MULTIPLE SAME LID	0-999					Yes	Narrative of Medical Necessity
67805	EXCISION OF CHALAZION; MULTIPLE DIFFERENT LIDS	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67808	EXC CHALAZION; UNDER GEN ANES- &/ RQR HOSP 1/MX	0-999					Yes	Narrative of Medical Necessity
67810	BIOPSY OF EYELID	0-999					Yes	Narrative of Medical Necessity
67820	CORRECTION OF TRICHIASIS; EPILATION FORCEPS ONLY	0-999					Yes	Narrative of Medical Necessity
67825	CORRECT TRICHIASIS; EPILATION OTH THAN FORCEPS	0-999					Yes	Narrative of Medical Necessity
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	0-999					Yes	Narrative of Medical Necessity
67835	CORRECT TRICHIASIS; INCS LID MARGIN W/MEMBRN GFT	0-999					Yes	Narrative of Medical Necessity
67840	EXCISION LESION EYELID W/O CLOS/W/SMPL DIR CLOS	0-999					Yes	Narrative of Medical Necessity
67850	DESTRUCTION OF LESION OF LID MARGIN	0-999					Yes	Narrative of Medical Necessity
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	0-999					Yes	Narrative of Medical Necessity
67880	CONSTRUCT INTERMARGINAL ADHESIONS	0-999					Yes	Narrative of Medical Necessity
67882	CONSTRCT INTERMARG ADHESIONS; W/TRANSPOSIT TARSL	0-999					Yes	Narrative of Medical Necessity
67900	REPAIR OF BROW PTOSIS	0-999					Yes	Narrative of Medical Necessity
67901	RPR BLPOS FRNTIS MUSC SUTR/OTH MATRL	0-999					Yes	Narrative of Medical Necessity
67902	RPR BLPOS FRNTIS MUSC AUTOL FSCAL SLING	0-999					Yes	Narrative of Medical Necessity
67903	REP BLEPHAROPT; LEVATOR RES/ADVMENT INTRL APPRCH	0-999					Yes	Narrative of Medical Necessity
67904	REPR BLEPHAROPT; LEVATOR RES/ADVMENT EXT APPRCH	0-999					Yes	Narrative of Medical Necessity
67906	REPR BLEPHAROPT; SUP RECTUS TECH W/FASCL SLING	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67908	REPR BLEPHAROPTOSIS; CONJUNCTARSO-MULLER'S	0-999					Yes	Narrative of Medical Necessity
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	0-999					Yes	Narrative of Medical Necessity
67911	CORRECTION OF LID RETRACTION	0-999					Yes	Narrative of Medical Necessity
67912	CORR LAGOPHTHALMOS W/IMPL UPPER EYELID LID LOAD	0-999					Yes	Narrative of Medical Necessity
67914	REPAIR OF ECTROPION; SUTURE	0-999					Yes	Narrative of Medical Necessity
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	0-999					Yes	Narrative of Medical Necessity
67916	REPAIR ECTROPION; EXCISION TARSAL WEDGE	0-999					Yes	Narrative of Medical Necessity
67917	REPAIR OF ECTROPION; EXTENSIVE	0-999					Yes	Narrative of Medical Necessity
67921	REPAIR OF ENTROPION; SUTURE	0-999					Yes	Narrative of Medical Necessity
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	0-999					Yes	Narrative of Medical Necessity
67923	REPAIR ENTROPION; EXCISION TARSAL WEDGE	0-999					Yes	Narrative of Medical Necessity
67924	REPAIR OF ENTROPION; EXTENSIVE	0-999					Yes	Narrative of Medical Necessity
67930	SUTURE RECENT WOUND EYELID DIR CLOS; PART THICK	0-999					Yes	Narrative of Medical Necessity
67935	SUTURE RECENT WOUND EYELID DIR CLOS; FULL THICK	0-999					Yes	Narrative of Medical Necessity
67938	REMOVAL OF EMBEDDED FOREIGN BODY EYELID	0-999					Yes	Narrative of Medical Necessity
67950	CANTHOPLASTY	0-999					Yes	Narrative of Medical Necessity
67961	EXC & REPR EYELID; UP TO 1/4 LID MARGIN	0-999					Yes	Narrative of Medical Necessity
67966	EXC & REPR EYELID > 1/4 LID MARGIN	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67971	RECON EYELID FULL THICK; UP TO 2/3 LID 1 STAGE	0-999					Yes	Narrative of Medical Necessity
67973	RECON EYELID; TOT LID LOWER 1 STAGE/1ST STAGE	0-999					Yes	Narrative of Medical Necessity
67974	RECON EYELID; TOT LID UPPER 1 STAGE/1ST STAGE	0-999					Yes	Narrative of Medical Necessity
67975	RECON EYELID FULL THICK-TRANSF FLAP; 2ND STAGE	0-999					Yes	Narrative of Medical Necessity
67999	UNLISTED PROCEDURE EYELIDS	0-999					Yes	Narrative of Medical Necessity
68020	INCISION OF CONJUNCTIVA DRAINAGE OF CYST	0-999					Yes	Narrative of Medical Necessity
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES	0-999					Yes	Narrative of Medical Necessity
68100	BIOPSY OF CONJUNCTIVA	0-999					Yes	Narrative of Medical Necessity
68110	EXCISION OF LESION CONJUNCTIVA; UP TO 1 CM	0-999					Yes	Narrative of Medical Necessity
68115	EXCISION OF LESION CONJUNCTIVA; OVER 1 CM	0-999					Yes	Narrative of Medical Necessity
68130	EXCISION LESION CONJUNCTIVA; W/ADJACENT SCLERA	0-999					Yes	Narrative of Medical Necessity
68135	DESTRUCTION OF LESION CONJUNCTIVA	0-999					Yes	Narrative of Medical Necessity
68200	SUBCONJUNCTIVAL INJECTION	0-999					Yes	Narrative of Medical Necessity
68320	CONJUNCTPLSTY; W/CONJUNCT GRAFT/EXT REARNGMENT	0-999					Yes	Narrative of Medical Necessity
68325	CONJUNCTPLSTY; W/BUCCAL MUCOUS MEMBRANE GRAFT	0-999					Yes	Narrative of Medical Necessity
68326	CONJUNCTIVOPLASTY RECON CUL-DE-SAC; W/GFT	0-999					Yes	Narrative of Medical Necessity
68328	CONJUNCTIVOPLASTY RECON CUL-DE-SAC; W/BUCCAL GFT	0-999					Yes	Narrative of Medical Necessity
68330	REPAIR SYMBLEPHARON; CONJUNCTPLSTY WITHOUT GRAFT	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68335	REPR SYMBLEPHARON; W/FREE GFT CONJUNC/BUCCAL	0-999					Yes	Narrative of Medical Necessity
68340	REPR SYMBLEPHARON; DIVIS SYMBLEPHARON W/WO INSRT	0-999					Yes	Narrative of Medical Necessity
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	0-999					Yes	Narrative of Medical Necessity
68362	CONJUNCTIVAL FLAP; TOTAL	0-999					Yes	Narrative of Medical Necessity
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT LIVING DONOR	0-999					Yes	Narrative of Medical Necessity
68399	UNLISTED PROCEDURE CONJUNCTIVA	0-999					Yes	Narrative of Medical Necessity
68400	INCISION DRAINAGE OF LACRIMAL GLAND	0-999					Yes	Narrative of Medical Necessity
68420	INCISION DRAINAGE OF LACRIMAL SAC	0-999					Yes	Narrative of Medical Necessity
68440	SNIP INCISION OF LACRIMAL PUNCTUM	0-999					Yes	Narrative of Medical Necessity
68500	EXCISION OF LACRIMAL GLAND EXCEPT TUMOR; TOTAL	0-999					Yes	Narrative of Medical Necessity
68505	EXCISION OF LACRIMAL GLAND EXCEPT TUMOR; PARTIAL	0-999					Yes	Narrative of Medical Necessity
68510	BIOPSY OF LACRIMAL GLAND	0-999					Yes	Narrative of Medical Necessity
68520	EXCISION OF LACRIMAL SAC	0-999					Yes	Narrative of Medical Necessity
68525	BIOPSY OF LACRIMAL SAC	0-999					Yes	Narrative of Medical Necessity
68530	REMOVAL FB/DACRYOLITH LACRIMAL PASSAGES	0-999					Yes	Narrative of Medical Necessity
68540	EXCISION LACRIMAL GLAND TUMOR; FRONTAL APPROACH	0-999					Yes	Narrative of Medical Necessity
68550	EXCISION LACRIMAL GLAND TUMOR; INVLV OSTEOTOMY	0-999					Yes	Narrative of Medical Necessity
68700	PLASTIC REPAIR OF CANALICULI	0-999					Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68705	CORRECTION OF EVERTED PUNCTUM CAUTERY	0-999					Yes	Narrative of Medical Necessity
68720	DACRYOCYSTORHINOSTOMY	0-999					Yes	Narrative of Medical Necessity
68745	CONJUNCTIVORHINOSTOMY; WITHOUT TUBE	0-999					Yes	Narrative of Medical Necessity
68750	CONJUNCTIVORHINOSTOMY; W/INSERTION TUBE OR STENT	0-999					Yes	Narrative of Medical Necessity
68760	CLOS LAC PUNCTUM; THERMOCAUT LIG/LASER SURGERY	0-999					Yes	Narrative of Medical Necessity
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG EACH	0-999					Yes	Narrative of Medical Necessity
68770	CLOSURE OF LACRIMAL FISTULA	0-999					Yes	Narrative of Medical Necessity
68801	DILATION OF LACRIMAL PUNCTUM W/WO IRRIGATION	0-999					Yes	Narrative of Medical Necessity
68810	PROBING OF NLD WITH OR WITHOUT IRRIGATION;	0-999					Yes	Narrative of Medical Necessity
68811	PROBING NLD W/WO IRRIGATION; RQR GEN ANESTHESIA	0-999					Yes	Narrative of Medical Necessity
68815	PROBING NLD W/WO IRRIG; W/INSRTION TUBE/STENT	0-999					Yes	Narrative of Medical Necessity
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	0-999					Yes	Narrative of Medical Necessity
68840	PROBING OF LACRIMAL CANALICULI W/WO IRRIGATION	0-999					Yes	Narrative of Medical Necessity
68850	INJECTION OF CONTRAST MEDIUM DACRYOCYSTOGRAPHY	0-999					Yes	Narrative of Medical Necessity
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	0-999					Yes	Narrative of Medical Necessity
76510	OPHTHALMIC US DX; B-SCAN&QUAN A SCAN SAME ENCNR	0-999					Yes	Narrative of Medical Necessity
76511	OPHTHALMIC US DX; QUANTITATIVE A SCAN ONLY	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
76512	OPHTHALMIC US DX; B-SCAN W/WO NON-QUAN A-SCAN	0-999					Yes	Narrative of Medical Necessity
76513	OPHTHALMIC US DX; ANT SEG US B-SCAN/BIOMICROSCPY	0-999					Yes	Narrative of Medical Necessity
76514	OPHTHALMIC US DX; CORNEAL PACHYMETRY UNI/BIL	0-999					Yes	Narrative of Medical Necessity
76516	OPHTHALMIC BIOMETRY ULTRASOUND ECHO A-SCAN;	0-999					Yes	Narrative of Medical Necessity
76519	OPHTH BIOMETRY A-SCAN; W/IO LENS POWER CALCULAT	0-999					Yes	Narrative of Medical Necessity
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	0-999					Yes	Narrative of Medical Necessity
92002	OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	0-999		Routine Exam KS	1	365-DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92004	OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	0-999		Routine Exam KS	1	365-DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92012	OPHTH SERV: MED EXAM & EVAL; INITERMED ESTAB PT	0-999		Routine Exam KS	1	365-DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92014	OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	0-999		Routine Exam KS	1	365-DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92015	DETERMINATION OF REFRACTIVE STATE	21-999		Refraction KS	1	365-DAYS		
92015	DETERMINATION OF REFRACTIVE STATE	0-20		Refraction KS	1	365-DAYS		
92018	OPHTH EXAM & EVAL-GEN ANES; CMPL	0-999					Yes	Narrative of Medical Necessity
92019	OPHTH EXAM & EVAL-GEN ANES; LTD	0-999					Yes	Narrative of Medical Necessity
92020	GONIOSCOPY	0-999		Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	0-999		Corneal Topography KS	3	365-DAYS	Yes	Narrative of Medical Necessity
92060	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	0-999					Yes	Narrative of Medical Necessity
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	0-999					Yes	Narrative of Medical Necessity
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	0-999					Yes	Narrative of Medical Necessity
92081	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	0-999		Visual Field Examination	4	365-DAYS	Yes	Narrative of Medical Necessity
92082	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	0-999		Visual Field Examination	4	365-DAYS	Yes	Narrative of Medical Necessity
92083	VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	0-999		Visual Field Examination	4	365-DAYS	Yes	Narrative of Medical Necessity
92100	SERIAL TONOMETRY-SEP PROC W/I&R SAME DAY	0-999		Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI	0-999		Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	0-999		Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	0-999		Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	0-999		Medical Eye Exam KS	6	365-DAYS	Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92136	OPHTH BIOMETRY PART COHERENCE INTRFEROMETRY	0-999					Yes	Narrative of Medical Necessity
92225	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	0-999					Yes	Narrative of Medical Necessity
92226	OPHTH EXT W/RETINAL DRAWING W/I&R; SUBSEQUENT	0-999					Yes	Narrative of Medical Necessity
92227	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/BI	0-999					Yes	Narrative of Medical Necessity
92228	REMOTE IMG MGT RETINL DIS W/I&R UNI/BI	0-999					Yes	Narrative of Medical Necessity
92230	FLUORESCEIN ANGIOSCOPY W/I&R	0-999					Yes	Narrative of Medical Necessity
92235	FLUORESCEIN ANGIOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92240	INDOCYANINE-GREEN ANGIOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92250	FUNDUS PHOTOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92260	OPHTHALMODYNAMOMETRY	0-999					Yes	Narrative of Medical Necessity
92265	NEEDLE OCULOECTROMYOGRAPHY 1/MORE MUSCL W/I&R	0-999					Yes	Narrative of Medical Necessity
92270	ELECTRO-OCULOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92275	ELECTRORETINOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92283	COLOR VISION EXAM EXT EG ANOMALOSCOPE/EQUIVALENT	0-999					Yes	Narrative of Medical Necessity
92284	DARK ADAPTATION EXAMINATION W/I&R	0-999					Yes	Narrative of Medical Necessity
92285	EXT OCULR PHOTOGRAPHY W/I&R DOC MEDICAL PROGRESS	0-999					Yes	Narrative of Medical Necessity
92286	SPEC ANT SEGMENT PHOTO W/I&R; W/MICRO/CELL CNT	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92287	SPCL ANT SEG PHOTGRPH W/I&R; W/FLUORESCEIN ANGIO	0-999					Yes	Narrative of Medical Necessity
92310	PRSC & FIT CONTACT LENS; CORNEAL EXCEPT APHAKIA	0-999					Yes	Narrative of Medical Necessity
92311	PRSC & FIT CONTACT LENS; CORNEAL-APHAKIA-1EYE	0-999					Yes	Narrative of Medical Necessity
92312	PRSC CONTACT LENS; CORNEAL- APHAKIA-BOTH EYES	0-999					Yes	Narrative of Medical Necessity
92313	PRSC & FIT CONTACT LENS; CORNEOSCLERAL LENS	0-999					Yes	Narrative of Medical Necessity
92316	PRSC W/FIT BY TECH; LENS-APHAKIA- BOTH EYES	0-999					Yes	Narrative of Medical Necessity
92317	PRSC W/FIT BY TECH; CORNEOSCLERAL LENS	0-999					Yes	Narrative of Medical Necessity
92325	MODIFICATION CNTC LENS W/MEDICAL SUPERVIS ADPT	0-999					Yes	Narrative of Medical Necessity
92326	REPLACEMENT OF CONTACT LENS	0-999					Yes	Narrative of Medical Necessity
92354	FIT SPECTACLE MOUNTED LOW VISION AID; 1 ELEM SYS	0-999					Yes	Narrative of Medical Necessity
92355	FIT SPECTACL MOUNT LO VISION AID; TELESCOPE/OTHER	0-999					Yes	Narrative of Medical Necessity
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT APHAKIA	0-999					Yes	Narrative of Medical Necessity
92371	REPR&REFIT SPECTACLES; SPECTACLE PROSTH APHAKIA	0-999					No	
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BIL	0-999		Routine Exam KS	1	365-DAYS	No	Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
99201	OFFICE OUTPT NEW 10 MIN	0-999					No	
99202	OFFICE OUTPT NEW 20 MINUTES	0-999					No	
99203	OFFICE OUTPT NEW 30 MIN	0-999					No	
99204	OFFICE OUTPT NEW 45 MIN	0-999					No	

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
99205	OFFICE OUTPT NEW 60 MIN	0-999					No	
99211	OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	0-999					No	
99212	OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	0-999					No	
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	0-999					No	
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	0-999					No	
99214	OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	0-999					No	
99215	OFC/OUTPT VISIT E&M ESTAB MOD-HI SEVRTY 40 MIN	0-999					No	
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	0-999					No	
99219	INIT OBSRV CARE-DAY E&M MODERATE SEVERITY	0-999					No	
99220	INIT OBSRV CARE-DAY E&M HIGH SEVERITY	0-999					No	
99221	1ST HOSP CARE PR D 30 MIN	0-999					No	
99222	INIT HOSP CARE-DAY E&M MODERATE SEVERITY 50 MIN	0-999					No	
99223	INIT HOSP CARE-DAY E&M HIGH SEVERITY 70 MIN	0-999					No	
99224	SBSQ OBS CARE PR D LOW SEVERITY	0-999					No	
99225	SBSQ OBS CARE PR D MODERATE SEVERITY	0-999					No	
99226	SBSQ OBS CARE PR D HIGH SEVERITY	0-999					No	
99231	SUBSQT HOSP CARE-DAY E&M STABLE/RECOVER 15 MIN	0-999					No	
99232	SUBSQT HOSP CARE-DAY E&M MINOR CMPL 25 MIN	0-999					No	
99233	SUBSQT HOSP CARE-DAY E&M SIGNIFIC CMPL 35 MIN	0-999					No	

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
99234	OBSRV/INPT HOSP CARE E&M LOW SEVERITY	0-999					No	
99235	OBSRV/INPT HOSP CARE E&M MODERATE SEVERITY	0-999					No	
99236	OBSRV/INPT HOSP CARE E&M HIGH SEVERITY	0-999					No	
99238	HOSPITAL D/C DAY MANAGEMENT; 30 MINUTES/LESS	0-999					No	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; > 30 MINUTES	0-999					No	
99241	OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	0-999					No	
99242	OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	0-999					No	
99243	OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	0-999					No	
99244	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	0-999					No	
99245	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	0-999					No	
99251	INIT INPT CNSLT NEW/EST SELF LIMIT/MINOR 20 MIN	0-999					No	
99252	INIT INPT CNSLT NEW/ESTAB LOW SEVERITY 40 MIN	0-999					No	
99253	INIT INPT CNSLT NEW/EST MODERATE SEVERITY 55MIN	0-999					No	
99254	1ST INPT CONSLTJ 80 MIN	0-999					No	
99255	INIT INPT CNSLT NEW/EST MOD-HI SEVERITY 110 MIN	0-999					No	
99281	EMERG DEPT VISIT E&M SELF LIMITED/MINOR	0-999					No	Specialty Required - ophthalmologist only
99282	EMERG DEPT VISIT E&M LOW-MODERATE SEVERITY	0-999					No	Specialty Required - ophthalmologist only

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
99283	EMERG DEPT VISIT E&M MODERATE SEVERITY	0-999					No	Specialty Required - ophthalmologist only
99284	EMERG DEPT VISIT E&M HIGH SEVERITY URGENT EVAL	0-999					No	Specialty Required - ophthalmologist only
99285	EMERG DEPT E&M-HIGH SEVERITY IMMEDIATE SIG THREAT	0-999					No	Specialty Required - ophthalmologist only
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	0-999		Office Visit KS	6	365-DAYS	No	
J0178	INJECTION AFLIBERCEPT 1 MG	0-999					Yes	Narrative of Medical Necessity
J0585	BOTULINUM TOXIN TYPE A PER UNIT	0-999					Yes	Narrative of Medical Necessity
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	0-999					Yes	Narrative of Medical Necessity
J2778	INJECTION RANIBIZUMAB 0.1 MG	0-999					Yes	Narrative of Medical Necessity
J3300	INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG	0-999					Yes	Narrative of Medical Necessity
J3301	INJECTION TRIAMCINOLONE ACETONIDE PER 10 MG	0-999					Yes	Narrative of Medical Necessity
J3396	INJECTION VERTEPORFIN 0.1 MG	0-999					Yes	Narrative of Medical Necessity
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	0-999					Yes	Narrative of Medical Necessity
J9035	INJECTION BEVACIZUMAB 10 MG	0-999					Yes	Narrative of Medical Necessity
S0500	DISPOSABLE CONTACT LENS PER LENS	0-999					Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
S0580	MEDICALLY NECESSARY POLYCARBONATE LENS	21-999		Polycarbonate Lenses KS	2	365-DAYS	No	Appropriate Diagnosis Code required to substantiate Medical Necessity on claim
S0580	MEDICALLY NECESSARY POLYCARBONATE LENS	0-20		Polycarbonate Lenses KS	6	365-DAYS	No	Appropriate Diagnosis Code required to substantiate Medical Necessity on claim
V2020	FRAMES PURCHASES	21-999		Vision Frames KS	1	365-DAYS	No	
V2020	FRAMES PURCHASES	0-20		Vision Frames KS	3	365-DAYS	No	
V2100	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2100	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2101	SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2101	SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2102	SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2102	SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2103	1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2103	1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2104	1 VISN PLANO+/- 4.00D SPHER 2.12-4.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2104	1 VISN PLANO+/- 4.00D SPHER 2.12-4.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2105	1 VISN PLANO+/- 4.00D SPHER 4.25-6.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2105	1 VISN PLANO+/- 4.00D SPHER 4.25-6.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2106	1 VISN PLANO+/- 4.00D SPHER OVER 6.00D CYL-LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2106	1 VISN PLANO+/- 4.00D SPHER OVER 6.00D CYL-LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2107	1 VISN +/- 4.25+/- 7.00 SPHER 0.12-2.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2107	1 VISN +/- 4.25+/- 7.00 SPHER 0.12-2.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2108	1 VISN +/-4.25D+/-7.00D SPHER 2.12-4.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2108	1 VISN +/-4.25D+/-7.00D SPHER 2.12-4.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2109	1 VISN+/- 4.25+/- 7.00D SPHER 4.25-6.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2109	1 VISN+/- 4.25+/- 7.00D SPHER 4.25-6.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2110	1 VISN +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2110	1 VISN +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2111	1 VISN +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2111	1 VISN +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2112	1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2112	1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2113	1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2113	1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2114	SINGLE VISION SPHERE OVER +/- 12.00D PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2114	SINGLE VISION SPHERE OVER +/- 12.00D PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2115	LENTICULAR PER LENS SINGLE VISION	21-999		Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2115	LENTICULAR PER LENS SINGLE VISION	0-20		Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2118	ANISEIKONIC LENS SINGLE VISION	21-999		Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2118	ANISEIKONIC LENS SINGLE VISION	0-20		Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2121	LENTICULAR LENS PER LENS SINGLE	21-999		Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2121	LENTICULAR LENS PER LENS SINGLE	0-20		Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	21-999		Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	0-20		Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2200	SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2200	SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2201	SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2201	SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2202	SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2202	SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2203	BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2203	BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2204	BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2204	BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2205	BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2205	BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2206	BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2206	BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2207	BIFOCL +/-4.25+/-7.00D SPHER 0.12-2.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2207	BIFOCL +/-4.25+/-7.00D SPHER 0.12-2.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2208	BIFOCL +/-4.25+/-7.00D SPHER 2.12-4.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2208	BIFOCL +/-4.25+/-7.00D SPHER 2.12-4.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2209	BIFOCL +/-4.25+/-7.00D SPHER 4.25-6.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2209	BIFOCL +/-4.25+/-7.00D SPHER 4.25-6.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2210	BIFOCL +/-4.25+/-7.00D SPHER OVR 6.00D CYL-LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2210	BIFOCL +/-4.25+/-7.00D SPHER OVR 6.00D CYL-LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2211	BIFOCL +/-7.25+/-12.00D SPHER 0.25-2.25D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2211	BIFOCL +/-7.25+/-12.00D SPHER 0.25-2.25D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2212	BIFOCL +/-7.25+/-12.00D SPHER 2.25-4.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2212	BIFOCL +/-7.25+/-12.00D SPHER 2.25-4.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2213	BIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL-EA	21-999		Covered Lenses KS	2	365-DAYS	No	
V2213	BIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL-EA	0-20		Covered Lenses KS	6	365-DAYS	No	
V2214	BIFOCAL SPHERE OVER +/-12.00D PER LENS	21-999		Covered Lenses KS	2	365-DAYS	No	
V2214	BIFOCAL SPHERE OVER +/-12.00D PER LENS	0-20		Covered Lenses KS	6	365-DAYS	No	
V2215	LENTICULAR PER LENS BIFOCAL	21-999		Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2215	LENTICULAR PER LENS BIFOCAL	0-20		Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2218	ANISEIKONIC PER LENS BIFOCAL	21-999		Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2218	ANISEIKONIC PER LENS BIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2219	BIFOCAL SEG WIDTH OVER 28MM	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2219	BIFOCAL SEG WIDTH OVER 28MM	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2220	BIFOCAL ADD OVER 3.25D	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2220	BIFOCAL ADD OVER 3.25D	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2221	LENTICULAR LENS PER LENS BIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2221	LENTICULAR LENS PER LENS BIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2299	SPECIALTY BIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2299	SPECIALTY BIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2300	SPHERE TRIFOCAL PLANO OR +/- 4.00D PER LENS	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2300	SPHERE TRIFOCAL PLANO OR +/- 4.00D PER LENS	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2301	SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2301	SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2302	SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2302	SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2303	TRIFOCL PLANO +/-4.00D SPHER 0.12-2.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2303	TRIFOCL PLANO +/-4.00D SPHER 0.12-2.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2304	TRIFOCL PLANO +/-4.00D SPHER 2.25-4.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2304	TRIFOCL PLANO +/-4.00D SPHER 2.25-4.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2305	TRIFOCL PLANO +/-4.00D SPHER 4.25-6.00 CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2305	TRIFOCL PLANO +/-4.00D SPHER 4.25-6.00 CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	

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CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2306	TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2306	TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2307	TRIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2307	TRIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2308	TRIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2308	TRIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2309	TRIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2309	TRIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2310	TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2310	TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2311	TRIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL E	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2311	TRIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL E	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2312	TRIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL E	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2312	TRIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL E	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2313	TRIFOCL+/-7.25-+/-12.00D SPHER 4.25-6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2313	TRIFOCL+/-7.25-+/-12.00D SPHER 4.25-6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2314	TRIFOCL SPHER OVER +/-12.00D PER LENS	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2314	TRIFOCL SPHER OVER +/-12.00D PER LENS	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2315	LENTICULAR PER LENS TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2315	LENTICULAR PER LENS TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2318	ANISEIKONIC LENS TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2318	ANISEIKONIC LENS TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	No
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	No
V2320	TRIFOCAL ADD OVER 3.25D	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	No
V2320	TRIFOCAL ADD OVER 3.25D	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	No
V2321	LENTICULAR LENS PER LENS TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2321	LENTICULAR LENS PER LENS TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2399	SPECIALTY TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	No	
V2399	SPECIALTY TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	No	
V2410	VARIABLE ASPHERIC LENS 1 FULL FLD GLASS/PLASTIC LNS	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2410	VARIABLE ASPHERIC LENS 1 FULL FLD GLASS/PLASTIC LNS	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	21-999	All modifiers	Covered Lenses KS	2	365-DAYS	Yes	Narrative of Medical Necessity
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	0-20	All modifiers	Covered Lenses KS	6	365-DAYS	Yes	Narrative of Medical Necessity
V2500	CONTACT LENS PMMA SPHERICAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2501	CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2503	CONTACT LENS PMMA COLOR VISION DEFIC PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2510	CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2511	CONTACT LENS GAS PERMEABLE TORIC PRISM BALLAST-LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2512	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2513	CONTACT LENS GAS PERMEABLE EXTENDED WEAR PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2520	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2521	CONTACT LENS HYDROPHILIC TORIC/PRISM BALLAST PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2523	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2623	PROSTHETIC EYE PLASTIC CUSTOM	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2626	REDUCTION OF OCULAR PROSTHESIS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2627	SCLERAL COVER SHELL	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2710	SLAB OFF PRISM GLASS OR PLASTIC PER LENS	21-999	All modifiers	Slab Off	2	365-DAYS	No	
V2710	SLAB OFF PRISM GLASS OR PLASTIC PER LENS	0-20	All modifiers	Slab Off	6	365-DAYS	No	
V2715	PRISM PER LENS	21-999	All modifiers	Prism	2	365-DAYS	No	
V2715	PRISM PER LENS	0-20	All modifiers	Prism	6	365-DAYS	No	
V2730	SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS	21-999						
V2740	TINT, PLASTIC, ROSE 1 OR 2 PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2741	TINT, PLASTIC, OTHER THAN ROSE 1 OR 2, PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	

**Aetna KanCare Medicaid Vision**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2742	TINT, GLASS, ROSE 1 OR 2, PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2743	TINT, GLASS, OTHER THAN ROSE 1 OR 2, PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2744	TINT PHOTOCHROMATIC PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2745	ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2750	ANTIREFLECTIVE COATING PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2755	U-V LENS PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2760	SCRATCH RESISTANT COATING PER LENS	21-999	All modifiers	Scratch Coat	2	365-DAYS	No	
V2760	SCRATCH RESISTANT COATING PER LENS	0-20	All modifiers	Scratch Coat	6	365-DAYS	No	
V2761	MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2762	POLARIZATION ANY LENS MATERIAL PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2770	OCCLUDER LENS PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2780	OVERSIZE LENS PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	
V2781	PROGRESSIVE LENS PER LENS	21-999		Adult Eyewear \$50.00 Value Add		365-DAYS	No	

**Aetna KanCare Medicaid Vision**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Ages</b>	<b>Sub-codes</b>	<b>Code-set</b>	<b>Code-set Limit</b>	<b>Time Period</b>	<b>Auth/Review Req'd</b>	<b>Document Requirements</b>
V2784	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS	21-999	All modifiers	Polycarbonate Lenses KS	2	365-DAYS	No	
V2784	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS	0-20	All modifiers	Polycarbonate Lenses KS	6	365-DAYS	No	
V2799	VISION SERVICE MISCELLANEOUS	0-999	All modifiers				Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
11042	DEBRIDEMENT; SKIN AND SUBCUTANEOUS TISSUE	0-999					Yes	Narrative of Medical Necessity
11043	DEBRIDEMENT; SKIN SUBCUTANEOUS TISSUE AND MUSCLE	0-999					Yes	Narrative of Medical Necessity
11044	DEBRIDEMENT; SKIN SUBCUT TISSUE MUSCLE&BONE	0-999					Yes	Narrative of Medical Necessity
11100	BX SKIN SUBQ TISSUE &/ MUCOUS MEMBRANE; 1 LESION	0-999					Yes	Narrative of Medical Necessity
11101	BX SKIN SUBQ TISSUE &/ MUCOUS MEMBRANE; EA ADD	0-999					Yes	Narrative of Medical Necessity
11200	REMOVAL SKIN TAGS ANY AREA;TO & INCL 15 LESION	0-999					Yes	Narrative of Medical Necessity
11440	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	0-999					Yes	Narrative of Medical Necessity
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	0-999					Yes	Narrative of Medical Necessity
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	0-999					Yes	Narrative of Medical Necessity
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	0-999					Yes	Narrative of Medical Necessity
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	0-999					Yes	Narrative of Medical Necessity
11446	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M >4.0CM	0-999					Yes	Narrative of Medical Necessity
11640	EXC MAL LES MARG FCE ERS EYELD NSE LPS; 0.5 CM/<	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Re view Req'd	Document Requirements
11641	EXC MAL LES MARG FCE ERS EYELD NSE LP;0.6-1.0 CM	0-999					Yes	Narrative of Medical Necessity
11642	EXC MAL LES MARG FCE ERS EYELD NSE LP;1.1-2.0 CM	0-999					Yes	Narrative of Medical Necessity
11643	EXC MAL LES MARG FCE ERS EYELD NSE LP;2.1-3.0 CM	0-999					Yes	Narrative of Medical Necessity
11644	EXC MAL LES MARG FCE ERS EYELD NSE LP;3.1-4.0 CM	0-999					Yes	Narrative of Medical Necessity
11646	EXC MAL LES MARG FCE ERS EYELD NSE LP;OVR 4.0 CM	0-999					Yes	Narrative of Medical Necessity
12011	SIMPL REPR FACE EARS NOSE&/MUCOUS MEMB; < 2.5 CM	0-999					Yes	Narrative of Medical Necessity
12013	SIMPL REPR FACE ERS NOSE&/MUCOUS MEMB;2.6-5.0 CM	0-999					Yes	Narrative of Medical Necessity
12014	SIMPL REPR FCE ERS NOSE&/MUCOUS MEMB; 5.1-7.5 CM	0-999					Yes	Narrative of Medical Necessity
12015	SIMPL REPR FCE ERS NOSE&/MUCOUS MEMB;7.6- 12.5 CM	0-999					Yes	Narrative of Medical Necessity
12016	SIMPL REPR FCE ERS NSE&/MUCOUS MEMB;12.6-20.0 CM	0-999					Yes	Narrative of Medical Necessity
12017	SIMPL REPR FCE ERS NSE&/MUCOUS MEMB;20.1-30.0 CM	0-999					Yes	Narrative of Medical Necessity
12018	SIMPL REPR FACE ERS NOSE&/MUCOUS MEMB; > 30.0 CM	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Ages</b>	<b>Sub-codes</b>	<b>Code-set</b>	<b>Code-set Limit</b>	<b>Time Period</b>	<b>Auth/Re view Req'd</b>	<b>Document Requirements</b>
12020	TX SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	0-999					Yes	Narrative of Medical Necessity
12021	TX SUPERFICIAL WOUND DEHISCENCE; W/PACKING	0-999					Yes	Narrative of Medical Necessity
12051	LAYER CLOS WNDNS FACE EARS NOSE&/LIPS; < 2.5 CM	0-999					Yes	Narrative of Medical Necessity
12052	LAYER CLOS WNDNS FACE EARS NOSE&/LIPS; 2.6-5.0 CM	0-999					Yes	Narrative of Medical Necessity
12053	LAYER CLOS WNDNS FACE EARS NOSE&/LIPS; 5.1-7.5 CM	0-999					Yes	Narrative of Medical Necessity
12054	LAYER CLOS WNDNS FCE EARS NOSE&/LIPS; 7.6-12.5 CM	0-999					Yes	Narrative of Medical Necessity
12055	LAYER CLOS WNDNS FCE EARS NOSE&/LPS; 12.6-20.0 CM	0-999					Yes	Narrative of Medical Necessity
12056	LAYER CLOS WNDNS FCE EARS NOSE&/LPS; 20.1-30.0 CM	0-999					Yes	Narrative of Medical Necessity
12057	LAYER CLOS WNDNS FACE EARS NOSE&/LIPS; > 30.0 CM	0-999					Yes	Narrative of Medical Necessity
13151	REPR CMLPX EYELIDS NOSE EARS&/LIPS; 1.1-2.5 CM	0-999					Yes	Narrative of Medical Necessity
13152	REPR CMLPX EYELIDS NOSE EARS&/LIPS; 2.6-7.5 CM	0-999					Yes	Narrative of Medical Necessity
13153	REPR CMLPX EYELDS NSE EARS&/LPS;EA ADD 5 CM/LESS	0-999					Yes	Narrative of Medical Necessity
13160	SEC CLOS SURGICAL WOUND/DEHIS EXTENSIVE/COMP	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Re view Req'd	Document Requirements
14060	ADJ TISS TRANS EYELDS NOSE&/LIPS; 10 SQ CM/LESS	0-999					Yes	Narrative of Medical Necessity
14061	ADJ TISS TRANS EYELDS NOSE&/LIPS;10.1-30.0 SQ CM	0-999					Yes	Narrative of Medical Necessity
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	0-999					Yes	Narrative of Medical Necessity
15120	SPLT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1%	0-999					Yes	Narrative of Medical Necessity
15260	FULL THICK GFT NOSE EARS EYELDS&/LPS; 20 SQ CM/<	0-999					Yes	Narrative of Medical Necessity
15576	FORM DIR PEDICLE W/WO TRANSF;EYELDS NSE EARS/LIP	0-999					Yes	Narrative of Medical Necessity
15630	DELAY FLAP/SECTIONING FLAP;EYELD NOSE EARS/LIPS	0-999					Yes	Narrative of Medical Necessity
15820	BLEPHAROPLASTY LOWER EYELID;	0-999					Yes	Narrative of Medical Necessity
15821	BLPHPLSTY LOWER EYELID; W/EXT HERNIATED FAT PAD	0-999					Yes	Narrative of Medical Necessity
15822	BLEPHAROPLASTY UPPER EYELID;	0-999					Yes	Narrative of Medical Necessity
15823	BLPHPLSTY UPPER EYELID; W/XCESS SKIN WT DOWN LID	0-999					Yes	Narrative of Medical Necessity
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	0-999					Yes	Narrative of Medical Necessity
17000	DESTRUC BEN/PREMA LIG LES OTH THAN SKN TAG; 1 LES	0-999					Yes	Narrative of Medical Necessity
17003	DESTRUC BEN/PREMA LIG LES OTH THN SKN TAG;2-14 EA	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Re view Req'd	Document Requirements
17004	DESTRUC BEN/PREMALIG OTH THN SKIN TAGS 15/> LES	0-999					Yes	Narrative of Medical Necessity
17106	DESTRUC CUT VASCULAR PROLIFERAT LES; < 10 SQ CM	0-999					Yes	Narrative of Medical Necessity
17107	DESTRUC CUT VASC PROLIFERAT LES; 10.0-50.0 SQ CM	0-999					Yes	Narrative of Medical Necessity
17108	DESTRUC CUT VASC PROLIFERAT LES; > 50.0 SQ CM	0-999					Yes	Narrative of Medical Necessity
17110	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14	0-999					Yes	Narrative of Medical Necessity
17111	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; 15/>LES	0-999					Yes	Narrative of Medical Necessity
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	0-999					Yes	Narrative of Medical Necessity
17280	DESTRUC MAL LES FCE ERS EYELD NSE LPS; 0.5 CM/<	0-999					Yes	Narrative of Medical Necessity
17281	DESTRUC MAL LES FCE ERS EYELD NSE LPS;0.6-1.0 CM	0-999					Yes	Narrative of Medical Necessity
17282	DESTRUC MAL LES FCE ERS EYELD NSE LPS;1.1-2.0 CM	0-999					Yes	Narrative of Medical Necessity
17283	DESTRUC MAL LES FCE ERS EYELD NSE LPS;2.1-3.0 CM	0-999					Yes	Narrative of Medical Necessity
17284	DESTRUC MAL LES FCE ERS EYELD NSE LPS;3.1-4.0 CM	0-999					Yes	Narrative of Medical Necessity
17286	DESTRUC MAL LES FCE ERS EYELD NSE LPS; > 4.0 CM	0-999					Yes	Narrative of Medical Necessity
65091	EVISCKERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Re view Req'd	Document Requirements
65093	EVISGERATION OF OCULAR CONTENTS; WITH IMPLANT	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
65103	ENUCLEAT EYE; W/IMPLANT MUSC NOT ATTCH IMPLANT	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
65105	ENUCLEATION EYE; W/IMPLANT MUSCLES ATTCH IMPLANT	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
65110	EXENTERATION ORBIT REMOVAL ORB CONTENTS; ONLY	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
65112	EXENTERATION ORBITAL CONTENTS; W/REMOV BONE	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
65114	EXENTERAT ORBITAL CONTENTS; W/MUSC/MYOCUT FLAP	0-999		Removal of Eye	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
65125	MODIFICATION OCULR IMPLANT W/PLCMT/REPLCMT PEGS	0-999					Yes	Narrative of Medical Necessity
65130	INSRT OCULAR IMPLNT SECNDRY; AFTER EVISGERATION	0-999					Yes	Narrative of Medical Necessity
65135	INSRT OCULAR IMPLNT SECNDRY; AFTER ENUCLEATION	0-999					Yes	Narrative of Medical Necessity
65140	INSRT OCULAR IMPLNT; ENUCLEAT-MUSC ATTACH- IMPLT	0-999					Yes	Narrative of Medical Necessity
65150	REINSERTION OCULAR IMPLANT; W/WO CONJUNCT GRAFT	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65155	REINSRT OCULAR IMPLNT; W/FOREIGN MAT REINFORCE	0-999					Yes	Narrative of Medical Necessity
65175	REMOVAL OF OCULAR IMPLANT	0-999					Yes	Narrative of Medical Necessity
65205	REMOVAL FB EXTERNAL EYE; CONJUNCT SUPERFICIAL	0-999					Yes	Narrative of Medical Necessity
65210	REMV FB EXT EYE; CONJUNC EMBEDDED/SUBCONJUNC	0-999					Yes	Narrative of Medical Necessity
65220	REMOVAL FB EXTERNAL EYE; CORNEAL W/O SLIT LAMP	0-999					Yes	Narrative of Medical Necessity
65222	REMOVAL FB EXTERNAL EYE; CORNEAL W/SLIT LAMP	0-999					Yes	Narrative of Medical Necessity
65235	REMOVAL FB INTRAOCULAR; FROM ANT CHAMB EYE/LENS	0-999					Yes	Narrative of Medical Necessity
65260	REMV FB IO; POST SEGMENT- MAGNETIC EXTRACTION	0-999					Yes	Narrative of Medical Necessity
65265	REMV FB INTRAOCULR; POST SEG NONMAGNETIC XTRAC	0-999					Yes	Narrative of Medical Necessity
65270	REPR LACERAT; CONJUNC W/WO LACERAT SCLERA	0-999					Yes	Narrative of Medical Necessity
65272	REPR LAC; CONJUNCT MOBILIZ&REARNGMENT W/O HOSP	0-999					Yes	Narrative of Medical Necessity
65273	REPR LAC; CONJUNCT MOBILIZ&REARNGMENT W/HOSP	0-999					Yes	Narrative of Medical Necessity
65275	REPR LAC; CORN NONPERFORATING W/WO REMOVAL FB	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65280	REPR LACERAT; CORNEA PERFORATING WO UVEAL TISS	0-999					Yes	Narrative of Medical Necessity
65285	REPR LACERAT; CORNEA W/REPOSIT/RESECT UVEAL TISS	0-999					Yes	Narrative of Medical Necessity
65286	REPR LAC; APPLIC TISS GLUE WNDS CORN &OR SCLERA	0-999					Yes	Narrative of Medical Necessity
65290	REPR WOUND XTRAOCULR MUSC TENDON &OR TENONS CAP	0-999					Yes	Narrative of Medical Necessity
65400	EXCISION OF LESION CORNEA EXCEPT PTERYGIUM	0-999					Yes	Narrative of Medical Necessity
65410	BIOPSY OF CORNEA	0-999					Yes	Narrative of Medical Necessity
65420	EXCISION/TRANSPOSITION PTERYGIUM; WITHOUT GRAFT	0-999					Yes	Narrative of Medical Necessity
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; W/GRAFT	0-999					Yes	Narrative of Medical Necessity
65430	SCRAPING OF CORNEA DIAGNOSTIC SMEAR &OR CULTURE	0-999					Yes	Narrative of Medical Necessity
65435	REMOVAL CORNEAL EPITHELIUM; W/WO CHEMOCAUT	0-999					Yes	Narrative of Medical Necessity
65436	REMOVAL CORNEAL EPITHEL; W/APPLIC CHELATING AGT	0-999					Yes	Narrative of Medical Necessity
65450	DESTRUC LES CORN CRYOTHAPY PHOTOCOAG/THERMOCAUT	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA	0-999					Yes	Narrative of Medical Necessity
65710	KERATOPLASTY; LAMELLAR	0-999					Yes	Narrative of Medical Necessity
65730	KERATOPLASTY; PENETRATING EXCEPT IN APHAKIA	0-999					Yes	Narrative of Medical Necessity
65750	KERATOPLASTY; PENETRATING IN APHAKIA	0-999					Yes	Narrative of Medical Necessity
65755	KERATOPLASTY; PENETRATING IN PSEUDOPHAKIA	0-999					Yes	Narrative of Medical Necessity
65756	KERATOPLASTY ENDOTHELIAL	0-999					Yes	Narrative of Medical Necessity
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	0-999					Yes	Narrative of Medical Necessity
65770	KERATOPROSTHESIS	0-999					Yes	Narrative of Medical Necessity
65772	CORNL RELAXING INCI CORR SURGLY INDUCD ASTIGMA	0-999					Yes	Narrative of Medical Necessity
65775	CORNL WEDGE RESECTION CORR SURGLY INDUCD ASTIGMA	0-999					Yes	Narrative of Medical Necessity
65778	PLACE AMNIOTIC MEMB OCULAR SURFACE SELF RETAIN	0-999					Yes	Narrative of Medical Necessity
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	0-999					Yes	Narrative of Medical Necessity
65780	OCULR SURFCE RECNSTR; AMNIOTIC MEMBRANE TPLNT	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
65781	OCULR SURFCE RECNSTR; LIMBAL STEM CELL ALLOGFT	0-999					Yes	Narrative of Medical Necessity
65782	OCULR SURFCE RECNSTR; LIMBAL CONJUNCT AUTOGFT	0-999					Yes	Narrative of Medical Necessity
65800	PARACEN ANT CHAMB EYE- SEP PROC; W/DX ASPIR AQUES	0-999					Yes	Narrative of Medical Necessity
65810	PARACEN ANT CHAMB EYE- SEP PROC; W/REMV VITREOUS	0-999					Yes	Narrative of Medical Necessity
65815	PARACENTESIS ANT CHAMB EYE- SEP PROC; W/REMV BLD	0-999					Yes	Narrative of Medical Necessity
65850	TRABECULOTOMY AB EXTERNO	0-999					Yes	Narrative of Medical Necessity
65855	TRABECULOPLASTY LASER SURGERY 1 OR MORE SESSIONS	0-999		Laser Scanning KS	4	365 DAYS	Yes	Narrative of Medical Necessity
65860	SEVERING ADHES ANTERIOR SEGMENT LASER TECHNIQUE	0-999					Yes	Narrative of Medical Necessity
65865	SEVERING ADHESIONS-SEP PROC; GONIOSYNECHIAE	0-999					Yes	Narrative of Medical Necessity
65870	SEVERING ADHESIONS-SEP PROC; ANT SYNECHIAE	0-999					Yes	Narrative of Medical Necessity
65875	SEVERING ADHESIONS-SEP PROC; POST SYNECHIAE	0-999					Yes	Narrative of Medical Necessity
65880	SEVERING ADHESIONS-SEP PROC; CORNEOVITREAL	0-999					Yes	Narrative of Medical Necessity
65900	REMOVAL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	0-999					Yes	Narrative of Medical Necessity
65920	REMOVAL IMPLANTED MATERIAL ANTERIOR SEGMENT EYE	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Ages</b>	<b>Sub-codes</b>	<b>Code-set</b>	<b>Code-set Limit</b>	<b>Time Period</b>	<b>Auth/Review Req'd</b>	<b>Document Requirements</b>
65930	REMOVAL OF BLOOD CLOT ANTERIOR SEGMENT OF EYE	0-999					Yes	Narrative of Medical Necessity
66020	INJ ANTERIOR CHAMBER OF EYE SEP PROC; AIR/LIQUID	0-999					Yes	Narrative of Medical Necessity
66030	INJECTION ANTERIOR CHAMBER OF EYE SEP PROC; MED	0-999					Yes	Narrative of Medical Necessity
66130	EXCISION OF LESION SCLERA	0-999					Yes	Narrative of Medical Necessity
66150	FISTULIZ SCLERA GLAUC; TREPHINATION W/IRIDECTOMY	0-999					Yes	Narrative of Medical Necessity
66155	FISTULIZ SCLERA GLAUC; THERMOCAUT W/IRIDECTOMY	0-999					Yes	Narrative of Medical Necessity
66160	FISTULIZAT SCLERA; SCLERECTOMY W/PUNCH W/IRIDECT	0-999					Yes	Narrative of Medical Necessity
66170	FISTULIZAT SCLER; TRABECULECT AB EXT- NO OTHR SURG	0-999					Yes	Narrative of Medical Necessity
66172	FISTULIZAT SCLERA; TRABECULECT AB EXT W/SCARRING	0-999					Yes	Narrative of Medical Necessity
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	0-999					Yes	Narrative of Medical Necessity
66185	REVISION AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	0-999					Yes	Narrative of Medical Necessity
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	0-999					Yes	Narrative of Medical Necessity
66250	REVIS/REPR OPERATIVE WOUND ANT SEGMENT	0-999					Yes	Narrative of Medical Necessity
66500	IRIDOTOMY STAB INCI-SEP PROC; EXCEPT TRANSFIXION	0-999					Yes	Narrative of Medical Necessity
66505	IRIDOTOMY-SEP PROC; W/TRANSFIXION AS IRIS BOMBE	0-999					Yes	Narrative of Medical Necessity
66600	IRIDECT W/CORNEOSCLERAL/CORNLECT; REMOVE LES	0-999					Yes	Narrative of Medical Necessity
66605	IRIDECT W/CORNEOSCLERAL/CORNLECT SECTION; W/CYCLECT	0-999					Yes	Narrative of Medical Necessity
66625	IRIDECT-CORNEOSCLERL/CORNLECT; PERIPH GLAUC-SP	0-999					Yes	Narrative of Medical Necessity
66630	IRIDECT-CORNEOSCLERL/CORNLECT; SECTOR GLAUC-SP	0-999					Yes	Narrative of Medical Necessity
66635	IRIDECT W/CORNEOSCLERL/CORNEAL SECT; OPTICAL-SP	0-999					Yes	Narrative of Medical Necessity
66680	REPAIR OF IRIS CILIARY BODY	0-999					Yes	Narrative of Medical Necessity
66682	SUTURE IRIS CILIARY BODY-SEP PROC W/RETRIEVL SUT	0-999					Yes	Narrative of Medical Necessity
66700	CILIARY BODY DESTRUCTION; DIATHERMY	0-999					Yes	Narrative of Medical Necessity
66710	CILIARY BODY DESTRUC; CYCLOPHOTOCOAG TRANSCLERL	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION ENDO	0-999					Yes	Narrative of Medical Necessity
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	0-999					Yes	Narrative of Medical Necessity
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	0-999					Yes	Narrative of Medical Necessity
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY	0-999		Laser Scanning KS	4	365 DAYS	Yes	Narrative of Medical Necessity
66762	IRIDOPLASTY BY PHOTOCOAGULATION	0-999					Yes	Narrative of Medical Necessity
66770	DESTRUCTION CYST OR LESION IRIS OR CILIARY BODY	0-999					Yes	Narrative of Medical Necessity
66820	DISCISSION SEC MEMB CATARACT; STAB INCI TECH	0-999					Yes	Narrative of Medical Necessity
66821	DISCISSION SEC MEMB CATARACT; LASER SURGERY	0-999		Laser Scanning KS	4	365 DAYS	Yes	Narrative of Medical Necessity
66825	REPSTN INTRAOCULR LENS PROSTH RQR INCI-SEP PROC	0-999					Yes	Narrative of Medical Necessity
66830	REMOV 2ND MEMBRN CATARACT W/CORNEO- SCLERAL SECT	0-999					Yes	Narrative of Medical Necessity
66840	REMOVAL LENS MATL; ASPIR TECHNIQUE 1/MORE STAGES	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
66850	REMOVL LENS MATL; PHACOFRAGATION TECH W/ASPIR	0-999					Yes	Narrative of Medical Necessity
66852	REMOVL LENS MATL; PARS PLANA APPRCH W/WO VITRECT	0-999					Yes	Narrative of Medical Necessity
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	0-999					Yes	Narrative of Medical Necessity
66930	REMOVAL LENS MATERIAL; INTRACAPSULAR DISLOC LENS	0-999					Yes	Narrative of Medical Necessity
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR	0-999					Yes	Narrative of Medical Necessity
66982	EXTRACAP CATARACT REMV W/IOL- COMPLX-DIFF TECH	0-999		Cataract Surgery	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
66983	INTRACAPSULAR CATARACT EXTRAC W/INSRT IOL PROSTH	0-999		Cataract Surgery	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
66984	EXTRACAPSULAR CATARACT REMV W/INSRT IOL PROSTH	0-999		Cataract Surgery	2	1 LIFFETI ME	Yes	Narrative of Medical Necessity
66985	INSERT IOL PROSTHESIS- SECONDARY IMPLANT	0-999					Yes	Narrative of Medical Necessity
66986	EXCHANGE OF INTRAOCULAR LENS	0-999					Yes	Narrative of Medical Necessity
67031	SEVERING VITREOUS STRANDS/MEMBRN-LASER SURG	0-999		Laser Scanning KS	4	365 DAYS	Yes	Narrative of Medical Necessity
67208	DESTRCT LOCALIZ LES RETINA; CRYOTHERAPY/DIATHERM	0-999		Laser Scanning KS	4	365 DAYS	Yes	Narrative of Medical Necessity
67210	DESTRUC LOC LES RETINA 1/MORE SESSS; PHOTOCOAG	0-999		Laser Scanning KS	4	365 DAYS	Yes	Narrative of Medical Necessity
67220	DESTRUC LOC LES CHOROID; PHOTOCOAG 1/MORE SESS	0-999		Laser Scanning KS	4	365 DAYS	Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67311	STRABISMUS SURGERY R/R PROC; 1 HORIZONTAL MUSCLE	0-999					Yes	Narrative of Medical Necessity
67399	UNLISTED PROCEDURE OCULAR MUSCLE	0-999					Yes	Narrative of Medical Necessity
67400	ORBITOTOMY WITHOUT BONE FLAP; EXPL WWO BX	0-999					Yes	Narrative of Medical Necessity
67405	ORBITOTOMY WITHOUT BONE FLAP; WITH DRAINAGE ONLY	0-999					Yes	Narrative of Medical Necessity
67412	ORBITOTOMY WITHOUT BONE FLAP; W/REMOVAL LESION	0-999					Yes	Narrative of Medical Necessity
67413	ORBITOTOMY WITHOUT BONE FLP; W/REMOVAL FB	0-999					Yes	Narrative of Medical Necessity
67414	ORBITOT W/O BONE FLP; W/REMOVAL BONE DECOMPRS	0-999					Yes	Narrative of Medical Necessity
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	0-999					Yes	Narrative of Medical Necessity
67420	ORBITOT W/BN FLP/WINDOW LAT APPRCH; W/REMOVL LES	0-999					Yes	Narrative of Medical Necessity
67430	ORBITOT W/BN FLP/WINDOW LAT APPRCH; W/REMOVAL FB	0-999					Yes	Narrative of Medical Necessity
67440	ORBITOTOMY W/BONE FLP/WINDOW LAT APPRCH; W/DRAIN	0-999					Yes	Narrative of Medical Necessity

Aetna KS Spenddown Medicaid								
CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67445	ORBITOTOMY W/BONE FLAP/WINDOW; W/REMOV BONE	0-999					Yes	Narrative of Medical Necessity
67450	ORBITOT W/BN FLP/WINDOW LAT APPRCH; EXPL W/WO BX	0-999					Yes	Narrative of Medical Necessity
67500	RETROBULBAR INJECTION; MEDICATION	0-999					Yes	Narrative of Medical Necessity
67505	RETROBULBAR INJECTION; ALCOHOL	0-999					Yes	Narrative of Medical Necessity
67515	INJECTION MEDICATION/OTH SUBSTANCE IN TENONS CAP	0-999					Yes	Narrative of Medical Necessity
67550	ORBITAL IMPLANT; INSERTION	0-999					Yes	Narrative of Medical Necessity
67560	ORBITAL IMPLANT; REMOVAL OR REVISION	0-999					Yes	Narrative of Medical Necessity
67570	OPTIC NERVE DECOMPRESSION	0-999					Yes	Narrative of Medical Necessity
67599	UNLISTED PROCEDURE ORBIT	0-999					Yes	Narrative of Medical Necessity
67700	BLEPHAROTOMY DRAINAGE OF ABSCESS EYELID	0-999					Yes	Narrative of Medical Necessity
67710	SEVERING OF TARSORRHAPHY	0-999					Yes	Narrative of Medical Necessity
67715	CANTHOTOMY	0-999					Yes	Narrative of Medical Necessity
67800	EXCISION OF CHALAZION; SINGLE	0-999					Yes	Narrative of Medical Necessity
67801	EXCISION OF CHALAZION; MULTIPLE SAME LID	0-999					Yes	Narrative of Medical Necessity
67805	EXCISION OF CHALAZION; MULTIPLE DIFFERENT LIDS	0-999					Yes	Narrative of Medical Necessity
67808	EXC CHALAZION; UNDER GEN ANES- &/ RQR HOSP 1/MX	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67810	BIOPSY OF EYELID	0-999					Yes	Narrative of Medical Necessity
67820	CORRECTION OF TRICHIASIS; EPILATION FORCEPS ONLY	0-999					Yes	Narrative of Medical Necessity
67825	CORRECT TRICHIASIS; EPILATION OTH THAN FORCEPS	0-999					Yes	Narrative of Medical Necessity
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	0-999					Yes	Narrative of Medical Necessity
67835	CORRECT TRICHIASIS; INCS LID MARGIN W/MEMBRN GFT	0-999					Yes	Narrative of Medical Necessity
67840	EXCISION LESION EYELID W/O CLOS/W/SMPL DIR CLOS	0-999					Yes	Narrative of Medical Necessity
67850	DESTRUCTION OF LESION OF LID MARGIN	0-999					Yes	Narrative of Medical Necessity
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE	0-999					Yes	Narrative of Medical Necessity
67880	CONSTRUCT INTERMARGINAL ADHESIONS	0-999					Yes	Narrative of Medical Necessity
67882	CONSTRCT INTERMARG ADHESIONS; W/TRANSPOSIT TARSL	0-999					Yes	Narrative of Medical Necessity
67900	REPAIR OF BROW PTOSIS	0-999					Yes	Narrative of Medical Necessity
67901	RPR BLPOS FRNTIS MUSC SUTR/OTH MATRL	0-999					Yes	Narrative of Medical Necessity
67902	RPR BLPOS FRNTIS MUSC AUTOL FSCAL SLING	0-999					Yes	Narrative of Medical Necessity
67903	REP BLEPHAROPT; LEVATOR RES/ADVMNT INTRL APPRCH	0-999					Yes	Narrative of Medical Necessity
67904	REPR BLEPHAROPT; LEVATOR RES/ADVMNT EXT APPRCH	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67906	REPR BLEPHAROPT; SUP RECTUS TECH W/FASCL SLING	0-999					Yes	Narrative of Medical Necessity
67908	REPR BLEPHAROPTOSIS; CONJUNC-TARSO-MULLER'S	0-999					Yes	Narrative of Medical Necessity
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	0-999					Yes	Narrative of Medical Necessity
67911	CORRECTION OF LID RETRACTION	0-999					Yes	Narrative of Medical Necessity
67912	CORR LAGOPHTHALMOS W/IMPL UPPER EYELID LID LOAD	0-999					Yes	Narrative of Medical Necessity
67914	REPAIR OF ECTROPION; SUTURE	0-999					Yes	Narrative of Medical Necessity
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	0-999					Yes	Narrative of Medical Necessity
67916	REPAIR ECTROPION; EXCISION TARSAL WEDGE	0-999					Yes	Narrative of Medical Necessity
67917	REPAIR OF ECTROPION; EXTENSIVE	0-999					Yes	Narrative of Medical Necessity
67921	REPAIR OF ENTROPION; SUTURE	0-999					Yes	Narrative of Medical Necessity
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	0-999					Yes	Narrative of Medical Necessity
67923	REPAIR ENTROPION; EXCISION TARSAL WEDGE	0-999					Yes	Narrative of Medical Necessity
67924	REPAIR OF ENTROPION; EXTENSIVE	0-999					Yes	Narrative of Medical Necessity
67930	SUTURE RECENT WOUND EYELID DIR CLOS; PART THICK	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
67935	SUTURE RECENT WOUND EYELID DIR CLOS; FULL THICK	0-999					Yes	Narrative of Medical Necessity
67938	REMOVAL OF EMBEDDED FOREIGN BODY EYELID	0-999					Yes	Narrative of Medical Necessity
67950	CANTHOPLASTY	0-999					Yes	Narrative of Medical Necessity
67961	EXC & REPR EYELID; UP TO 1/4 LID MARGIN	0-999					Yes	Narrative of Medical Necessity
67966	EXC & REPR EYELID > 1/4 LID MARGIN	0-999					Yes	Narrative of Medical Necessity
67971	RECON EYELID FULL THICK; UP TO 2/3 LID 1 STAGE	0-999					Yes	Narrative of Medical Necessity
67973	RECON EYELID; TOT LID LOWER 1 STAGE/1ST STAGE	0-999					Yes	Narrative of Medical Necessity
67974	RECON EYELID; TOT LID UPPER 1 STAGE/1ST STAGE	0-999					Yes	Narrative of Medical Necessity
67975	RECON EYELID FULL THICK-TRANSF FLAP; 2ND STAGE	0-999					Yes	Narrative of Medical Necessity
67999	UNLISTED PROCEDURE EYELIDS	0-999					Yes	Narrative of Medical Necessity
68020	INCISION OF CONJUNCTIVA DRAINAGE OF CYST	0-999					Yes	Narrative of Medical Necessity
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES	0-999					Yes	Narrative of Medical Necessity
68100	BIOPSY OF CONJUNCTIVA	0-999					Yes	Narrative of Medical Necessity
68110	EXCISION OF LESION CONJUNCTIVA; UP TO 1 CM	0-999					Yes	Narrative of Medical Necessity
68115	EXCISION OF LESION CONJUNCTIVA; OVER 1 CM	0-999					Yes	Narrative of Medical Necessity
68130	EXCISION LESION CONJUNCTIVA; W/ADJACENT SCLERA	0-999					Yes	Narrative of Medical Necessity
68135	DESTRUCTION OF LESION CONJUNCTIVA	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68200	SUBCONJUNCTIVAL INJECTION	0-999					Yes	Narrative of Medical Necessity
68320	CONJUNCTPLSTY; W/CONJUNCT GRAFT/EXT REARNGMENT	0-999					Yes	Narrative of Medical Necessity
68325	CONJUNCTPLSTY; W/BUCCAL MUCOUS MEMBRANE GRAFT	0-999					Yes	Narrative of Medical Necessity
68326	CONJUNCTIVOPLASTY RECON CUL-DE-SAC; W/GFT	0-999					Yes	Narrative of Medical Necessity
68328	CONJUNCTIVOPLASTY RECON CUL- DE-SAC; W/BUCCAL GFT	0-999					Yes	Narrative of Medical Necessity
68330	REPAIR SYMBLEPHARON; CONJUNCTPLSTY WITHOUT GRAFT	0-999					Yes	Narrative of Medical Necessity
68335	REPR SYMBLEPHARON; W/FREE GFT CONJUNC/BUCCAL	0-999					Yes	Narrative of Medical Necessity
68340	REPR SYMBLEPHARON; DIVIS SYMBLEPHARON W/WO INSRT	0-999					Yes	Narrative of Medical Necessity
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL	0-999					Yes	Narrative of Medical Necessity
68362	CONJUNCTIVAL FLAP; TOTAL	0-999					Yes	Narrative of Medical Necessity
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT LIVING DONOR	0-999					Yes	Narrative of Medical Necessity
68399	UNLISTED PROCEDURE CONJUNCTIVA	0-999					Yes	Narrative of Medical Necessity
68400	INCISION DRAINAGE OF LACRIMAL GLAND	0-999					Yes	Narrative of Medical Necessity
68420	INCISION DRAINAGE OF LACRIMAL SAC	0-999					Yes	Narrative of Medical Necessity
68440	SNIP INCISION OF LACRIMAL PUNCTUM	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68500	EXCISION OF LACRIMAL GLAND EXCEPT TUMOR; TOTAL	0-999					Yes	Narrative of Medical Necessity
68505	EXCISION OF LACRIMAL GLAND EXCEPT TUMOR; PARTIAL	0-999					Yes	Narrative of Medical Necessity
68510	BIOPSY OF LACRIMAL GLAND	0-999					Yes	Narrative of Medical Necessity
68520	EXCISION OF LACRIMAL SAC	0-999					Yes	Narrative of Medical Necessity
68525	BIOPSY OF LACRIMAL SAC	0-999					Yes	Narrative of Medical Necessity
68530	REMOVAL FB/DACRYOLITH LACRIMAL PASSAGES	0-999					Yes	Narrative of Medical Necessity
68540	EXCISION LACRIMAL GLAND TUMOR; FRONTAL APPROACH	0-999					Yes	Narrative of Medical Necessity
68550	EXCISION LACRIMAL GLAND TUMOR; INVLV OSTEOTOMY	0-999					Yes	Narrative of Medical Necessity
68700	PLASTIC REPAIR OF CANALICULI	0-999					Yes	Narrative of Medical Necessity
68705	CORRECTION OF EVERTED PUNCTUM CAUTERY	0-999					Yes	Narrative of Medical Necessity
68720	DACRYOCYSTORHINOSTOMY	0-999					Yes	Narrative of Medical Necessity
68745	CONJUNCTIVORHINOSTOMY; WITHOUT TUBE	0-999					Yes	Narrative of Medical Necessity
68750	CONJUNCTIVORHINOSTOMY; W/INSERTION TUBE OR STENT	0-999					Yes	Narrative of Medical Necessity
68760	CLOS LAC PUNCTUM; THERMOCAUT LIG/LASER SURGERY	0-999					Yes	Narrative of Medical Necessity
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG EACH	0-999					Yes	Narrative of Medical Necessity
68770	CLOSURE OF LACRIMAL FISTULA	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
68801	DILATION OF LACRIMAL PUNCTUM W/WO IRRIGATION	0-999					Yes	Narrative of Medical Necessity
68810	PROBING OF NLD WITH OR WITHOUT IRRIGATION;	0-999					Yes	Narrative of Medical Necessity
68811	PROBING NLD W/WO IRRIGATION; RQR GEN ANESTHESIA	0-999					Yes	Narrative of Medical Necessity
68815	PROBING NLD W/WO IRRIG; W/INSRTION TUBE/STENT	0-999					Yes	Narrative of Medical Necessity
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	0-999					Yes	Narrative of Medical Necessity
68840	PROBING OF LACRIMAL CANALICULI W/WO IRRIGATION	0-999					Yes	Narrative of Medical Necessity
68850	INJECTION OF CONTRAST MEDIUM DACRYOCYSTOGRAPHY	0-999					Yes	Narrative of Medical Necessity
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	0-999					Yes	Narrative of Medical Necessity
76510	OPHTHALMIC US DX; B-SCAN&QUAN A-SCAN SAME ENCNR	0-999					Yes	Narrative of Medical Necessity
76511	OPHTHALMIC US DX; QUANTITATIVE A-SCAN ONLY	0-999					Yes	Narrative of Medical Necessity
76512	OPHTHALMIC US DX; B-SCAN W/WO NON-QUAN A-SCAN	0-999					Yes	Narrative of Medical Necessity
76513	OPHTHALMIC US DX; ANT SEG US B-SCAN/BIOMICROSCPY	0-999					Yes	Narrative of Medical Necessity
76514	OPHTHALMIC US DX; CORNEAL PACHYMETRY UNI/BIL	0-999					Yes	Narrative of Medical Necessity
76516	OPHTHALMIC BIOMETRY ULTRASOUND ECHO A-SCAN;	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
76519	OPHTH BIOMETRY A-SCAN; W/IO LENS POWER CALCULAT	0-999					Yes	Narrative of Medical Necessity
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	0-999					Yes	Narrative of Medical Necessity
92002	OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	0-999		Routine Exam KS	1	365 DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92004	OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	0-999		Routine Exam KS	1	365 DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92012	OPHTH SERV: MED EXAM & EVAL; INITERMED ESTAB PT	0-999		Routine Exam KS	1	365 DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92014	OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	0-999		Routine Exam KS	1	365 DAYS		Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis
92015	DETERMINATION OF REFRACTIVE STATE	21-999		Refraction KS	1	365 DAYS		
92015	DETERMINATION OF REFRACTIVE STATE	0-20		Refraction KS	1	365 DAYS		
92018	OPHTH EXAM & EVAL-GEN ANES; CMPL	0-999					Yes	Narrative of Medical Necessity
92019	OPHTH EXAM & EVAL-GEN ANES; LTD	0-999					Yes	Narrative of Medical Necessity
92020	GONIOSCOPY	0-999		Medical Eye Exam KS	6	365 DAYS	Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	0-999		Corneal Topography_KS	3	365 DAYS	Yes	Narrative of Medical Necessity
92060	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	0-999					Yes	Narrative of Medical Necessity
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	0-999					Yes	Narrative of Medical Necessity
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	0-999					Yes	Narrative of Medical Necessity
92081	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	0-999		Visual Field Examination	4	365 DAYS	Yes	Narrative of Medical Necessity
92082	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	0-999		Visual Field Examination	4	365 DAYS	Yes	Narrative of Medical Necessity
92083	VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	0-999		Visual Field Examination	4	365 DAYS	Yes	Narrative of Medical Necessity
92100	SERIAL TONOMETRY-SEP PROC W/I&R SAME DAY	0-999		Medical Eye Exam KS	6	365 DAYS	Yes	Narrative of Medical Necessity
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMENT W/I&R UNI/BI	0-999		Medical Eye Exam KS	6	365 DAYS	Yes	Narrative of Medical Necessity
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	0-999		Medical Eye Exam KS	6	365 DAYS	Yes	Narrative of Medical Necessity
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	0-999		Medical Eye Exam KS	6	365 DAYS	Yes	Narrative of Medical Necessity
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	0-999		Medical Eye Exam KS	6	365 DAYS	Yes	Narrative of Medical Necessity
92136	OPHTH BIOMETRY PART COHERENCE INTRFEROMETRY	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92225	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	0-999					Yes	Narrative of Medical Necessity
92226	OPHTH EXT W/RETINAL DRAWING W/I&R; SUBSEQUENT	0-999					Yes	Narrative of Medical Necessity
92227	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/BI	0-999					Yes	Narrative of Medical Necessity
92228	REMOTE IMG MGT RETINL DIS W/I&R UNI/BI	0-999					Yes	Narrative of Medical Necessity
92230	FLUORESCEIN ANGIOSCOPY W/I&R	0-999					Yes	Narrative of Medical Necessity
92235	FLUORESCEIN ANGIOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92240	INDOCYANINE-GREEN ANGIOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92250	FUNDUS PHOTOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92260	OPHTHALMODYNAMOMETRY	0-999					Yes	Narrative of Medical Necessity
92265	NEEDLE OCULOELECTROMYOGRAPHY 1/MORE MUSCL W/I&R	0-999					Yes	Narrative of Medical Necessity
92270	ELECTRO-OCULOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92275	ELECTRORETINOGRAPHY W/I&R	0-999					Yes	Narrative of Medical Necessity
92283	COLOR VISION EXAM EXT EG ANOMALOSCOPE/EQUIVALENT	0-999					Yes	Narrative of Medical Necessity
92284	DARK ADAPTATION EXAMINATION W/I&R	0-999					Yes	Narrative of Medical Necessity
92285	EXT OCULR PHOTOGRAPHY W/I&R DOC MEDICAL PROGRESS	0-999					Yes	Narrative of Medical Necessity
92286	SPEC ANT SEGMENT PHOTO W/I&R; W/MICRO/CELL CNT	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
92287	SPCL ANT SEG PHOTGRPH W/I&R; W/FLUORESCEIN ANGIO	0-999					Yes	Narrative of Medical Necessity
92310	PRSC & FIT CONTACT LENS; CORNEAL EXCEPT APHAKIA	0-999					Yes	Narrative of Medical Necessity
92311	PRSC & FIT CONTACT LENS; CORNEAL-APHAKIA-1EYE	0-999					Yes	Narrative of Medical Necessity
92312	PRSC CONTACT LENS; CORNEAL-APHAKIA-BOTH EYES	0-999					Yes	Narrative of Medical Necessity
92313	PRSC & FIT CONTACT LENS; CORNEOSCLERAL LENS	0-999					Yes	Narrative of Medical Necessity
92316	PRSC W/FIT BY TECH; LENS-APHAKIA-BOTH EYES	0-999					Yes	Narrative of Medical Necessity
92317	PRSC W/FIT BY TECH; CORNEOSCLERAL LENS	0-999					Yes	Narrative of Medical Necessity
92325	MODIFICATION CNTC LENS W/MEDICAL SUPERVIS ADPT	0-999					Yes	Narrative of Medical Necessity
92326	REPLACEMENT OF CONTACT LENS	0-999					Yes	Narrative of Medical Necessity
92354	FIT SPECTACLE MOUNTED LOW VISION AID; 1 ELEM SYS	0-999					Yes	Narrative of Medical Necessity
92355	FIT SPECTACL MOUNT LO VISION AID; TELESCOP/OTHER	0-999					Yes	Narrative of Medical Necessity
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT APHAKIA	0-999					Yes	Narrative of Medical Necessity
92371	REPR&REFIT SPECTACLES; SPECTACLE PROSTH APHAKIA	0-999					No	
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BIL	0-999		Routine Exam KS	1	365 DAYS	No	Additional (Medical) Eye Exams Covered when submitted with Medical Condition Diagnosis

**Aetna KS Spenddown Medicaid**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Ages</b>	<b>Sub-codes</b>	<b>Code-set</b>	<b>Code-set Limit</b>	<b>Time Period</b>	<b>Auth/Review Req'd</b>	<b>Document Requirements</b>
99201	OFFICE OUTPT NEW 10 MIN	0-999					No	
99202	OFFICE OUTPT NEW 20 MINUTES	0-999					No	
99203	OFFICE OUTPT NEW 30 MIN	0-999					No	
99204	OFFICE OUTPT NEW 45 MIN	0-999					No	
99205	OFFICE OUTPT NEW 60 MIN	0-999					No	
99211	OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	0-999					No	
99212	OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	0-999					No	
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	0-999					No	
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	0-999					No	
99214	OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	0-999					No	
99215	OFC/OUTPT VISIT E&M ESTAB MOD-HI SEVRTY 40 MIN	0-999					No	
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	0-999					No	
99219	INIT OBSRV CARE-DAY E&M MODERATE SEVERITY	0-999					No	
99220	INIT OBSRV CARE-DAY E&M HIGH SEVERITY	0-999					No	
99221	1ST HOSP CARE PR D 30 MIN	0-999					No	
99222	INIT HOSP CARE-DAY E&M MODERATE SEVERITY 50 MIN	0-999					No	
99223	INIT HOSP CARE-DAY E&M HIGH SEVERITY 70 MIN	0-999					No	
99224	SBSQ OBS CARE PR D LOW SEVERITY	0-999					No	
99225	SBSQ OBS CARE PR D MODERATE SEVERITY	0-999					No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
99226	SBSQ OBS CARE PR D HIGH SEVERITY	0-999					No	
99231	SUBSQT HOSP CARE-DAY E&M STABLE/RECOVER 15 MIN	0-999					No	
99232	SUBSQT HOSP CARE-DAY E&M MINOR CMPL 25 MIN	0-999					No	
99233	SUBSQT HOSP CARE-DAY E&M SIGNIFIC CMPL 35 MIN	0-999					No	
99234	OBSRV/INPT HOSP CARE E&M LOW SEVERITY	0-999					No	
99235	OBSRV/INPT HOSP CARE E&M MODERATE SEVERITY	0-999					No	
99236	OBSRV/INPT HOSP CARE E&M HIGH SEVERITY	0-999					No	
99238	HOSPITAL D/C DAY MANAGEMENT; 30 MINUTES/LESS	0-999					No	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; > 30 MINUTES	0-999					No	
99241	OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	0-999					No	
99242	OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	0-999					No	
99243	OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	0-999					No	
99244	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	0-999					No	
99245	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	0-999					No	
99251	INIT INPT CNSLT NEW/EST SELF LIMIT/MINOR 20 MIN	0-999					No	
99252	INIT INPT CNSLT NEW/ESTAB LOW SEVERITY 40 MIN	0-999					No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
99253	INIT INPT CNSLT NEW/EST MODERATE SEVERITY 55MIN	0-999					No	
99254	1ST INPT CONSLTJ 80 MIN	0-999					No	
99255	INIT INPT CNSLT NEW/EST MOD-HI SEVERITY 110 MIN	0-999					No	
99281	EMERG DEPT VISIT E&M SELF LIMITED/MINOR	0-999					No	Specialty Required - ophthalmologist only
99282	EMERG DEPT VISIT E&M LOW-MODERATE SEVERITY	0-999					No	Specialty Required - ophthalmologist only
99283	EMERG DEPT VISIT E&M MODERATE SEVERITY	0-999					No	Specialty Required - ophthalmologist only
99284	EMERG DEPT VISIT E&M HIGH SEVERITY URGENT EVAL	0-999					No	Specialty Required - ophthalmologist only
99285	EMERG DEPT E&M-HIGH SEVERITY IMMED SIG THREAT	0-999					No	Specialty Required - ophthalmologist only
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	0-999		Office Visit KS	6	365 DAYS	No	
J0178	INJECTION AFLIBERCEPT 1 MG	0-999					Yes	Narrative of Medical Necessity
J0585	BOTULINUM TOXIN TYPE A PER UNIT	0-999					Yes	Narrative of Medical Necessity
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	0-999					Yes	Narrative of Medical Necessity
J2778	INJECTION RANIBIZUMAB 0.1 MG	0-999					Yes	Narrative of Medical Necessity
J3300	INJ TRIAMCINOLONE ACETONIDE PRES FREE 1 MG	0-999					Yes	Narrative of Medical Necessity
J3301	INJECTION TRIAMCINOLONE ACETONIDE PER 10 MG	0-999					Yes	Narrative of Medical Necessity
J3396	INJECTION VERTEPORFIN 0.1 MG	0-999					Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	0-999					Yes	Narrative of Medical Necessity
J9035	INJECTION BEVACIZUMAB 10 MG	0-999					Yes	Narrative of Medical Necessity
S0500	DISPOSABLE CONTACT LENS PER LENS	0-999					Yes	Narrative of Medical Necessity
S0580	MEDICALLY NECESSARY POLYCARBONATE LENS	21-999		Polycarbonate Lenses KS	2	365 DAYS	No	Appropriate Diagnosis Code(s) required to substantiate Medical Necessity for Poly on claim
S0580	MEDICALLY NECESSARY POLYCARBONATE LENS	0-20		Polycarbonate Lenses KS	6	365 DAYS	No	Appropriate Diagnosis Code(s) required to substantiate Medical Necessity for Poly on claim
V2020	FRAMES PURCHASES	21-999		Vision Frames KS	1	365 DAYS	No	
V2020	FRAMES PURCHASES	0-20		Vision Frames KS	3	365 DAYS	No	
V2100	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2100	SPHERE SINGLE VISION PLANO +/- 4.00 PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2101	SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2101	SPHERE SINGLE VISION +/- 4.12 +/- 7.00D PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2102	SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2102	SPHERE SINGLE VISN +/- 7.12 +/- 20.00D PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2103	1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2103	1 VISN PLANO TO+/-4.00D SPHER 0.12-2.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2104	1 VISN PLANO-+/- 4.00D SPHER 2.12-4.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2104	1 VISN PLANO-+/- 4.00D SPHER 2.12-4.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2105	1 VISN PLANO-+/- 4.00D SPHER 4.25-6.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2105	1 VISN PLANO-+/- 4.00D SPHER 4.25-6.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2106	1 VISN PLANO-+/- 4.00D SPHER OVER 6.00D CYL-LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2106	1 VISN PLANO-+/- 4.00D SPHER OVER 6.00D CYL-LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2107	1 VISN +/- 4.25-+/- 7.00 SPHER 0.12-2.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2107	1 VISN +/- 4.25-+/- 7.00 SPHER 0.12-2.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2108	1 VISN +/-4.25D-+/-7.00D SPHER 2.12-4.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2108	1 VISN +/-4.25D-+/-7.00D SPHER 2.12-4.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2109	1 VISN+/- 4.25+/- 7.00D SPHER 4.25-6.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2109	1 VISN+/- 4.25+/- 7.00D SPHER 4.25-6.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2110	1 VISN +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2110	1 VISN +/- 4.25-7.00D SPHERE OVER 6.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2111	1 VISN +/-7.25+/-12.00D SPHER 0.25-2.25D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2111	1 VISN +/-7.25+/-12.00D SPHER 0.25-2.25D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2112	1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2112	1 VISN +/- 7.25 +/- 12.00D SPH 2.25D-400D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2113	1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2113	1 VISN +/- 7.25 +/- 12.00D SPH 4.25-6.00D CYL EA	0-20		Covered Lenses KS	6	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2114	SINGLE VISION SPHERE OVER +/- 12.00D PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2114	SINGLE VISION SPHERE OVER +/- 12.00D PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2115	LENTICULAR PER LENS SINGLE VISION	21-999		Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2115	LENTICULAR PER LENS SINGLE VISION	0-20		Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2118	ANISEIKONIC LENS SINGLE VISION	21-999		Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2118	ANISEIKONIC LENS SINGLE VISION	0-20		Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2121	LENTICULAR LENS PER LENS SINGLE	21-999		Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2121	LENTICULAR LENS PER LENS SINGLE	0-20		Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	21-999		Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	0-20		Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2200	SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2200	SPHERE BIFOCL PLANO TO PLUS/MINUS 4.00D PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2201	SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2201	SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2202	SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2202	SPHERE BIFOCL +/- 7.12 TO +/- 20.00D PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2203	BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2203	BIFOCL PLANO +/- 4.00D SPHER 0.12-2.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2204	BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2204	BIFOCL PLANO +/- 4.00D SPHER 2.12-4.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2205	BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2205	BIFOCL PLANO +/- 4.00D SPHER 4.25-6.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2206	BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2206	BIFOCL PLANO +/- 4.00D SPHER OVR 6.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2207	BIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2207	BIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2208	BIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2208	BIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2209	BIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2209	BIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2210	BIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL-LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2210	BIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL-LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2211	BIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2211	BIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2212	BIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2212	BIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2213	BIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL-EA	21-999		Covered Lenses KS	2	365 DAYS	No	
V2213	BIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL-EA	0-20		Covered Lenses KS	6	365 DAYS	No	
V2214	BIFOCAL SPHERE OVER +/-12.00D PER LENS	21-999		Covered Lenses KS	2	365 DAYS	No	
V2214	BIFOCAL SPHERE OVER +/-12.00D PER LENS	0-20		Covered Lenses KS	6	365 DAYS	No	
V2215	LENTICULAR PER LENS BIFOCAL	21-999		Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2215	LENTICULAR PER LENS BIFOCAL	0-20		Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2218	ANISEIKONIC PER LENS BIFOCAL	21-999		Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2218	ANISEIKONIC PER LENS BIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2219	BIFOCAL SEG WIDTH OVER 28MM	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2219	BIFOCAL SEG WIDTH OVER 28MM	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2220	BIFOCAL ADD OVER 3.25D	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Ages</b>	<b>Sub-codes</b>	<b>Code-set</b>	<b>Code-set Limit</b>	<b>Time Period</b>	<b>Auth/Review Req'd</b>	<b>Document Requirements</b>
V2220	BIFOCAL ADD OVER 3.25D	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2221	LENTICULAR LENS PER LENS BIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2221	LENTICULAR LENS PER LENS BIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2299	SPECIALTY BIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2299	SPECIALTY BIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2300	SPHERE TRIFOCAL PLANO OR +/-4.00D PER LENS	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2300	SPHERE TRIFOCAL PLANO OR +/-4.00D PER LENS	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2301	SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2301	SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2302	SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2302	SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2303	TRIFOCL PLANO +/-4.00D SPHER 0.12-2.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2303	TRIFOCL PLANO +/-4.00D SPHER 0.12-2.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2304	TRIFOCL PLANO +/-4.00D SPHER 2.25-4.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2304	TRIFOCL PLANO +/-4.00D SPHER 2.25-4.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2305	TRIFOCL PLANO +/-4.00D SPHER 4.25-6.00 CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2305	TRIFOCL PLANO +/-4.00D SPHER 4.25-6.00 CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2306	TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2306	TRIFOCL PLANO +/-4.00D SPHER OVR 6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2307	TRIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2307	TRIFOCL +/-4.25-+/-7.00D SPHER 0.12-2.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2308	TRIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2308	TRIFOCL +/-4.25-+/-7.00D SPHER 2.12-4.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2309	TRIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	

**Aetna KS Spenddown Medicaid**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Ages</b>	<b>Sub-codes</b>	<b>Code-set</b>	<b>Code-set Limit</b>	<b>Time Period</b>	<b>Auth/Review Req'd</b>	<b>Document Requirements</b>
V2309	TRIFOCL +/-4.25-+/-7.00D SPHER 4.25-6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2310	TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2310	TRIFOCL +/-4.25-+/-7.00D SPHER OVR 6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2311	TRIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL E	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2311	TRIFOCL +/-7.25-+/-12.00D SPHER 0.25-2.25D CYL E	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2312	TRIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL E	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2312	TRIFOCL +/-7.25-+/-12.00D SPHER 2.25-4.00D CYL E	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2313	TRIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL EA	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2313	TRIFOCL +/-7.25-+/-12.00D SPHER 4.25-6.00D CYL EA	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2314	TRIFOCL SPHER OVER +/- 12.00D PER LENS	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2314	TRIFOCL SPHER OVER +/- 12.00D PER LENS	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2315	LENTICULAR PER LENS TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2315	LENTICULAR PER LENS TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2318	ANISEIKONIC LENS TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2318	ANISEIKONIC LENS TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	No
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	No
V2320	TRIFOCAL ADD OVER 3.25D	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	No
V2320	TRIFOCAL ADD OVER 3.25D	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	No
V2321	LENTICULAR LENS PER LENS TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2321	LENTICULAR LENS PER LENS TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2399	SPECIALTY TRIFOCAL	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	No	
V2399	SPECIALTY TRIFOCAL	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	No	
V2410	VARIBL ASPHRCTY LENS 1 FULL FLD GLASS/PLASTC LNS	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2410	VARIBL ASPHRCTY LENS 1 FULL FLD GLASS/PLASTC LNS	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	21-999	All modifiers	Covered Lenses KS	2	365 DAYS	Yes	Narrative of Medical Necessity
V2499	VARIABLE SPHERICITY LENS OTHER TYPE	0-20	All modifiers	Covered Lenses KS	6	365 DAYS	Yes	Narrative of Medical Necessity
V2500	CONTACT LENS PMMA SPHERICAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2501	CONTACT LENS PMMA TORIC/PRISM BALLAST PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2502	CONTACT LENS PMMA BIFOCAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2503	CONTACT LENS PMMA COLOR VISION DEFIC PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2510	CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2511	CNTC LENS GAS PERMEABLE TORIC PRISM BALLST-LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2512	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2513	CNTC LENS GAS PERMEABLE EXTENDED WEAR PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2520	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2521	CNTC LENS HYDROPHIL TORIC/PRISM BALLST PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity

**Aetna KS Spenddown Medicaid**

CODE	DESCRIPTION	Ages	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2523	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2623	PROSTHETIC EYE PLASTIC CUSTOM	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2626	REDUCTION OF OCULAR PROSTHESIS	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2627	SCLERAL COVER SHELL	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	0-999	All modifiers				Yes	Narrative of Medical Necessity
V2710	SLAB OFF PRISM GLASS OR PLASTIC PER LENS	21-999	All modifiers	Slab Off	2	365-DAYS	No	
V2710	SLAB OFF PRISM GLASS OR PLASTIC PER LENS	0-20	All modifiers	Slab Off	6	365-DAYS	No	
V2715	PRISM PER LENS	21-999	All modifiers	Prism	2	365-DAYS	No	
V2715	PRISM PER LENS	0-20	All modifiers	Prism	6	365-DAYS	No	
V2730	SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2623								

**Aetna KS Spenddown Medicaid**

CODE	Description	Age	Sub-codes	Code-set	Code-set Limit	Time Period	Auth/Review Req'd	Document Requirements
V2740	TINT, PLASTIC, ROSE 1 OR 2 PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2741	TINT, PLASTIC, OTHER THAN ROSE 1 OR 2 PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2742	TINT, GLASS, ROSE 1 OR 2 PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2743	TINT, GLASS, OTHER THAN ROSE 1 OR 2 PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2744	TINT PHOTOCHROMATIC PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2745	ADD LENS; TINT COLOR SOLID EXCLD PHOTOCHRMATC	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2750	ANTIREFLECTIVE COATING PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2755	U-V LENS PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2760	SCRATCH RESISTANT COATING PER LENS	21-999	All modifiers	Scratch Coat	2	365-DAYS	No	
V2760	SCRATCH RESISTANT COATING PER LENS	0-20	All modifiers	Scratch Coat	6	365-DAYS	No	

**Aetna KS Spenddown Medicaid**

<b>CODE</b>	<b>Description</b>	<b>Age</b>	<b>Sub-codes</b>	<b>Code-set</b>	<b>Code-set Limit</b>	<b>Time Period</b>	<b>Auth/Review Req'd</b>	<b>Document Requirements</b>
V2761	MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2762	POLARIZATION ANY LENS MATERIAL PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2770	OCCLUDER LENS PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2780	OVERSIZE LENS PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2781	PROGRESSIVE LENS PER LENS	21-999		Adult Eyewear \$50 Value Add		365-DAYS	No	
V2784	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS	21-999	All modifiers	Polycarbonate Lenses KS	2	365-DAYS	No	
V2784	LENS POLYCARBONATE OR EQUAL ANY INDEX PER LENS	0-20	All modifiers	Polycarbonate Lenses KS	6	365-DAYS	No	
V2799	VISION SERVICE MISCELLANEOUS	0-999	All modifiers				Yes	Narrative of Medical Necessity