Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Vision Services

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted ophthalmologists and optometrists for the provision of ophthalmology services in accordance with specific state practice regulations and member benefits.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

EyeMed

For select products, the administration of vision benefits is through EyeMed Vision Care. Ophthalmologists and optometrists must be contracted with EyeMed Vision Care in order to provide eye services or dispense eyewear to these members. Ophthalmologists and optometrists may provide routine and non-routine medical eye services to members, according to their health services agreement. For more information, refer to the EyeMed Vision Care website or call 888-581-3648.

Type of vision claim	Senior Products	One Care	RITogether	Direct	Together	Commercial
Routine OD	EyeMed	EyeMed	EyeMed	EyeMed	Point32Health	Point32Health
Routine MD	EyeMed	EyeMed	EyeMed	EyeMed	Point32Health	Point32Health
Medical OD	EyeMed	Point32Health	Point32Health	Point32Health	Point32Health	Point32Health
Medical MD	Point32Health	Point32Health	Point32Health	Point32Health	Point32Health	Point32Health

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

Routine Eye Care

- Routine eye examinations, according to the members benefit limit as applicable
- Intermediate and comprehensive ophthalmic services

Non-Routine or Special Ophthalmologic Services

- Gonioscopy rendered as part of a medical evaluation and management visit
- Ophthalmic echography
- Orthoptics
- Pachymetry

Surgical Services

Including, but not limited to:

- Blepharoplasty surgery
- Intraocular lens exchange
- Keratoplasty/corneal surgery
- Processing and transportation of corneal tissue
- Strabismus surgery
- Vitrectomy

Harvard Pilgrim Health Care

Vision Hardware
Harvard Pilgrim Health Care reimburses vision hardware for special medical conditions only and subject to the member's benefit and benefit coverage limits.

Condition	Vision Hardware
Keratoconus	Contact lenses, including replacement contact lenses
Post-cataract aphakes surgery (without lens implant)	Either contact lenses or eyeglasses (benefit limit on frames; no limit on lenses), but not both
Post-cataract surgery/pseudophakes (with intraocular lens implant excluding Crystalens)	Standard glass lenses and eyeglass frames within 90 days of the cataract surgery or replacement lenses within 90 days of the first eye examination following cataract surgery due to a change in prescription of .50
Post-retinal detachment surgery	Either contact lenses or eyeglasses, but not both
Pseudoaphakes or aphakes only	UV coating or tinting, when prescribed

Intraocular lenses for Senior Products
In accordance with CMS requirements, members who request the insertion of a presbyopia-correcting intraocular lens (P-C IOL) or astigmatism-correcting intraocular lens (A-C IOLs) instead of a standard IOL following removal of a cataract will be responsible for the additional cost of the P-C IOL or A-C IOL.

Providers should submit the same CPT code that is used to report removal of a cataract with insertion of a conventional IOL. Providers may also submit an additional HCPCS code V2788 (P-C IOL) or V2707 (A-C IOL) to indicate any additional charges that accrue when a P-C IOL or AC-IOL is inserted in lieu of a conventional IOL.

Tufts Health Plan

- Tufts Health Plan reimburses two units of CPT 99250 (fundus photography) per year
- CPT 92014 (ophthalmological services established patient) may be reimbursed once within a six-month period
  - Use CPT 92012 for follow-up services within six months of the comprehensive ophthalmologic service for the same condition
- CPT 92201-92202 (ophthalmoscopy) is not reimbursed if billed with CPT 99250 (fundus photography) or 99235 (fluorescein angiography)
- Initial ophthalmoscopy is reimbursed once within a one-year period (365 days) for the same eye

Point32Health Does *Not* Reimburse

- Crystalens implant
- Destruction of localized lesion of choroid, transpupillary thermotherapy

- Destruction of macular drusen
- Experimental use of botulinum toxins type A and B
- Lasik surgery
- Punctum plugs separately
- Radial keratotomy
- Refractive surgery including excimer laser and orthokeratology for correction of myopia, hyperopia and astigmatism
- Preferential looking test when billed with an E&M service
- Refraction services will not be reimbursed when performed on the same day as an eye exam or an E&M service

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

Routine Eye Examinations

Bill routine eye examinations using the appropriate diagnosis code:

- Harvard Pilgrim ICD-10 Covered Indications
- Tufts Health Plan ICD-10 Covered Indications

Harvard Pilgrim

Code	Description	Comments
65782	Ocular surface reconstruction	Not reimbursed
76514	Corneal pachymetry	Reimbursement is limited to one test per member, per lifetime, for only the following diagnosis codes: ICD-10 Covered Indications
92071	Fitting of contact lens for treatment of ocular surface disease	Reimbursement is limited to only the following diagnosis codes when submitted as the primary diagnosis: ICD-10 Covered Indications
92072	Fitting of contact lens for management of keratoconus, initial fitting	Reimbursement is limited to only the following diagnosis codes when submitted as the primary diagnosis: ICD-10 Covered Indications
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	Reimbursement is limited to only the following diagnosis codes: ICD-10 Covered Indications
99173	Screening test of visual acuity	Not reimbursed when billed with an E&M service
V2500	Contact Lens, PMMS, spherical, per lens	Reimbursement is limited to only the following diagnosis codes: ICD-10 Covered Indications
V2501	Contact lens, PMMS, toric or prism ballast, per lens	
V2502	Contact lens PMMA, bifocal, per lens	
V2503	Contact lens, PMMA, color deficiency, per lens	
V2510	Contact lens, gas permeable, spherical, per lens	
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	
V2512	Contact lens, gas permeable, bifocal, per lens	
V2520	Contact lens, hydrophilic, spherical, per lens	
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens	
V2522	Contact lens, hydrophilic, bifocal, per lens	
V2523	Contact lens, hydrophilic, extended wear, per lens	
V2530	Contact lens, scleral, gas impermeable, per lens	
V2531	Contact lens, scleral, gas permeable, per lens	

Tufts Health Together

Tufts Health Together reimburses for routine eye examinations when medically necessary once every 12 months for members younger than 21 or for members with diabetes, and once every 24 months for members 21 and older without diabetes. Routine

eye exams for members with diabetes must be submitted with ICD-10-CM codes E08.00-E13.9.

MassHealth reimburses providers for eyeglasses and other visual aids for Tufts Health Together members.

Other Information

- Special ophthalmological services must be billed with an appropriate diagnosis code.

Related Policies and Resources

Payment Policies

- Evaluation and Management
- General Coding and Claims Editing
- Non-Covered Services
- Outpatient Facility
- Surgery

Clinical Policies

- Intravitreal Implants and Corticosteroid Inserts for Ophthalmic Conditions
- Non-Covered Investigational Services
- Reconstructive and cosmetic Surgery
- Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

Publication History

11/01/2026: Annual review; removed contact lenses as being reimbursed by Masshealth for Tufts Health Together to align with current guidelines; administrative updates
11/01/2025: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.