

## Eyewear for medical conditions

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

### Administrative Process

Prior authorization is not required for eyewear to treat a medical condition per your plan documents.

This benefit policy does not apply to Medicare or Minnesota Health Care Programs products. Please refer to plan documents for benefit information.

### Coverage

Eyewear to treat a medical condition is generally covered subject to the indications listed below and per your plan documents.

#### Indications that are covered

1. Diagnosis and treatment of illness or injury to the eyes
2. The initial evaluation, fitting and lenses for either eyeglasses or contacts (including scleral shells, and soft contacts used as a corneal bandage) is covered when prescribed for:
  - A. The post-operative treatment of cataracts, or
  - B. The treatment of aphakia (absence of natural lens), or
  - C. The treatment of kerataconus (cone shaped protrusion of the center of cornea), or
  - D. The treatment of acute or chronic corneal pathology.

#### Indications that are not covered

Eyewear options not included in the benefit:

1. Ultraviolet absorbing properties
2. Scratch resistant coating (V2760) or protective coating for plastic lenses
3. Sunglasses in addition to other lenses
4. Anti-reflective coating (V2750)
5. Edge treatment
6. Fashion tints or polarized lenses
7. Frames (standard V2020, deluxe V2025)
8. Contact lens cleaning solution or normal saline for contact lenses
9. Progressive lenses (V2781) or invisible bifocals
10. Low vision aids (V2600, V2610, V2615)
11. Oversize lenses (V2780)

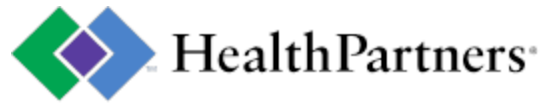
### Definitions

**Corneal bandage lens:** A type of hydrophilic (soft) contact lens, without vision correction, that is used as a moist corneal bandage in the treatment of acute or chronic corneal pathology.

**Scleral shell (or shield):** A catchall term for different types of hard scleral contact lenses, without vision correction, that are used in the treatment of acute or chronic corneal pathology. A scleral shell fits over the entire exposed surface of the eye. It may be used to support orbital tissue in the case of a shrunken eye, or as a protective barrier against the drying action of the atmosphere in cases of severe dry eye.

### Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.



Approved Medical Director Committee and Benefits Committee 01/01/94 Approved Benefits Committee 12/14/2020;  
Revised 07/01/99, 11/10/20; Annual Review 6/1/06, 8/1/07, 8/1/08, 9/9/09, 6/16/10, 6/2011, 6/2013, 6/2014, 6/2015,  
12/2015, 12/2016, 11/2017, 9/2020, 09/2023