Clinical Review Criteria
Low Vision Aides and Devices

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Criteria
For Medicare Members
Per Noridian 2013 Jurisdiction List for DMEPOS HCPCS Codes - Low Vision Aides and Devices are not covered.

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

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

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

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<sup>MPC</sup> Medical Policy Committee

Revision History
08/04/2015 Editorial changes were made to criteria

Codes
CPT: 92354; 92355
HCPCS: V2600; V2610; V2615