REFRACTIVE SURGERIES

Policy Number: VISION 020.11 T2                      Effective Date: March 1, 2017

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

NON-COVERAGE RATIONALE

Oxford does not cover refractive eye surgery when functional visual acuity can be achieved with eyeglasses/contact lenses. These procedures are benefit exclusions under Oxford's health benefits plans.

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-

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covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>65760</td>
<td>Keratomileusis (LASIK)</td>
</tr>
<tr>
<td>65765</td>
<td>Keratophakia</td>
</tr>
<tr>
<td>65767</td>
<td>Epikeratoplasty</td>
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<tr>
<td>65771</td>
<td>Radial keratotomy</td>
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<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>S0596</td>
<td>Phakic intraocular lens for correction of refractive error</td>
</tr>
<tr>
<td>S0800</td>
<td>Laser in situ keratomileusis (LASIK)</td>
</tr>
<tr>
<td>S0810</td>
<td>Photorefractive keratectomy (PRK)</td>
</tr>
<tr>
<td>S0812</td>
<td>Phototherapeutic keratectomy (PTK)</td>
</tr>
</tbody>
</table>

DESCRIPTION OF SERVICES

Refractive surgery includes several surgical procedures designed to eliminate or reduce the need for glasses or contact lenses. Common refractive procedures are LASIK and PRK.

REFERENCES

Oxford Certificate of Coverage and Member Handbook.

POLICY HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
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| 03/01/2017 | • Reformatted and reorganized policy; transferred content to new template  
|            | • Updated list of related policies; added reference link to policy titled Vision Services  
|            | • Updated benefit considerations; added instruction to check the member specific benefit plan document and any federal or state mandates, if applicable, before using this policy  
|            | • Revised non-coverage rationale:  
|            | o Removed list of examples of non-covered refractive eye surgeries  
|            | o Removed language indicating Oxford will provide coverage for certain refractive surgical procedures when criteria have been met  
|            | • Updated list of applicable CPT codes; revised description for 65760  
|            | • Updated list of applicable HCPCS codes; added S0800, S0810, and S0812  
|            | • Updated supporting information to reflect the most current description of services and references  
|            | • Archived previous policy version VISION 020.10 T2 |