Medicare Coverage of Eyeglasses and Contact Lenses

Medicare covers eyeglasses or contact lenses only for beneficiaries who have had cataract surgery or some other surgery or condition resulting in the absence of the natural lens of the eye. Lenses provided for other diagnoses will be denied as noncovered.

What is Covered

The extent of coverage depends on whether the beneficiary has had an artificial intraocular lens (IOL) implanted. Most patients who have cataract surgery have the natural lens of the eye removed and replaced with an artificial IOL.

If the beneficiary has had cataract surgery with IOL implantation, Medicare will consider coverage of one pair of eyeglasses or contact lenses after each surgery. Replacement glasses/contacts are noncovered. If no glasses/contacts are provided between the surgeries on both eyes, Medicare only covers one pair of glasses/contacts after the second surgery.

If the beneficiary has had cataract surgery but no IOL implantation, Medicare will consider coverage of:

- bifocal eyeglasses; or
- glasses for distance vision and glasses for near vision; or
- contacts for distance vision and glasses for near vision.

For patients with cataract surgery but no IOL implantation, Medicare will cover replacement glasses/contacts when medically necessary (e.g., when there is a change in prescription).

Medicare will cover glasses/lenses even if the cataract surgery was performed prior to Medicare enrollment.

Things You Should Know

Medicare will consider coverage of anti-reflective coating, tints, or oversize lenses only when these options are prescribed by the treating physician and the physician documents why they are medically necessary. Impact resistant lenses are covered only for patients with functional vision in only one eye. When these options are provided as a patient preference, they will be denied as not medically necessary. The supplier may request the beneficiary to sign an Advance Beneficiary Notice of Noncoverage (ABN) for the options that will be denied as not medically necessary.

(More information on other side)

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Medicare covers additional charges for ultraviolet (UV) protection property of lenses because UV protection is considered reasonable and necessary following the removal of the cataract.

Additional charges for deluxe frames, lightweight lenses, thin lenses, scratch resistant coating, mirror coating, polarization, progressive lenses, or other deluxe lens feature are noncovered.

**Payment**

Patient responsibility if the supplier accepts assignment:

- Coinsurance, 20 percent, for the frame and lens or contacts
- Deductible if applicable
- Options ordered as a patient preference and an Advance Beneficiary Notice of Noncoverage (ABN) has been signed by the patient
- Items denied as noncovered

Patient responsibility if the supplier does not accept assignment:

- Supplier’s submitted charges for the frame and lens or contacts
- Options ordered as a patient preference and an ABN has been signed by the patient
- Items denied as noncovered

Call 1-800-MEDICARE (1-800-633-4227)