

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Eyeglasses/Contacts following Cataract Surgery or for Disease Treatment

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	3/8/2005	Policy Last Updated:	02/21/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This policy addresses the coverage of eyewear (e.g., eye glasses and contact lenses) for aphakia or contact lenses used as a corneal bandage to promote wound healing.

• Aphakia

Aphakia is the absence of the lens due to surgical removal (cataract surgery), perforating wound or ulcer, or congenital anomaly. In cataract surgery, the lens is removed as it has become cloudy. A small incision is made in the eye and the cataract is removed by breaking it up with ultrasound, a laser, or a water jet and taking out the pieces (phacoemulsification). When all the cataract pieces have been removed, the surgeon normally replaces the cataract with an artificial lens (intraocular lens). Intraocular lenses (IOL) are permanent, artificial lenses that are surgically implanted in the eye to replace or supplement the crystalline lens of the eye. Intraocular lenses are not considered to be contact lenses. In some instances, an intraocular lens cannot always be safely placed and the individual must wear eyeglasses or contact lenses after the cataract has been removed.

• Intraocular lens

An intraocular lens or pseudophakos is an artificial lens which may be implanted to replace the natural lens after cataract surgery.

• Contact lenses to treat disease/disorder

Some hydrophilic contact lenses are used as moist corneal bandages for the treatment of acute or chronic corneal pathology, such as bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocoele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, neurotrophic keratoconjunctivitis, and for other therapeutic reasons.

Hydrophilic contact lenses are eyeglasses and are not covered when used in the treatment of **nondiseased** eyes with spherical ametropia, refractive astigmatism and/or corneal astigmatism.²

Scleral shell (or shield) is a catchall term for different types of hard scleral contact lenses. A scleral shell fits over the entire exposed surface of the eye as opposed to a corneal contact lens which covers only the central non-white area encompassing the pupil and iris. Where an

eye has been rendered sightless and shrunken by inflammatory disease, a scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant and act to support

Medical Criteria:

Not applicable as this is a reimbursement policy.

Policy:

CONTACT LENSES AND EYEGLASSES FOR APHAKIA

BlueCHIP for MEDICARE

- Contact Lenses or Eyeglasses for Aphakia
 - One pair of eyeglasses or contact lenses **following cataract surgery** are covered for **BlueCHIP for Medicare members only**.
 - One pair of eyeglasses or contact lenses, with or without insertion of an intraocular lens implants after each cataract surgery AND, contact lenses are covered.
 - If a member has a cataract surgery with an IOL insertion in one eye, and subsequently has cataract surgery with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, **Medicare will only cover one pair of eyeglasses or contact lenses after the second surgery**.
 - If a member has a pair of eyeglasses, then has a cataract surgery with IOL insertion, and receives only new lenses but not new frames following the surgery, **Medicare does not cover new frames at a later date (unless it follows subsequent cataract surgery in the other eye)**.
 - Replacement frames, eyeglass lenses and contact lenses are **not covered**.

COMMERCIAL PRODUCTS

- Contact Lenses or Eyeglasses for Aphakia
 - Eyeglasses or contact lenses following cataract surgery or for congenital aphakia are **not covered for Commercial products** unless the member has a vision rider.

VISION RIDER: If a member's benefit allows contact lenses under the medical benefit then the fitting would also be covered. If the member's benefit only allows for vision hardware then the fitting will not be covered and it will be a member liability. Some plans may allow coverage for fittings and it will be clearly stated in the member's benefit.

CONTACT LENSES TO PROMOTE HEALING

ALL BCBSRI Products

- Contact Lenses
 - Contact lenses for the promotion of healing are covered for all BCBSRI products.

CONTACT LENSES FOR VISION CORRECTION, MASKING IRREGULAR ASTIGMATISM ASSOCIATED WITH KERATOCONUS AND OTHER CORNEAL DISORDERS

All BCBSRI Products:

Services Not Covered

- Contact lenses for Vision Correction (refractive lenses) or to Mask Irregular Astigmatism or other Corneal disorders
- Contact lenses used for vision correction, progressive nearsightedness, and irregular astigmatism (i.e., keratoconus) or to treat any other corneal disorder are **not covered for all BCBSRI products** unless the member has a vision rider.

OTHER

All BCBSRI Products:

Services are **not covered**:

- Replacement contact lenses or eyeglasses
- Sunglasses of any type
- Sport lenses/frames
- Scratch-resistant coating

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement or Benefit Booklet for the applicable "Medical Equipment, Medical Supplies, and Prosthetic Devices" benefits/coverage.

If eyeglasses are covered according to the policy criteria above, then coverage of a pair of eyeglasses would include the allowance for a standard frame and the lenses. Additional charges for deluxe frames (V20.25) or progressive lenses will be paid up to the allowance for the standard frame or lens. The member is liable for the difference in cost.

If the policy criteria above are not met, the services may be covered under the member's vision rider/contract; in the absence of a vision rider/contract the member is responsible for payment, except as noted above for BlueCHiP for Medicare.

Coding and Reimbursement:

Codes:

The following fitting code is **covered with a covered diagnosis for BlueCHiP for Medicare only**:

92352

The following scleral lens code is covered but **not separately reimbursed**:

S0515 Scleral lens, liquid bandage device

The following contact lens code is **not covered**:
S0500 disposable contact lens, per lens

The following HCPCS codes are **covered for BlueCHIP for Medicare** under the member's medical benefit when the policy criteria above is met and when filed with a covered diagnosis listed above. The codes are **not covered for all other BCBSRI products**:

V2020 Standard frames
V2100-V2118 Single vision lens
V2121, V2199, V2200-V2215, V2299 Bifocal lens
V2300-V2315, V2318-V2320, V2399 Trifocal lens
V2410-V2499, V2500-V2503 Variable Asphericity
V2510-V2513, V2520-V2523, V2530-V2531, V2599 Contact lens
V2700 Balance lens
V2744 Tint, photochromatic, per lens
V2750 Anti-reflective coating, per lens
V2755 UV lens, per lens
V2780 Oversize lens
V2710 Slab off prism
V2715 Prism
V2730 Special base curve
V2782-V2784 Variable Lenses

The following HCPCS are **non-covered for all BCBSRI products**:

V2025 Deluxe frames
V2702 Deluxe lens features
V2781 Progressive lens
V2745 Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2760 Scratch resistant coating, per lens
V2761 Mirror coating, any type, solid, gradient, or equal, any lens material, per lens
V2762 Polarization, any lens material, per lens
V2770 Occluder lens
V2786 Occupational multifocal lens
V2718 Press-on lens

Diagnosis Codes for Cataracts and Aphakia:

366.00
366.01
366.02
366.03
366.04
366.09
366.10
366.11
366.12
366.13
366.14

366.15
366.16
366.17
366.18
366.19
366.20
366.21
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366.32
366.33
366.34
366.41
366.42
366.43
366.44
366.45
366.46
366.50
366.51
366.52
366.53
366.8
366.9
379.31
743.30
743.31
743.32
743.33
743.34
743.35
743.39

ICD-10 Code

H26.001
H26.002
H26.003
H26.009
H26.041
H26.042
H26.043
H26.049
H26.051
H26.052
H26.053
H26.059
H26.011
H26.012

H26.013
H26.019
H26.031
H26.032
H26.033
H26.039
H26.061
H26.062
H26.063
H26.069
H26.09
H25.9
H25.89
H25.091
H25.092
H25.093
H25.099
H25.031
H25.032
H25.033
H25.039
H25.041
H25.042
H25.043
H25.049
H25.011
H25.012
H25.013
H25.019
H25.10
H25.11
H25.12
H25.13
H25.20
H25.21
H25.22
H25.23
H25.811
H25.812
H25.813
H25.819
H26.101
H26.102
H26.103
H26.109
H26.111
H26.112
H26.113
H26.119
H26.131
H26.132

H26.133
H26.139
H26.121
H26.122
H26.123
H26.129
H26.20
H26.231
H26.232
H26.233
H26.239
H26.221
H26.222
H26.223
H26.229
H26.211
H26.212
H26.213
H26.219
E08.36
E09.36
E10.36
E11.36
E13.36
H28
H26.30
H26.31
H26.32
H26.33
H26.8
H26.40
H26.411
H26.412
H26.413
H26.419
H26.491
H26.492
H26.493
H26.499
H26.9
H27.00
H27.01
H27.02
H27.03
Q12.0
Q12.3
Q12.9

Published:

Provider Update, December 2008

Provider Update, July 2010

Provider Update, August 2011

References:

- 1) American Optometric Association (AOA) Optometric Clinical Practice Guideline: Care Of The Patient With Ocular Surface Disorders. Accessed 01/31/2012
<http://www.aoa.org/Documents/Cpg-10.Pdf>
- 2) Centers for Medicare and Medicaid Services: Internet-Only Manual (IOMs). Medicare National Coverage Determinations Manual Chapter 1, Part 1 (Sections 80-80.12- Eye). Accessed 02/14/2012
- 3) Centers for Medicare and Medicaid Services: National Coverage Determination (NCD) for Scleral Shell (80.5). Accessed 2/2/12
<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>
- 4) Centers for Medicare and Medicaid Services: Internet-Only Manuals (IOMs). Medicare Benefit Policy Manual- Chapter 15 – Covered Medical and Other Health Services (Section 120-B-1, 2, and 3). Accessed 2/3/12
<http://www.cms.gov/manuals/Downloads/bp102c15.pdf>
- 5) Medscape Education Ophthalmology: Glaucoma Expert Column Series. Glaucoma and Ocular Surface Disease: An Expert Interview With Dr. Deepak Edward <http://www.medscape.org/viewarticle/702141>

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