

# Medical Coverage Policy



## Therapeutic Eyeglasses and Contact Lenses

Device/Equipment    Drug    Medical    Surgery    Test    Other

Effective Date:	12/4/2007	Policy Last Updated:	06/04/2013
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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 therapeutic lenses (e.g., eyeglasses and contact lenses) for aphakia or contact lenses to promote 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 lenses

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

#### • Therapeutic Contact lenses

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 non diseased eyes with spherical ametropia, refractive astigmatism and/or corneal astigmatism.<sup>2</sup>

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.

Scleral lenses may be used to improve vision and reduce pain and light sensitivity for people suffering from growing number of disorders or injuries to the eye, such as Microphthalmia, corneal ectasia, Stevens–Johnson syndrome, Sjögren's syndrome, aniridia, neurotrophic keratitis (anesthetic corneas), complications post-LASIK, complications post-corneal transplant and pellucid degeneration. Injuries to the eye such as surgical complications, distorted corneal implants, as well as chemical and burn injuries also may be treated by the use of scleral lenses.

**Medical Criteria:**

None.

**Policy:**

**BlueCHiP for Medicare**

**Contact lenses or eyeglasses following cataract surgery or for congenital aphakia are a covered medical benefit according to the guidelines listed below:**

One conventional pair of eyeglasses or contact lenses following cataract surgery (366.00 - 366.9) or for congenital aphakia (379.31, 740.30 - 740.39) are covered.

One conventional pair of eyeglasses or contact lenses, with or without insertion of an intraocular lens(es) implants after each cataract surgery and, contact lens(es) 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).

\*Upgrades for BlueCHiP for Medicare members:

When eyeglasses are covered according to the policy criteria above, then coverage for a pair of eyeglasses will include the allowance for a standard frame and lenses. If a member chooses a deluxe frame or progressive lens the deluxe frame and progressive lens will be paid up to the allowance for the standard frame or lens. The member is

liable for the difference in cost. For example, if Medicare's allowance for a standard frame and lens is \$100.00 and the deluxe frame and lens is \$200.00 the member is responsible for the difference of \$100.00.

### **Commercial Products**

Eyeglasses or contact lenses following cataract surgery or for congenital aphakia are **not covered** 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.

### **All BCBSRI Products**

Contact **lenses and scleral bandages** for the promotion of healing are covered for all BCBSRI products.

Therapeutic lenses (eyeglasses or contact lenses) for other uses than for aphakia or as a bandage for healing are **not covered** unless the member has a vision rider.

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

### **Coding and Reimbursement**

The following CPT codes are covered **for BlueCHIP for Medicare when filed with one of the diagnosis codes below and not covered for Commercial:**

**92311**

**92312**

**92313**

**92315**

**92316**

**92317**

**92352**

**The following code is not covered for all BCBSRI products.**

**92072**

The following HCPCS codes are covered (with limitations for \*upgrades) for BlueCHIP for Medicare under the member's medical benefit when filed with one of the diagnosis codes (See below):

- V2020** Standard frames
- V2100-V2118, V2121, V2199** Single vision lens
- \*V2025** Deluxe frames
- V2755** UV lens, per lens
- \*V2200-V2215, V2218-V2221, V2299** Bifocal lens
- \*V2702** Deluxe lens features

The following HCPCS codes are not covered for congenital aphakia or following cataract surgery for Commercial products unless the member has a \*\*vision rider:

- V2020** Standard frames
- V2100-V2118, V2121, V2199** Single vision lens
- V2755** UV lens, per lens

The following code is covered but not separately reimbursed for all BCBSRI products:

- S0515** Scleral lens, liquid bandage device

The following HCPCS code is not covered for all BCBSRI products:

- S0500** Disposable contact lens, per lens

The following HCPCS codes are not covered for all BCBSRI products.

- V2300-V2315, V2318-V2320, V2399** Trifocal lens
- V2410-V2499** Variable Asphericity (varying slightly from a perfectly spherical shape)
- V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599** Contact lens
- V2700** Balance lens
- V2715** Prism
- V2744** Tint, photochromatic, per lens
- V2710** Slab off prism
- V2718** Press-on lens
- V2730** Special base curve
- V2745** Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
- V2755** UV lens, 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
- V2780** Oversize lens
- V2781** Progressive lens
- V2782-V2784** Variable Lenses
- V2786** Occupational multifocal lens

BlueCHIP for Medicare only: The following ICD-9-CM and ICD-10 codes for congenital aphakia:

379.31      743.30      743.31      743.32      743.33      743.34  
 743.35      743.39

ICD-10-CM

H27.03      Q12.0      Q12.3      Q12.9

BlueCHIP for Medicare only: The following

ICD-9-CM **Cataracts:**

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	366.22	366.23	366.30	366.31	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	371.60	371.61	371.62
743.41	379.31	743.30	743.31	743.32	743.33	743.34	743.35
743.39							

**ICD-10 CM Cataracts**

E08.36	E09.36	E10.36	E11.36	E13.36	H25.011	H25.012	H25.013
H25.019	H25.031	H25.032	H25.033	H25.039	H25.041	H25.042	H25.043
H25.049	H25.091	H25.092	H25.093	H25.099	H25.10	H25.11	H25.12
H25.13	H25.20	H25.21	H25.22	H25.23	H25.811	H25.812	H25.813
H25.819	H25.89	H25.9	H26.001	H26.002	H26.003	H26.009	H26.011
H26.012	H26.013	H26.019	H26.031	H26.032	H26.033	H26.039	H26.041
H26.042	H26.043	H26.049	H26.051	H26.052	H26.053	H26.059	H26.061
H26.062	H26.063	H26.069	H26.09	H26.101	H26.102	H26.103	H26.109
H26.111	H26.112	H26.113	H26.119	H26.121	H26.122	H26.123	H26.129
H26.131	H26.132	H26.133	H26.139	H26.20	H26.211	H26.212	H26.213
H26.219	H26.221	H26.222	H26.223	H26.229	H26.231	H26.232	H26.233
H26.239	H26.30	H26.31	H26.32	H26.33	H26.40	H26.411	H26.412
H26.413	H26.419	H26.491	H26.492	H26.493	H26.499	H26.8	H26.9
H27.00	H27.01	H27.02	H27.03	H28	Q12.0	Q12.3	Q12.9

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Provider Update, August 2013  
 Provider Update, August 2011  
 Provider Update, July 2010  
 Provider Update, December 2008

**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).

3) Centers for Medicare and Medicaid Services: National Coverage Determination (NCD) for Scleral Shell (80.5).

<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).

<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

Review History:

06/04/2013: Annual review of the policy.

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