

## Medical Coverage Policy | Therapeutic Eyeglasses and Contact Lenses



**EFFECTIVE DATE:** 02/04/2007  
**POLICY LAST UPDATED:** 05/06/2014

### OVERVIEW

This policy addresses coverage guidelines for eyeglasses or contact lenses following cataract surgery, for congenital aphakia or when used a bandage to promote healing in a diseased eye. This policy does not address services covered as part of the member's vision rider or standalone product

### PRIOR AUTHORIZATION

Prior authorization review is not required..

### POLICY STATEMENT

#### BlueCHip Medicare Aphakia

Eyewear and contact lenses for members who are aphakic (i.e., who had a cataract removed but did not have an implanted intraocular lens (IOL) or who have the congenital absence of the lens ( ICD-9- 379.31, 743.35) the following services are considered medically necessary:

- Bifocal lenses in frames; or
- Lenses in frames for far vision and lenses in frames for near vision; or
- When a contact lens(es) for far vision is prescribed (including cases of binocular and monocular aphakia), payment will be made for the contact lens(es), and lens(es) in frames for near vision to be worn at the same time as the contact lens(es) and lenses in frames to be worn when the contacts have been removed.

Replacement Lenses are covered when medically necessary

The following services are covered when medically necessary and prescribed by the treating physician

- Anti-reflective coating
- Tints
- Oversize lenses
- UV protection

The following services are not medically necessary

- UV coating on polycarbonate lenses
- Tinted lenses including photochromatic lenses when used as sunglasses prescribed in addition to regular glasses

Lenses made of polycarbonate or other impact materials, are covered only for members who have functional vision in only one eye.

#### Pseudoaphakia

For members who have had Pseudoaphakia (cataract removed and the insertion of an interocular lens IOL, coverage is limited to the following:

- One pair of standard frame or contact lenses are covered.

- bifocal or trifocal lenses
- If member has a cataract extraction with IOL insertion in one eye, subsequently has a cataract extraction with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, there is coverage for only one pair of eyeglasses or contact lenses after the second surgery.
- If member has a pair of eyeglasses, has a cataract extraction with IOL insertion, and receives only new lenses but not new frames after the surgery, the benefit would not cover new frames at a later date (unless it follows subsequent cataract extraction in the other eye).
- Refer to coding section of this policy for specific features that are covered

### Commercial Products

Eyeglasses or contact lenses following cataract surgery or for congenital aphakia are **not covered** unless the member has a standalone vision plan or vision rider.

### BlueCHiP for Medicare and Commercial Products

Contact lenses and scleral bandages used as a bandage for the promotion of healing are covered

### MEDICAL CRITERIA

None

### BACKGROUND

Aphakia is the absence of the lens of the eye 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.

Pseudophakia refers to an eye condition whereby; intraocular lens is implanted in the eyes to replace the natural lens. The natural lens is usually replaced as a result of being clouded over by a cataract

Monofocal lenses are the most commonly implanted intraocular lenses. They have equal power in all regions of the lens and can provide high-quality distance vision, usually with only a light pair of spectacles. Monofocal lenses are in sharpest focus at only one distance. They do not correct pre-existing astigmatism, a result of irregular corneal shape that can distort vision at all distances. Patients who have had monofocal intraocular lenses implanted usually require reading glasses.

Toric lenses have more power in one specific region in the lens to correct astigmatism as well as distance vision. Due to the difference in lens power in different areas, the correction of astigmatism with a toric lens requires that the lens be positioned in a very specific configuration. While toric lenses can improve distance vision and astigmatism, the patient still will require corrective lenses for all near tasks, such as reading or writing.

A presbyopia-correcting IOL implantation following the surgical removal of the lens or congenital aphakia is intended to provide correction for close-up and distance vision eliminating the need for eyeglasses or contact lenses.

Regular astigmatism is a visual condition where part of an image is blurred due to uneven corneal curvature. An astigmatism-correcting IOL is intended to provide what is otherwise achieved by eyeglasses or contact lenses. The astigmatism may be corrected at the time of cataract surgery by making one or two additional incisions in the periphery of the cornea. People with significant astigmatism require corrective lenses for sharpest vision at all distances.

The most common ocular surface disorders stem from tear-film abnormalities and lid-gland dysfunction (“blepharitis”), either of which may lead to ocular surface disorders. The use of terms such as dry eye (DE), ocular surface disease (OSD), or deficient tear syndrome (DTS), represents attempts to describe signs of clinical damage to the intrapalpebral ocular surface or symptoms of such disruption from a variety of causes.

## **Types of Lenses**

### **Progressive Lenses**

Progressive lens is a multifocal lens that gradually changes in lens power from the top to the bottom of the lens, eliminating the line(s) that would otherwise be seen in a bifocal or trifocal lens.

### **Hydrophilic lenses**

Some hydrophilic contact lenses are used as moist corneal bandages for the treatment of acute or chronic corneal pathology, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocoe, corneal ectasia, Mooren’s ulcer, anterior corneal dystrophy, and for other therapeutic reasons. Hydrophilic contact lenses are not covered when used in the treatment of nondiseased eyes with spherical ametropia, refractive astigmatism and/or corneal astigmatism.<sup>2</sup>

### **Scleral lenses**

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. These include Microphthalmia, corneal ectasia, Stevens–Johnson syndrome, Sjögren's syndrome, aniridia, neurotrophic keratitis (anaesthetic corneas), complications post-LASIK, complications post-corneal transplant and pellucid degeneration. Injuries to the eye such as distorted corneal implants, as well as chemical and burn injuries may also be treated by the use of scleral lenses.

## **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, for the applicable "Medical Vision Hardware" benefits/coverage.

If the policy criteria above are not met, the services may be covered under the member's stand alone vision plan or vision rider; in the absence of a vision rider the member is responsible for payment

## **CODING**

### **BlueCHiP for Medicare**

The following CPT codes are covered when filed with one of the diagnosis codes noted in this policy:

92311 92312 99213 92315 92316 92317 92352

#### **Apakia**

The following HCPCS codes are covered when filed with a the covered diagnosis 379.31 or 743.35

#### **Frames**

V2020 V2025

#### **Lenses**

V2100-V2115 V2118 V2121 V2199 –V2215 V2218-V2221 V2299-V2315 V2318-V2321 V2399

V2410 V2430 V2499

#### **Contact Lenses**

V2500-V2503, V2510-V2213, V2520-V2523, V2530 V2531 V2599

#### **Low Vision Aids**

V2600 V2610 V2615

#### **Miscellaneous**

V2700 V2702 V2710 V2715 V2718 V2730 V2744 V2745 V2750 V2755 V2756 V2760 V2761

V2762 V2770 V2780 V2781-V2784

#### **Pseudophakia**

The following HCPCS codes are covered for pseudoaphakia when filed with the following primary diagnosis (379.31 or 743.35) and secondary diagnosis of V43.1

#### **Frames**

V2020

#### **Lenses**

V2100-V2114, V2199 V2121 V2200-V2215 V2218-V2221 V2315 V2318-V2321 V2299-V2314

V2399 V2410 V2430 V2499

#### **Contacts**

V2500-V2503 V2510-V2513 V2520-V2523 V2530 V2531 V2599

#### **Miscellaneous**

V2700 V2710 V2715 V2718 V2730 V2770

**The following HCPCS codes are not covered for pseudoaphakia when filed with the following primary diagnosis (379.31 or 743.35) and secondary diagnosis of V43.1**

V2025 V2600 V2610 V2615 V2702 V2760 V2761 V2762 V2781 –V2784 V2786 V2744 V2745 V2750

V2755 V2756 V2780 V2784

**The following codes are covered for BlueCHiP and Commercial when used as a corneal bandage :**

92071 V2520-V2523

**The following HCPCS is covered but not separately reimbursed**

V2797

## **RELATED POLICIES**

None

## PUBLISHED

|                 |           |
|-----------------|-----------|
| Provider Update | Aug 2014  |
| Provider Update | Aug 2013  |
| Provider Update | Aug 2011  |
| Provider Update | July 2010 |
| Provider Update | Dec 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
6. <http://www.medicarenhic.com/viewdoc.aspx?id=1669>

### CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

