OVERVIEW
This policy addresses coverage guidelines for eyeglasses or contact lenses following cataract surgery, for congenital aphakia or when used as 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.
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, descemetocele, 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 ametrophia, refractive astigmatism and/or corneal astigmatism.

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

|---------|---------|----------------|-------|-------|-------------|-------|-------|-------------|-------------|-------------|-------------|-------|-------|-------|-------|---------------------------------------------|---------------------|----------------|

### 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

|---------|---------|----------------|-------|-------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|-------|-------|-------|---------------------------------------------|---------------------|----------------|

### Related Policies
None
REFERENCES

1 American Optometric Association (AOA) Optometric Clinical Practice Guideline: Care Of The Patient With Ocular Surface Disorders. Accessed 01/31/2012


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

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).

5 Medscape Education Ophthalmology: Glaucoma Expert Column Series. Glaucoma and Ocular Surface Disease: An Expert Interview With Dr. Deepak Edward


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