Policy Name	Clinical Policy – Medically Necessary Contact Lenses
Policy Number	1309.00
Department	Clinical Product & Strategy
Subcategory	Medical Management
Initial Approval Date	02/06/2018
Current MPC/CMO Approval Date	04/07/2021
Current Effective Date	09/01/2021

Company Entities Supported (Select All that Apply)
_X_ Superior Vision Benefit Management
_X_ Superior Vision Services
_X_ Superior Vision of New Jersey, Inc.
_X_ Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
_X_ Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company'

Acronyms or Definitions	
n/a	

PURPOSE

To provide the medical necessity criteria to support the indication(s) for contact lenses. Applicable diagnosis codes related to medically necessary contact lenses are also defined

POLICY

A. Background

The criteria for medically necessary/visually required contact lenses are defined below by diagnoses groupings.

B. Medically Necessary Conditions

1. Keratoconus and related corneal ectasias

DX code	Description
H18.611 – H18.613	Keratoconus, stable
H18.621 – H18.623	Keratoconus, unstable
H18.711 – H18.713	Corneal ectasia

The required criteria and documentation are required to meet medical necessity:

a. Greater than 2.5 diopters of keratometric astigmatism AND
b. Corneal topography documenting irregular astigmatism with inferior steepening AND,
c. Characteristic slit lamp findings such as apical thinning and Vogt's striae AND
d. Glasses prescription with visual acuity; AND
e. Current contact lens type, power of prescription, and visual acuity AND
f. Clinical notes

2. **High Ametropia** severe refractive errors to include high myopia, hypermetropia, and regular astigmatism

DX code	Description
H44.21 – H44.23	Degenerative myopia
H52.01 – H52.03	Hypermetropia
H52.11 – H52.13	Myopia
H52.201 – H52.203	Unspecified astigmatism
H52.211 – H52.213	Irregular astigmatism
H52.221 – H52.223	Regular astigmatism

a. Eyeglass prescription is ≥ -6.00 or ≥ +6.00 diopters in any meridian; and,
b. Eyeglass best corrected visual acuity of 20/40 or worse in either eye; and,
c. Visual acuity improvement of 2 lines or more with contact lenses; or,
d. Eyeglass prescription is ≤ -8.00 or ≥ +8.00 diopters in any meridian, regardless of best corrected visual acuity.

3. **Anisometropia**, bilaterally unequal refractive errors

DX code	Description
H52.31	Anisometropia

The difference in prescription between the right and left eyes is ≥ 3.00 diopters in one meridian of one or both eyes

4. **Aphakia** absence of the natural lens

DX code	Description
H27.01 – H27.03	Aphakia
Q12.3	Congenital aphakia

Patient having the absence of the crystalline lens with an eyeglass RX of +4.00 diopters or more in one or both eyes.

5. **Aniridia** non or underfunctioning iris

DX code	Description
Q13.0	Coloboma of iris
Q13.1	Absence of iris
Q13.2	Other congenital malformations of iris

Absence of iris, coloboma of iris, congenital malformation of iris

6. **Irregular astigmatism** from disease, trauma or surgically induced astigmatism

DX code	Description
H52.201– H52.203	Unspecified astigmatism
H52.211– H52.213	Irregular astigmatism
H52.221– H52.223	Regular astigmatism

a. Two (+ or -2) diopters of irregular astigmatism must be present in either eye to fulfill the requirements of medically necessary contact lenses for this indication.
b. Principal meridians are separated by > 90 degrees per Kerometry readings axis.

7. **Moderate to severe dry eye disease**

DX code	Description
H04.121 – H04.123	Dry eye syndrome
H16.221 – H16.223	Keratoconjunctivitis sicca, not specified as Sjogren's
H16.231 – H16.233	Neurotrophic keratoconjunctivitis

M35.00 - M35.09	Sicca syndrome [Sjogren's]

a. Scleral lenses are considered medically necessary for the treatment of symptomatic dry eye disease when patients have failed to respond to a comprehensive trial of topical and systemic therapies and/or punctal occlusion including therapies for associated anterior blepharitis and meibomian gland dysfunction (MGD). Such agents would typically include:
    i. Non-preserved artificial tears
    ii. Non-corticosteroid immunomodulary agents (e.g. cyclosporine)
    iii. LFA-1 antagonists (e.g. lifitegrast)
    iv. Topical secretogogues
    v. Oral macrolide and/or tetracycline antibiotics
    vi. Inability to afford continuous medical non tear supplement therapy.

b. Hydrophilic soft (bandage) contact lenses are therapeutic bandages and are not defined as medically necessary contact lenses.

C. Documentation

Reimbursement must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rational for it. Documentation requires at a minimum all the following items. All items must be available upon request to initiate or sustain previous payments. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician; stamped signatures are not acceptable.

1. A signed statement of medical necessity is required. This statement must document the specific indication appropriate to the patient and be accompanied by the supporting medical record.
2. The statement must include the relevant medical history, physical examination, and results of the specified and any additional diagnostic tests or procedures.
3. The prescription for lenses.

D. Procedural Detail

CPT Code	Description
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes

92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	Replacement of contact lens
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
HCPC	**Description**
S0512	Daily wear specialty contact lens, per lens
S0514	Color contact lens, per lens
S0515	Scleral lens, liquid bandage device, per lens
S0592	Comprehensive contact lens evaluation
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2599	Contact lens, other type

Required Modifiers for V2500 – V2599	
Anatomical Modifiers	RT – right side LT – left side 50 – bilateral
Invalid Modifiers for 92310 – 92317	
EM Modifiers	These codes do not allow for EM modifiers. Modifiers 24, 25, 57, and 95 are not allowed to be appended to any surgery code.
Diagnostic Modifiers	There is no technical component on these codes because this service is not a diagnostic test; TC and 26 are not valid modifiers to append to any of the codes above for these codes.
Surgical Modifiers	Surgical modifiers are not allowed for this service. Modifiers AS, XE, XP, XS, XU, 22, 52, 54, 55, 58, 59, 76, 77, 78, 79, 80, 81, and 82 should not be appended to any of the codes above for medical contact lens claims.
No required modifiers for contact lens fitting 92310 – 92317	

DISCLAIMER and COPYRIGHTS

This policy is provided for information purposes only and does not constitute medical advice. Versant Health, Inc. and its affiliates (the "Company") do not provide health care services and cannot guarantee any results or outcomes. Treating doctors are solely responsible for determining what services or treatments to provide to their patients. Patients (members) should always consult their doctor before making any decisions about medical care.

Subject to applicable law, compliance with this Coverage Policy is not a guarantee of coverage or payment. Coverage is based on the terms of an individual's particular coverage plan document, which may not cover the service(s) or procedure(s) addressed in this Coverage Policy. The terms of the individual's specific coverage plan is always determinative. Every effort has been made to ensure that the information in this coverage policy is accurate and complete however the Company does not guarantee that there are no errors in this policy or that the display of this file on a website is without error. THE COMPANY AND ITS EMPLOYEES ARE NOT LIABLE FOR ANY ERRORS, OMISSIONS, OR OTHER INACCURACIES IN THE INFORMATION, PRODUCT, OR PROCESSES DISCLOSED HEREIN. Neither the Company nor the employees represent that use of such information, product, or processes will not infringe on privately owned rights. In no event shall the Company be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information, product, or process.

COMPANY'S COPYRIGHT STATEMENT

AMA COPYRIGHT STATEMENT

RELATED POLICIES AND PROCEDURES	
1316.00	Eye Exams
1328.00	Keratoconus and Related Corneal Ectasias

DOCUMENT HISTORY		
Approval Date	***Revision***	***Effective Date***
02/06/2018	Initial Policy	02/06/2018
10/18/2019	High Amytropia, added indicator for coverage regardless of best corrected visual acuity. Irregular Astigmatism, added indicator of 2.00 diopters of astigmatism in either eye	01/01/2020
10/18/2019	Admin correction to documentation requirements 02/11/2020	01/01/2020
06/03/2020	Criteria changes to sections 1.- 4.	09/01/2020
04/07/2021	Criteria for high ametropia metrics restated as applying to any meridian rather than spherical equivalent.	09/012021

REFERENCES and SOURCES

1. Asimellis G, Kaufman EJ. Keratoconus. 2020 Aug 13. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan–. PMID: 29262160.
2. Aslan MG, Fındık H, Okutucu M, et.al. The impact of hybrid contact lenses on keratoconus progression after accelerated transepithelial corneal cross-linking. Int Ophthalmol. 2020 Aug 27. doi: 10.1007/s10792-020-01551-w. Epub ahead of print. PMID: 32856196.

3. Bullimore MA, Johnson LA. Overnight orthokeratology. Cont Lens Anterior Eye. 2020 Aug;43(4):322-332. doi: 10.1016/j.clae.2020.03.018. Epub 2020 Apr 22. PMID: 32331970.
4. Bullimore MA. The Safety of Soft Contact Lenses in Children. Optom Vis Sci. 2017;94(6):638–646. doi:10.1097/OPX.0000000000001078.
5. Cooper J, Tkatchenko AV. A Review of Current Concepts of the Etiology and Treatment of Myopia. Eye Contact Lens. 2018;44(4):231–247. doi:10.1097/ICL.0000000000000499.
6. de Luis Eguileor B, Acera A, Santamaría Carro A, et.al. Changes in the corneal thickness and limbus after 1 year of scleral contact lens use. Eye (Lond). 2020 Sep;34(9):1654-1661. doi: 10.1038/s41433-019-0729-z. Epub 2019 Dec 10. PMID: 31822857; PMCID: PMC7608222.
7. Downie LE, Lindsay RG. Contact lens management of keratoconus. Clin Exp Optom. 2015;98(4):299–311. doi:10.1111/cxo.12300.
8. Dragnea DC, Birbal RS, Ham L, et al. Bowman layer transplantation in the treatment of keratoconus. Eye Vis (Lond). 2018;5:24. Published 2018 Sep 12. doi:10.1186/s40662-018-0117-y.
9. Farooq AV, Colby K. Contact Lenses in the Management of Corneal Dystrophies. Gifford P, Gifford KL. The Future of Myopia Control Contact Lenses. Optom Vis Sci. 2016;93(4):336–343. doi:10.1097/OPX.0000000000000762 .
10. Farooq AV, Colby K. Contact Lenses in the Management of Corneal Dystrophies. Klin Monbl Augenheilkd. 2020 Feb;237(2):175-179. English. doi: 10.1055/a-0735-9801. Epub 2019 Feb 8. PMID: 30736080.
11. Guzman-Aranguez A, Fonseca B, Carracedo G, et.al. Dry Eye Treatment Based on Contact Lens Drug Delivery: A Review. Eye Contact Lens. 2016;42(5):280–288. doi:10.1097/ICL.0000000000000184.
12. Hui A. Contact lenses for ophthalmic drug delivery. Clin Exp Optom. 2017;100(5):494–512. doi:10.1111/cxo.12592.
13. Ihnatko R, Eden U, Fagerholm P, et.al. Congenital Aniridia and the Ocular Surface. Ocul Surf. 2016;14(2):196–206. doi:10.1016/j.jtos.2015.10.003
14. Jiang N, Montelongo Y, Butt H, et.al. Microfluidic Contact Lenses. Small. 2018;14(15):e1704363. doi:10.1002/smll.201704363.
15. Kaluzny BJ, Stachura J, Mlyniuk P, et.al. Change in the geometry of positive- and negative-powered soft contact lenses during wear. PLoS One. 2020 Nov 9;15(11):e0242095. doi: 10.1371/journal.pone.0242095. PMID: 33166364; PMCID: PMC7652269.
16. Koppen C, Kreps EO, Anthonissen L, et.al. Scleral Lenses Reduce the Need for Corneal Transplants in Severe Keratoconus. Am J Ophthalmol. 2018 Jan;185:43-47. doi: 10.1016/j.ajo.2017.10.022. Epub 2017 Nov 16. PMID: 29103959.
17. Lambert SR, Aakalu VK, Hutchinson AK, et al. Intraocular Lens Implantation during Early Childhood: A Report by the American Academy of Ophthalmology. Ophthalmology. 2019;126(10):1454–1461. doi:10.1016/j.ophtha.2019.05.009.
18. Li SM, Kang MT, Wu SS, et al. Studies using concentric ring bifocal and peripheral add multifocal contact lenses to slow myopia progression in school-aged children: a meta-analysis. Ophthalmic Physiol Opt. 2017;37(1):51–59. doi:10.1111/opo.12332.
19. Lim L, Lim EWL. Therapeutic Contact Lenses in the Treatment of Corneal and Ocular Surface Diseases-A Review. Asia Pac J Ophthalmol (Phila). 2020 Dec;9(6):524-532. doi: 10.1097/APO.0000000000000331. PMID: 33181548.

20. McNeill S, Bobier WR. The correction of static and dynamic aniseikonia with spectacles and contact lenses. Clin Exp Optom. 2017;100(6):732–734. doi:10.1111/cxo.12516.
21. Nilagiri VK, Metlapally S, Kalaiselvan P, et.al. LogMAR and Stereoacuity in Keratoconus Corrected with Spectacles and Rigid Gas-permeable Contact Lenses. Optom Vis Sci. 2018 Apr;95(4):391-398. doi: 10.1097/OPX.0000000000001205. PMID: 29554011; PMCID: PMC5968352.
22. Porcar E, Montalt JC, España-Gregori E, et.al. Corneo-scleral contact lenses in an uncommon case of keratoconus with high hyperopia and astigmatism. Cont Lens Anterior Eye. 2017 Oct;40(5):351-356. doi: 10.1016/j.clae.2017.07.004. Epub 2017 Jul 13. PMID: 28712891.
23. Prousali E, Haidich AB, Fontalis A, et.al. Efficacy and safety of interventions to control myopia progression in children: an overview of systematic reviews and meta-analyses. BMC Ophthalmol. 2019 May 9;19(1):106. doi: 10.1186/s12886-019-1112-3. PMID: 31072389; PMCID: PMC6506938.
24. Rathi VM, Mandathara PS, Dumpati S. Contact lens in keratoconus. Indian J Ophthalmol. 2013 Aug;61(8):410-5. doi: 10.4103/0301-4738.116066. PMID: 23925325; PMCID: PMC3775075.
25. Remón L, Pérez-Merino P, Macedo-de-Araújo RJ, et.al. Bifocal and Multifocal Contact Lenses for Presbyopia and Myopia Control. J Ophthalmol. 2020 Mar 27;2020:8067657. doi: 10.1155/2020/8067657. PMID: 32318285; PMCID: PMC7152962.
26. Sankaridurg P. Contact lenses to slow progression of myopia. Clin Exp Optom. 2017;100(5):432–437. doi:10.1111/cxo.12584 .
27. Saraç Ö, Kars ME, Temel B, et.al. Clinical evaluation of different types of contact lenses in keratoconus management. Cont Lens Anterior Eye. 2019 Oct;42(5):482-486. doi: 10.1016/j.clae.2019.02.013. Epub 2019 Feb 23. PMID: 30808595.
28. Sauer A, Greth M, Letsch J, et.al. Contact Lenses and Infectious Keratitis: From a Case-Control Study to a Computation of the Risk for Wearers. Cornea. 2020 Jun;39(6):769-774. doi: 10.1097/ICO.0000000000002248. PMID: 31990844.
29. Shetty R, Kaweri L, Pahuja N, et.al. Current review and a simplified "five-point management algorithm" for keratoconus. Indian J Ophthalmol. 2015 Jan;63(1):46-53. doi: 10.4103/0301-4738.151468. PMID: 25686063; PMCID: PMC4363958.
30. Shi WY, Gao H, Li Y. [Standardizing the clinical diagnosis and treatment of keratoconus in China]. Zhonghua Yan Ke Za Zhi. 2019 Jun 11;55(6):401-404. Chinese. doi: 10.3760/cma.j.issn.0412-4081.2019.06.001. PMID: 31189269.
31. Smith EL,Hung LF, Arumugam B, et.al. Observations on the relationship between anisometropia, amblyopia and strabismus. Vision Res. 2017;134:26–42. doi:10.1016/j.visres.2017.03.004.
32. South J, Gao T, Collins A, et.al. Aniseikonia and anisometropia: implications for suppression and amblyopia. Clin Exp Optom. 2019;102(6):556–565. doi:10.1111/cxo.12881.
33. Tang M, Li Y, Chamberlain W, et.al. Differentiating Keratoconus and Corneal Warpage by Analyzing Focal Change Patterns in Corneal Topography, Pachymetry, and Epithelial Thickness Maps. Invest Ophthalmol Vis Sci. 2016;57(9):OCT544–OCT549. doi:10.1167/iovs.15-18938.

34. Tay SA, Farzavandi S, Tan D. Interventions to Reduce Myopia Progression in Children. Strabismus. 2017 Mar;25(1):23-32. doi: 10.1080/09273972.2016.1276940. Epub 2017 Feb 6. PMID: 28166436.
35. Thulasi P, Djalilian AR. Update in Current Diagnostics and Therapeutics of Dry Eye Disease. Ophthalmology. 2017;124(11S):S27–S33. doi:10.1016/j.ophtha.2017.07.022.
36. Vincent SJ. The use of contact lenses in low vision rehabilitation: optical and therapeutic applications. Clin Exp Optom. 2017;100(5):513–521. doi:10.1111/cxo.12562.
37. Watson SL, Leung V. Interventions for recurrent corneal erosions. Cochrane Database Syst Rev. 2018;7(7):CD001861. Published 2018 Jul 9. doi:10.1002/14651858.CD001861.pub4.
38. Zhu Q, Liu Y, Tighe S, et al. Retardation of Myopia Progression by Multifocal Soft Contact Lenses. Int J Med Sci. 2019;16(2):198–202. Published 2019 Jan 1. doi:10.7150/ijms.30118.

SOURCES

1. American Academy of Ophthalmology - Preferred Practice Pattern, Corneal Edema and Opacification. November 2018.
2. American Academy of Ophthalmology - Preferred Practice Pattern-Dry Eye Syndrome, 2019.
3. American Academy of Ophthalmology. Preferred Practice Pattern. Corneal Ectasia. November 2018.
4. American Optometric Association; Optometric Clinical Practice Guideline. Care of the Patient with Hyperopia and Care of the Patient with Myopia. Accessed August 30, 2019.
5. American Optometric Association; The Outlook for Contact Lenses. January 2019. Corneal Ectasia, 2019.