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	01/05/2022
Current Effective Date	04/01/2022

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 for contact lenses. Applicable procedure and material codes for medically necessary contact lenses are also defined.

POLICY

A. Background

The criteria for medically necessary contact lenses are defined by lens type, procedure, and materials codes.

B. Medically Necessary Procedures

1. 92072 Fitting of contact lens for management of keratoconus, initial fitting.

HCPCS	
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (hybrid)
V2531	Contact lens, scleral, gas permeable, per lens

Medically necessary conditions and criteria

i. For keratoconus corneal topography documenting inferior steepening or keratometry readings with irregular distorted mires and steepening.
ii. For irregular astigmatism, 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.

2. 92071 Fitting of contact lens for treatment of ocular surface disease

HCPCS	
V2531	Contact lens, scleral, gas permeable, per lens

Medically necessary conditions and criteria

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 secretagogues
v. Oral macrolide and/or tetracycline antibiotics
vi. Inability to afford continuous medical non-tear supplement therapy.

3. 92311 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one (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.

HCPCS	
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens

Medically necessary conditions and criteria

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

4. **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.

HCPCS	
V2599	Contact lens, other type, specified as prosthetic iris contact lens

Medically necessary conditions and criteria

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

5. **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.

HCPCS	
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens

Medically necessary conditions and criteria

a. The difference in prescription between the right and left eyes is $\geq$ 3.00 diopters in one meridian of one or both eyes; or,

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

c. For patients with Thygeson's punctate Keratopathy, patients have failed to respond to topical corticosteroids and cyclosporine or for whom these agents are contraindicated or not tolerated.

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 medical necessity 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

92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
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
HCPC CODES **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	

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COMPANY'S COPYRIGHT STATEMENT

RELATED POLICIES	
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 Ametropia, 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	Administrative correction to documentation requirements 02/11/2020	01/01/2020
06/03/2020	Criteria changes to sections 1, 2, 3, and 4.	09/01/2020
04/07/2021	Criteria for high ametropia metrics restated as applying to any meridian rather than spherical equivalent.	09/012021
10/06/2021	Added new indication, (Thygeson's Superficial Punctate Keratitis) for extended wear contact lenses. Revised criteria for Keratoconus and related corneal ectasias to be standalone ("or") instead of combined ("and").	04/01/2022 (superseded)
01/05/2022	Removed requirements for greater than 2.5 diopters of keratometric astigmatism; reorganized policy by procedural codes; deleted diagnoses codes within body of policy.	04/01/2022

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. Nagra PK, Rapuano CJ, Cohen EJ, et. al Thygeson's Superficial Punctate Keratitis, Ophthalmology 2004; 111:34-37
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: 10.4103/03014738.151468. 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 E.