Policy Name	Clinical Policy – Specialty Spectacle Lenses
Policy Number	1330.00
Department	Clinical Strategy/Product
Subcategory	Medical Management
Original Approval Date	06/20/2018
Current MPC/CCO Approval Date	04/24/2023
Current Effective Date	08/01/2023

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'

DEFINITIONS	
D Diopter	The measurement unit for focusing power and refractive error
High Index	A lens fabrication that is lighter weight and has an increased impact resistance than standard lenses
Polycarbonate	A lens material with greater impact resistance than standard lenses
Trivex	A lens material with greater impact resistance than standard lenses
UV	Ultraviolet

PURPOSE

To provide the medical necessity criteria to support the indication(s) for specialty lenses. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

The industry standard for spectacle lenses is based on what is reasonable and recommended in clinical practice based on a variety of reasons including aesthetics, frame selection, and inherent properties of the lenses. In laymen's terms, thickness of lens edge compared to frame, lens qualities that make eyes appear larger or smaller, rimless plastic or metal frames, UV protection, and scratch resistance.

Medical necessity goes beyond lifestyle choices and addresses functional vision impairment. Factors contributing to medical necessity criteria are weight of the lens, optics, prescription strength, aberrations, optical quality, and induced prismatic effect.

High index lens materials often permit fabrication of thinner, lighter lenses that are more comfortable for the wearer and may provide added safety due to greater impact resistance.

Spectacle lenses are made from a variety of materials. The optimal choice for the patient depends on several factors: lens weight, thickness, resistance to scratches, shatter-resistance, and ultraviolet (UV) protection. Many other considerations need to be factored into lens selection related to the purpose of the eyeglasses, the activities of the wearer, and cost. Lens thickness is inversely proportional to refractive index. So, for the same prescription (Rx), a higher refractive index yields a thinner lens. Thinner lenses generally weigh less than thicker ones and are more comfortable to wear. The index of refraction of different lens materials are CR-39 plastic (1.50), crown glass (1.52), Trivex (1.53), polycarbonate (1.59), and high index plastics (1.60-1.74).

The American National Standard Institute's ANSI Z87 Committee has established impact resistance standards as well as minimum lens thickness. Lenses made from Trivex or polycarbonate have significantly more impact-resistance than other lens materials for added safety. A broken or shattered lens poses a severe safety hazard to the eye.

B. Medically Necessary

1. **Polycarbonate** lenses may be medically necessary for the following:

    a. Patients with high ametropia (≥ **–** 6.00 or ≥ + 4.00) diopters in any meridian[1]
    b. Patients under age 18
    c. Patients who have vision of 20/200 or worse in one eye to protect both eyes;
    d. As required for reasons of disability, or vocational, occupational, or recreational tasks

2. **High Index lenses[2]**

    ≥ +/- 8.00 diopters of refractive error in any meridian

3. **Transition lenses/sunglasses**

    Will be considered medically necessary for the following diagnoses:
    a. Aniridia
    b. Coloboma
    c. Albinism
    d. Ocular Albinism
    e. Iridodialysis

[1] Borish Clinical Refraction, pgs. 869-877, 1166
[2] Borish Clinical Refraction, pgs. 869-877.

4. **FL 41 Filters**

FL-41 Filters are medically necessary for a diagnosis of blepharospasm.

C. Not Medically Necessary

For ultraviolet blocking lenses, blue blocking lenses and tinted lenses, there is insufficient evidence in the peer reviewed literature to support improved health outcomes, except for conditions stated above. For other indications, these add-ons are considered lifestyle or cosmetic in nature.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the medical rationale for specialty spectacle lenses, consistent with the medical necessity criteria enumerated above. The medical record must be available upon request to initiate or sustain previous payments. For any retrospective review, a full operative report and/or the clinical care plan is needed.

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, in a handwritten or electronic signature. Stamped signatures are not acceptable.

E. Procedural Detail

CPT Codes	
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient, or equal, excludes photochromatic, any lens material, per lens
V2755	U-V lens, per lens
V2761	Mirror Coating
V2762	Polarized lenses
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens (list this code in addition to the basic code for the lens)
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens (list this code in addition to the basic code for the lens)
V2784	Lens, polycarbonate or equal, any index, per lens (list this code in addition to the basic code for the lens)
Required Modifiers	
RT	right side
LT	left side

CPT Codes	
Invalid Modifiers	
24	EM visit during post-op period
25	EM visit same day as minor procedure
57	EM visit same day as major procedure
22	Increased Procedural Services
26	Professional Component
TC	Technical Component
59	Distinct Procedural Service

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RELATED POLICIES AND PROCEDURES	
1309	Medically Necessary Contact Lenses

DOCUMENT HISTORY		
Approval Date	***Revisions***	***Effective Date***
06/20/2018	Initial Policy	06/20/2018
07/25/2019	Minor revisions	08/01/2019
06/03/2020	Add specific criteria for transitional lenses, light filter/tints, and polycarbonate coatings; policy renamed.	09/01/2020
04/07/2021	Restated the metric for high ametropia for poly carbonate lenses to any meridian from “spherical equivalent. Added 5 CPT codes for lens tints and chromatic coatings.	09/01/2021
04/06/2022	Annual review; no criteria changes	07/01/2022
04/12/2023	Annual review; no criteria changes. Add 4 add on codes to configuration. Codes are not new to policy.	n/a not effected
04/24/2023 (Via email)	2nd review for Q2 2023: Change parameters of high ametropia for polycarbonate lenses from >6. To (≥ -6.00 or ≥ +4.00) in any meridian. Add ≥ sign to current measure (+/- 8.00 diopters) for high index lenses.	08/01/2023

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