Therapeutic Lens

Policy Number: 055

<table>
<thead>
<tr>
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<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
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**Overview**

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for therapeutic lenses for Mass General Brigham Health Plan members. The treating specialist must request prior authorization for therapeutic lenses.

**Coverage Guidelines**

Mass General Brigham Health Plan covers therapeutic lens (Conventional Contact Lens and Scleral Lens) when authorized prior to the procedure and meets medical necessity criteria. The specialist and/or the primary care provider are responsible for providing all necessary clinical information. Medical necessity criteria are based upon a review of current medical literature and local practices.

**Conventional Contact Lens**

Mass General Brigham Health Plan considers a conventional contact lens (soft or rigid gas-permeable corneal lens) as medically necessary for members with any of the following conditions:

- Keratoconus or other corneal ectasia, or irregular astigmatism that cannot be corrected with spectacles.
- Anisometropia of more than 3.00 diopters (D)
- Hyperopia of more than 7.00D
- Myopia of more than 7.00D
- Post-operative cataract extraction

Restrictions may apply. Please refer to member handbook.

**Scleral Lens**

Mass General Brigham Health Plan covers Scleral Lens for members when ALL of the following criteria have been met as specified below in EITHER item A or item B.

A. The member has impaired vision, requires medically necessary vision correction, and **conventional glasses or conventional contact lenses are insufficient**. The scleral lens must significantly improve vision. OR

B. The member requires a moist corneal bandage (scleral lens) for medical treatment of severe ocular surface disease, AND **conventional treatments\(^1\) are contraindicated or** have failed to treat one of the following conditions (not an all-inclusive list):

   1. Severe Dry Eye Disease/Dry Eye Syndrome
      a. Ocular chronic graft versus host disease (GVHD)

\(^1\) Conventional treatments, can include the following:

- Topical medications for patients with ocular surface disease
- Standard contact lenses for patients with corneal ectatic disorders and irregular astigmatism
- Corneal transplant surgery (associated with risks)
b. Sjögren’s syndrome

2. Limbal Stem Cell Deficiency
   a. Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis syndrome (TENS)
   b. Aniridia
   c. Cicatricial conjunctivitis/ocular cicatricial pemphigoid
   d. Chemical/thermal /radiation injury

3. Neurotrophic Keratopathy
   a. Congenital Corneal Anesthesia
      ▪ Hereditary Sensory and Autonomic Neuropathy
   b. Acquired Neurotrophic Keratitis
      ▪ Ocular Herpes simplex or Herpes zoster ophthalmicus
      ▪ Diabetes-related
      ▪ Trigeminal nerve dysfunction after surgery for acoustic neuroma or trigeminal nerve disorder
      ▪ Exposure keratopathy

4. Corneal Degenerations and Dystrophies including but not limited to:
   a. Keratoconus
   b. Pellucid marginal degeneration
   c. Terrien's marginal degeneration
   d. Salzmann’s nodular degeneration

5. High or irregular post-operative Astigmatism
   a. Cornea transplant -penetrating keratoplasty (PK), deep anterior lamellar keratoplasty (DALK) or patch graft (lamellar keratoplasty)
   b. Refractive surgery - Radial keratotomy (RK), photorefractive keratectomy (PRK) or laser-assisted keratomileusis (LASIK)
   c. Corneal intra-stromal implants (Intacs)

6. High or irregular astigmatism after trauma, infection or surgery

7. Extensive corneal scarring after trauma or infection or surgery that leads to blindness and is cosmetically disfiguring

PROSE (Prosthetic Replacement of the Ocular Surface Ecosystem) Lens:
Mass General Brigham Health Plan considers Therapeutic soft (hydrophilic) contact lenses or gas-permeable fluid ventilated scleral lenses (e.g., Boston Scleral Lens and PVR PROSE Scleral Lens) medically necessary prosthetics when conventional treatments have failed or are contraindicated, and when used as moist corneal bandages for the treatment of severe ocular surface diseases, including but not limited to those mentioned in section B above under scleral lens.

Exclusions
1. Scleral lens for ordinary refractive error
2. Lens for exclusively cosmetic purposes

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations

2 Conventional treatments, can include the following:
• Topical medications for patients with ocular surface disease
• Standard contact lenses for patients with corneal ectatic disorders and irregular astigmatism
• Corneal transplant surgery (associated with risks)
(NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in
the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the
requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations.
At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare has an LCD for Eye
Prostheses (L33737) and an Local Coverage Article: Eye Prostheses (A52462).

Definitions
Anisometropia: A condition in which the lenses of the two eyes have different focal lengths and are in different
states of myopia (nearsightedness) and hyperopia (farsightedness).

Aphakia: Aphakia is the absence of the lens of the eye, due to surgical removal, a wound, ulcer, or as a condition
present at birth (congenital anomaly).

Keratoconus: A degenerative vision disorder that occurs when the normally round cornea becomes thin, and
irregular (cone) shaped. This abnormal shape prevents the light entering the eye from being focused correctly
on the retina and causes distortion of vision.

LASIK: Eye surgery in which the surface of the cornea is reshaped using a laser, performed to correct certain
refractive disorders such as myopia.

PROSE: Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE), a medical treatment for complex
corneal disease developed by Boston Foundation for Sight.

Scleral Lens: A contact lens generally worn directly on the sclera, which fits underneath the top and bottom
eyelids.

Therapeutic Lens: Lenses that provide visual rehabilitation for diseased or altered eyes.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not
constitute or imply coverage or reimbursement.

This list of codes applies to commercial and MassHealth plans only.

<table>
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<tr>
<th>Authorized Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>92312</td>
<td>Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes</td>
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<tr>
<td>92314</td>
<td>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</td>
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<tr>
<td>92341</td>
<td>Fitting of spectacles, except for aphakia; bifocal</td>
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<tr>
<td>92342</td>
<td>Fitting of spectacles, except for aphakia; multifocal, other than bifocal</td>
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<tr>
<td>92352</td>
<td>Fitting of spectacle prosthesis for aphakia; monofocal</td>
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<tr>
<td>92353</td>
<td>Fitting of spectacle prosthesis for aphakia; multifocal</td>
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<tr>
<td>92354</td>
<td>Fitting of spectacle mounted low vision aid; single element system</td>
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<tr>
<td>92355</td>
<td>Fitting of spectacle mounted low vision aid; telescopic or other compound lens system</td>
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<td>Prosthesis service for aphakia, temporary (disposable or loan, including materials)</td>
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**Effective**


April 2023: Off-cycle review. Statement added regarding member handbook.

February 2023: Codes updated.

December 2022: Annual review. Under PROSE section, removed list of diseases and added statement indicating same conditions as listed under Sclera Lens. References updated.


January 2021: Annual review. The following changes were made:

- Updated Coverage Guidelines and Conventional Contact Lens sections.
- Coverage criteria for Sclera Lens clarified and updated:
  - Clarified definition of conventional treatment
  - Removed term “conservative” in regard to treatment
  - Added “Sjögren’s syndrome” as example of Severe Dry Eye Disease
  - Changed “Neurotrophic Keratitis” to “Neurotrophic Keratopathy”
  - Removed “Post-surgery for trigeminal nerve dysfunction” and “Seckles Syndrome”
  - Added: “Hereditary Sensory and Autonomic Neuropathy”
  - Clarified and added conditions under Acquired Neurotrophic Keratitis”
  - Added the words “including but not limited to” following Corneal Degenerations and Dystrophies
  - Added “Salzmann’s nodular degeneration” under Corneal Degenerations and Dystrophies
  - Renamed “Post Operative Astigmatism” to “High or irregular post-operative Astigmatism”
  - Added “deep anterior lamellar keratoplasty (DALK) or patch graft (lamellar keratoplasty)”
  - Added “Corneal intra-stromal implants (Intacs)” and “High or irregular astigmatism after trauma, infection or surgery”
- Under PROSE section, removed the exclusion “Vision problems related to diabetes unless as listed above.”
- Updated PROSE section to clarify coverage.
- References updated.

November 2019: Annual review. References updated. Added Post-operative cataract extraction (limited to one set of contact lens per surgery) as a medical condition under conventional contact lens.

October 2018: Annual review
August 2016: Annual review
August 2015: Annual review
August 2014: Annual review
June 2013: Annual review
June 2012: Effective date

References


Boston Foundation for Sight. Prose Treatment: Information for Patients and Doctors


