

Medical Policy Therapeutic Lens

Policy Number: 055

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		

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

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 treatments¹ 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)
 - b. Sjögren’s syndrome
 2. Limbal Stem Cell Deficiency

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)

- 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 conventional² 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

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).

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)



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

Authorized Codes	Code Description
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
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
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92352	Fitting of spectacle prosthesis for aphakia; monofocal
92353	Fitting of spectacle prosthesis for aphakia; multifocal
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92370	Repair and refitting spectacles; except for aphakia
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia
V2020	Frames, purchases
V2100-V2121	Spectacle Lenses
V2200-V2221	Bifocal, Glass or Plastic
V2300-V2321	Trifocal, Glass or Plastic
V2500-V2510	Contact Lenses Code Range
V2512-V2523	Contact Lenses Code Range
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, rigid gas permeable, per lens
V2627	<i>Scleral cover shell</i>
S0515	Scleral lens, liquid bandage device, per lens
V2599	Contact lens, other

Effective

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.

December 2021: Annual review. Updated PROSE criteria for clarity purposes. 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 2017: Annual Review. Changed name of policy to “Therapeutic Lens”. Added coverage criteria for conventional contact lens. Added criteria language on PROSE. Added definitions. Added CPT/HCPCS codes. Updated references.

August 2016: Annual review

August 2015: Annual review

August 2014: Annual review

June 2013: Annual review

June 2012: Effective date

References

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