MEDICAL POLICY
Therapeutic Contact Lenses

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Aphakia is the absence of the lens due to surgical removal (cataract surgery), perforating wound or ulcer, or congenital anomaly. In cataract surgery, the lens is removed as it has become cloudy. A small incision in made in the eye and the cataract is removed by breaking it up with ultrasound, a laser, or a water jet and taking out the pieces (phacoemulsification). When all the cataract pieces have been removed, the surgeon normally replaces the cataract with an artificial lens (intraocular lens). Intraocular lenses (IOL) are permanent, artificial lenses that are surgically implanted in the eye to replace or supplement the crystalline lens of the eye. Intraocular lenses are not considered to be contact lenses. In some instances, an intraocular lens cannot always be safely placed and the individual must wear eyeglasses or contact lenses after the cataract has been removed.

Therapeutic soft hydrophilic contact lenses (TSCLs) are disposable plastic lenses made of polymer material that are hydrophilic to absorb or attract a certain volume of water and which cover the entire cornea. These soft lenses are worn directly against the cornea and are prescribed for the treatment of acute or chronic corneal pathology such as persistent epithelial defects (PEDs). Many types of soft tissue lenses are available for therapeutic use (e.g., Focus® Night & Day® Lens).

Gas impermeable scleral contact lenses (scleral shell or shield) is a catchall term for different types of hard scleral contact lenses. A scleral shell fits over the entire exposed surface of the eye as opposed to a corneal contact lens which covers only the central non-white area encompassing the pupil and iris. Where an eye has been rendered sightless and shrunken by inflammatory disease, a scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant.

Scleral lenses may be used to improve vision and reduce pain and light sensitivity for people suffering from growing number of disorders or injuries to the eye, such as Microphthalmia, corneal ectasia, Stevens–Johnson syndrome, Sjögren's syndrome, aniridia, neurotrophic keratitis (anesthetic corneas), complications post-LASIK, complications post-corneal transplant and pellucid degeneration. Injuries to the eye such as surgical complications, distorted corneal implants, as well as chemical and burn injuries also may be treated by the use of scleral lenses.

Rigid gas permeable scleral contact lenses, which are also known as ocular surface prostheses, are formed with an elevated chamber over the cornea and a haptic base over the sclera. Scleral contact lenses are being evaluated in patients with corneal disease, including keratoconus, Stevens-Johnson syndrome, chronic ocular graft-versus-host disease, and in patients with reduced visual acuity after penetrating keratoplasty or other types of eye surgery.

The Boston Scleral Lens is a fluid-filled, ventilated, gas permeable contact lens made from Equalens II®, a type of plastic that allows oxygen to pass through easily. This lens is currently being used for patients with severe ocular surface disease and patients who have irregular astigmatism, in which the curvature of the cornea is uneven or bumpy. Unlike conventional contact lenses, scleral lenses rest completely on the sclera, the outer white portion of the surface of the eye, to create a fluid-filled space or reservoir over the diseased and/or irregular cornea. This smooth liquid overlay fills in bumps on the corneal surface to improve vision. The fluid reservoir also acts as a liquid bandage that protects the cornea from exposure to air and the friction of blinking, to reduce eye pain and oversensitivity to light. Healing of corneal damage seems to be aided by a combination of oxygenation, moisture, and protection of the fragile layer of cells on the surface of the cornea.

POLICY
Therapeutic soft hydrophilic contact lenses (V2520, V2521, V2522, V2523), and gas impermeable scleral contact lenses (scleral shell or shield) (V2530) require prior authorization for all product lines.

Rigid gas permeable scleral lens (S0515, V2531) requires prior authorization for HMO, PPO, Individual
Marketplace.

Rigid gas permeable scleral lens (V2531) requires prior authorization for Elite.

Code S0515 is Non-Medicare and therefore non-covered for Elite.

Codes S0515 & V2531 are non-covered for Advantage.

Refer to PG0063 Intraocular Lens Implant for coverage determination of codes 66982-66986, C1780, Q1004, Q1005, S0596, V2630-V2632, V2787, V2788.

HMO, PPO, Individual Marketplace, Elite, Advantage

Many Paramount medical plans exclude coverage of contact lenses or eyeglasses. Under medical plans with this exclusion, contact lenses are only covered under medical plans for a narrow set of therapeutic indications, as outlined below. Additional coverage of contact lenses and eyeglasses may be provided under the member’s vision care plan, if any. Please check benefit plan descriptions for details.

Prior authorization can be given only if at least one of the following criteria is met:

- The lens or lenses will be used to correct aphakia
- The lens or lenses will be used to correct high refractive errors, greater than ten diopters, the visual acuity cannot be corrected to 20/70 in the better eye with spectacles, and there is significant improvement in visual acuity with contact lenses
- There is a high degree of anisometropia, and binocularity can be substantiated
- The lens or lenses will be used to treat keratoconus, there is a high degree of corneal astigmatism or corneal irregularity, the visual acuity cannot be corrected to 20/70 in the better eye with spectacles, and there is a significant improvement with contact lenses

Therapeutic soft hydrophilic contact lenses (V2520, V2521, V2522, V2523) used as a corneal bandage may be considered medically necessary when applied and removed by the physician for the treatment of the following but not limited to conditions:

- Bullous keratopathy
- Dry eyes
- Corneal ulcers and erosion
- Keratitis
- Corneal edema
- Descemetocele
- Corneal ectasia
- Mooren’s ulcer
- Anterior corneal dystrophy
- Neurotrophic keratoconjunctivitis; OR
- Prescribed as a prosthetic lens for the aphakic patient.

Gas impermeable scleral contact lenses (scleral shell or shield) (V2530) when prescribed as a prosthetic device to support surrounding orbital tissue of a shrunken and sightless eye or when prescribed for the treatment of dry eye (failure of lacrimal gland to produce enough tears).

Rigid gas permeable scleral lens (S0515, V2531) may be considered medically necessary for patients who have not responded to topical medications or standard spectacle or contact lens fitting, for the following conditions:

- Corneal ectatic disorders (eg, keratoconus, keratoglobus, pellucid marginal degeneration, Terrien’s marginal degeneration, Fuchs’ superficial marginal keratitis, postsurgical ectasia);
- Corneal scarring and/or vascularization;
- Irregular corneal astigmatism (eg, after keratoplasty or other corneal surgery);
- Ocular surface disease (eg, severe dry eye, persistent epithelial defects, neurotrophic keratopathy, exposure keratopathy, graft vs host disease, sequelae of Stevens Johnson syndrome, mucus membrane pemphigoid, postocular surface tumor excision, postglaucoma filtering surgery) with pain and/or decreased visual acuity.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.
<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>S0515</td>
<td>Scleral lens, liquid bandage device, per lens</td>
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<tr>
<td>V2520</td>
<td>Contact lens, hydrophilic, spherical, per lens</td>
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<tr>
<td>V2521</td>
<td>Contact lens, hydrophilic, toric, or prism ballast, per lens</td>
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<tr>
<td>V2522</td>
<td>Contact lens, hydrophilic, bifocal, per lens</td>
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<tr>
<td>V2523</td>
<td>Contact lens, hydrophilic, extended wear, per lens</td>
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<tr>
<td>V2530</td>
<td>Contact lens, scleral, gas impermeable, per lens</td>
</tr>
<tr>
<td>V2531</td>
<td>Contact lens, scleral, gas permeable, per lens</td>
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</table>

**TAWG REVIEW DATES:** 06/23/2017, 10/27/2017

**REVISION HISTORY EXPLANATION**
06/23/17: Therapeutic soft hydrophilic contact lenses (V2520, V2521, V2522, V2523), gas impermeable scleral contact lenses (scleral shell or shield) (V2530), and rigid gas permeable scleral lens (S0515, V2531) are covered with prior authorization. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
10/27/17: Added criteria per OAC 5160-6-01. Codes S0515, V2531 are non-covered for Advantage per ODM guidelines. Code S0515 is Non-Medicare and therefore non-covered for Elite. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.