



Contact and Scleral Lens Clinical Coverage Criteria

Overview

Fallon Health provides coverage of Contact and Scleral Lenses for certain medically necessary diagnoses. Though there are other uses of these types of lenses the coverage is limited based on the diagnoses outlined in this policy.

The paramount goals in the use of therapeutic contact lenses are the relief of pain and enhanced corneal epithelial healing. Fluid-ventilated, gas-permeable scleral contact lenses are a valuable front-line tool in the management of severe ocular surface disease. The postoperative use of bandage contact lenses can be extremely valuable when treating surgical conditions of the cornea and ocular surface. It is appropriate to treat persistent epithelial defects and chronic epitheliopathies with bandage contact lens therapy. They also have the potential to greatly reduce disabling ocular pain and photophobia. It is not unusual for the extended wear of an appropriately designed gas-permeable scleral contact lens to effectively promote the healing of persistent corneal epithelial defects in some eyes that have failed to heal after other therapeutic measures.

Definitions

Contact Lens: A thin lens designed to fit over the cornea and usually worn to correct defects in vision.

Scleral Lens: A contact lens worn directly over the sclera fitting underneath the eyelids.

Scleral Lens Liquid Bandage: A fluid-ventilated, oxygen-permeable lens that vaults over the cornea and helps manage ocular surface disease.

PROSE: Prosthetic Replacement Ocular Surface Ecosystem.

Policy

Contact lenses are covered for the below conditions. Prior authorization is required for Scleral and PROSE systems as defined below. These requests must be supported by the treating provider(s) medical records

Corneal Contact Lenses:

- For post-cataract surgery with the insertion of intraocular lenses.
- For the treatment of aphakia (absence of the natural lens).
- For the treatment of keratoconus (irregular protrusion/thinning of the cornea).
- As moist corneal bandages for the treatment of acute or chronic corneal pathology, such as bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocoele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, or neurotrophic keratoconjunctivitis.

Scleral Contact Lenses:

- To treat eyes rendered sightless and shrunken by inflammatory disease. A scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant and act to support the surrounding orbital tissue.
- When used in combination with artificial tears in the treatment of “dry eye” of diverse etiology.

PROSE Lens CPT V2627

- Due to conflicting studies involving this lens any request for PROSE will be reviewed on a case by case basis. Ineligibility or contraindications to standard treatment will be given consideration as part of the review.

Contact Lenses (Masshealth covered member’s only)

- Contact lenses are covered for Masshealth member’s for treatment of Postoperative cataract extraction, Keratocous, Anisometropia of more than 300D, and Myopia/Hyperopia of more than 7.00D. These conditions are covered regardless of age. Regulation

Exclusions

- The use of any contact or scleral lens for the treatment of conditions not listed as covered.
- Miscellaneous fitting costs associated with PROSE lenses.
- Codes V2521 and V2523 are enhanced lenses that correct a vision problem unrelated to the surgery and are not covered.

Codes

Code type	Code	Description
CPT	92071	Fitting of contact lens for treatment of ocular surface disease
	92072	Fitting of contact lens for management of keratoconus, initial fitting
HCPCS	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
	V2523	Contact lens, hydrophilic, extended wear, per lens
	V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see CPT Level I code 92325)
	V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see CPT Level I code 92325)
	V2599	Contact lens, other type
	V2627	Scleral Cover Shell

References

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Policy History

Origination date:	01/1994
Approval(s):	Utilization and Care Management Committee: 03/2001, 06/2003 Benefit Oversight Committee: 01/1994, 08/2005 Technology Assessment Committee: 03/2001, 06/2003, 07/23/2014 updated new template, combined with Scleral Lens Liquid Bandage policy, updated references) 07/22/2015 (updated coding and references) 06/22/2016 (clarified language regarding prior authorization, updated references), 07/26/2017 (clarified codes V2521 and V2523 are not covered, updated references), 06/27/2018 (updated references), 06/26/2019 (updated references)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.