

Medical Coverage Policy



Eyeglasses/Contacts following Cataract Surgery or for the Treatment of Diseases

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	09/02/2008	Policy Last Updated:	12/30/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This policy addresses the use of eyewear (e.g., eye glasses and contact lenses) following cataract surgery, or contact lenses used in the treatment of keratoconus, or as a corneal bandage to promote wound healing.

• Aphakia

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 is 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.

• Keratoconus

Keratoconus is an ocular disorder characterized by progressive corneal thinning and other corneal sequelae, in which the cornea assumes an irregular conical shape. It can be classified according to degree of conicity, and characterized morphologically by the shape of the cone. As the cornea becomes more irregular in shape, it causes progressive nearsightedness and irregular astigmatism to develop, creating additional problems with distorted and blurred vision. Although early keratoconus with minimal irregular corneal astigmatism may be corrected by spectacles, they cannot be expected to improve visual acuity to the same extent that rigid contact lenses offer when irregular astigmatism is present or increases. That is why keratoconus is generally treated with contact lenses.

• Corneal Bandage

Hydrophilic contact lenses are used as moist corneal bandages for the treatment of acute or chronic corneal pathology. These pathologies may include, but are not limited to conditions such as bulbous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, corneal edema,

descemetocoele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, neurotrophic keratoconjunctivitis and, for other therapeutic reasons not listed.

Eyeglasses, contact lenses and IOLs are typically used to treat the following medical conditions:

- Aphakia, either congenital or following cataract surgery (adult and pediatric);
- Irregular corneas/corneal scarring when vision cannot be corrected with spectacles (e.g., post-corneal graft surgery, post-corneal infection); or
- As a corneal bandage to promote wound healing (e.g., corneal ulcer/erosion).

Medical Criteria:

Not applicable as this is a reimbursement policy.

Policy:

Eyeglasses or contact lenses following cataract surgery are covered for **BlueCHiP for Medicare members only** and **not covered for all other BCBSRI products**.

BlueCHiP for Medicare:

One pair of eyeglasses or contact lenses, with or without insertion of an intraocular lens(es) implants after each cataract surgery AND, contact lens(es) are covered.

- Replacement frames, eyeglass lenses and contact lenses are not covered.
- If a member has a cataract surgery with an IOL insertion in one eye, and subsequently has cataract surgery with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, **Medicare will only cover one pair of eyeglasses or contact lenses after the second surgery.**
- If a member has a pair of eyeglasses, then has a cataract surgery with IOL insertion, and receives only new lenses but not new frames following the surgery, **Medicare does not cover new frames at a later date (unless it follows subsequent cataract surgery in the other eye).**

All other BCBSRI products:

Covered:

Contact lenses used as a corneal bandage to promote wound healing are covered. Refer to the "Coding and Reimbursement" section below for instructions on how providers should file for reimbursement.

Not Covered:

Eyeglasses and contact lenses used for vision correction (refractive lenses) following cataract surgery with or without insertion of an intraocular lens implant are **not covered** unless the member has a vision rider.

Effective 10/01/2011, contact lenses used to treat progressive nearsightedness and irregular astigmatism (i.e., keratoconus) are **not covered**.

The following services are **not covered**:

- Replacement contact lenses or eyeglasses
- Sunglasses of any type
- Sport lenses/frames
- Scratch-resistant coating

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement or Benefit Booklet for the applicable "Medical Equipment, Medical Supplies, and Prosthetic Devices" benefits/coverage.

If eyeglasses are covered according to the policy criteria above, then coverage of a pair of eyeglasses would include the allowance for a standard frame and the lenses. Additional charges for deluxe frames (V20.25) or progressive lenses will be paid up to the allowance for the standard frame or lens. The member is liable for the difference in cost.

If the policy criteria above are not met, the services may be covered under the member's vision rider/contract; in the absence of a vision rider/contract the member is responsible for payment, except as noted above for BlueCHIP for Medicare.

Coding and Reimbursement:

The following code is covered for a lens used as a **corneal bandage** to promote wound:
NEW 92071 (Effective 01/01/2012)

The provider should not file for the fitting with a modifier 52 as this is typically a unilateral service.

The following code is not covered:

NEW 92072 (Effective 01/01/2012)

The following HCPCS code is covered but **not separately reimbursed:**
S0515 Scleral lens, liquid bandage device

NOTE: When seeking reimbursement for lens code S0515, the provider should file 92070 for the fitting which includes supply of the lens and not the lens code S0515 alone as it is not separately reimbursed.

The following CPT codes are covered only for **Blue CHIP for Medicare:**

92311
92312
92313
92315
92316

Diagnosis Codes:

Aphakia: 379.31 and 743.35

Cataracts: 366.00, 366.01, 366.02, 366.03, 366.04, 366.09; 366.10, 366.11, 366.12, 366.13, 366.14, 366.15, 366.16, 366.17, 366.18, 366.19; 366.20, 366.21, 366.22, 366.23; 366.30, 366.31, 366.32, 366.33, 366.34; 366.41, 366.42, 366.43, 366.44, 366.45, 366.46; 366.8; 366.9.

The following HCPCS codes are **covered for BlueCHIP for Medicare** under the member's medical benefit when the policy criteria above is met and when filed with a covered diagnosis listed above. The codes are **not covered for all other BCBSRI products:**

Standard frames: **V2020**

Single vision lens: **V2100-V2118, V2121, V2199**

Bifocal lens: **V2200-V2215, V2218-V2221, V2299**

Trifocal lens: **V2300-V2315, V2318-V2320, V2399**

Variable Asphericity (varying slightly from a perfectly spherical shape): **V2410-V2499**

Contact lens: **V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599**

Balance lens: **V2700**

Tint, photochromatic, per lens: **V2744**

Anti-reflective coating, per lens: **V2750**

UV lens, per lens: **V2755**

Oversize lens: **V2780**

Slab off prism: **V2710**

Prism: **V2715**

Special base curve: **V2730**

Variable Lenses: **V2782-V2784**

The following HCPCS are **non-covered for all BCBSRI products:**

Deluxe frames: **V2025**

Deluxe lens features: **V2702**

Progressive lens: **V2781**

Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens: **V2745**

Scratch resistant coating, per lens: **V2760**

Mirror coating, any type, solid, gradient, or equal, any lens material, per lens: **V2761**

Polarization, any lens material, per lens: **V2762**

Occluder lens: **V2770**

Occupational multifocal lens: **V2786**

Press-on lens: **V2718**

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