

Therapeutic Contact Lenses

Policy Number: PG0403
Last Review: 02/01/2025
Last Revised: 02/01/2025

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☐ Facility

DESCRIPTION:

Therapeutic contact lenses are designed to manage ocular pathology beyond simple refractive disorders. The corneal disorders for which contact lenses may become therapeutic include the following conditions, but not limited to:

- Aphakia-absence of the lens due to surgical removal (cataract surgery), congenital anomaly, or perforating wound or ulcer;
- Prostheses following cataract surgery;
- Stevens-Johnson syndrome, toxic epidermolysis necrosis, chemical burns, or other corneal stem cell deficiencies;
- Congenital anomalies; such as congenital corneal anesthesia (familial dysautonomia), Seckle's syndrome;
- Neurotrophic corneas;
- Keratoconjunctivitis with reduced tear production (such as from Sjogren's syndrome, chronic graft versus host disease, radiation, surgery, meibomian gland deficiency);
- Corneal involvement of systemic autoimmune disorders (rheumatoid arthritis, dermatological disorders such as atopic, epidermolysis bullosa, epidermal dysplasia);
- Reactions to various drug treatment regimens;
- Corneal exposure disorders;
- Epidermal ocular disorders (atopy, ectodermal dysplasia, epidermolysis bullosa);
- Keratoconus associated with irregular astigmatism.

Hydrophilic lenses can be used as a corneal bandage (dressing) to hold medication in contact with the cornea or to protect the cornea from irritation. Corneal liquid bandage is a term that refers to both rigid gas permeable scleral contact lenses (RGP-ScCLs) and therapeutic soft contact lenses (TSCLs). Corneal liquid bandages cover the cornea and sometimes the adjacent portion of the white of the eye (sclera). These lenses are used in the treatment of acute or chronic corneal pathology such as persistent epithelial defects (PEDs).

There are several types of therapeutic lenses available for the management of these disorders, consisting of:

- **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. They are typically made of silicone hydrogels which allow for proper oxygenation of the eye surface. They are used as bandages for pain management and to help encourage re-epithelialization or wound closure following trauma, disease, persistent epithelial defect or following surgical procedures to the eye. 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). These lenses are normally worn on an extended or continuous basis to provide for optimal healing. They reduce pain caused by exposure and prevent the lid from disrupting the healing phase.

- **Rigid gas permeable scleral contact lenses (RGP-ScCLs)**, which are also known as ocular surface prostheses, are formed with an elevated chamber over the cornea and a haptic base over the sclera. A scleral contact lens has been proposed to provide optical correction, mechanical protection, relief of symptoms, and facilitation of healing for a variety of corneal conditions. Specifically, the scleral contact lens may neutralize corneal surface irregularities and, by covering the corneal surface in a reservoir of oxygenated artificial tears, function as a liquid bandage for corneal surface disease. This may be called prosthetic replacement of the ocular surface ecosystem (PROSE).

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.

Another design is the Jupiter mini-scleral gas permeable contact lens (Medlens Innovations and Essilor Contact Lens). The Jupiter scleral lens is fitted using a diagnostic lens series. The Procornea (Eerbeek) scleral lens was developed in Europe. There are 4 variations of the Procornea: spherical, front-surface toric, back-surface toric, and bitoric. Lenses are cut with submicron lathing from a blank. The Rose K2 XL lens (Menicon, Japan) is a semi-scleral 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 shrunk by inflammatory disease, a scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant. Scleral contact lenses were previously most often made of a rigid plastic. However, in recent years, a gas-permeable polymer plastic (e.g., fluorosilicone/acrylate polymer) has been used to make these lenses, the (RGP-ScCLs).

The choice of type and brand of therapeutic corneal bandages and scleral lenses is dependent on the type of condition and the preference of the individual treating physician.

POLICY:

Eyeglasses and contact lenses are generally a vision benefit and therefore not included as a medical contract benefit. Many Paramount medical benefits exclude coverage of contact lenses or eyeglasses. Contact lenses are only covered under medical benefit for a narrow set of therapeutic indications, as outlined below. Check the member's contract carefully for vision benefit.

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- Paramount considers contact lenses for treatment of injury or disease medical necessary and eligible for reimbursement when the coverage criteria indicated below is met.
- Therapeutic soft hydrophilic contact lenses (V2500, V2501, V2511, V2513, V2520, V2521, V2522, V2523, V2531), and gas impermeable scleral contact lenses (scleral shell or shield) (V2530) require prior authorization for all product lines. **[Note: HCPCS V2500, V2501, V2511, V2513 have been added to the prior authorization requirement with an effective date of 04/01/2025]**

THERAPEUTIC COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Coverage for therapeutic lenses is limited to use as a bandage for treatment of an injured or diseased eye, for the promotion of healing.

Therapeutic contact lenses are considered established for patients who meet both of the following criteria:

- When used in the management of severe corneal disease (i.e., *persistent epithelial defects* (PEDs) of the cornea) with documented, disabling symptoms (e.g., pain, photophobia) that have not responded to medical intervention, including topical medications or standard spectacle or contact lens fitting AND
- The patient has one of the listed conditions below, for which surgery is undesirable and/or contraindicated.
 - Trauma
 - Bells palsy
 - Keratitis (eg, autoimmune, bacterial, exposure, neurotrophic, viral)
 - Corneal opacity and other disorders of cornea (abrasions, erosions, ulcers, wounds)
 - Entropion and trichiasis of eyelid
 - Ectropion
 - Benign mucous membrane pemphigoid, with ocular involvement
 - Stevens-Johnson syndrome
 - Stevens-Johnson syndrome-toxic epidermal
 - Toxic epidermal necrolysis
 - Aniridia
 - Chemical burn of eyelids and periocular area
 - Other burns of eyelids and periocular area
 - Alkaline chemical burn of cornea and conjunctival sac
 - Acid chemical burn of cornea and conjunctival sac
 - Other burn of cornea and conjunctival sac
 - Burn with resulting rupture and destruction of eyeball
 - Open wound of ocular adnexa
 - Open wound of eyeball
 - Superficial injury of eye and adnexa
 - Foreign body on external eye
 - Neurotrophic keratopathy
 - Severe dry eye (keratoconjunctivitis sicca)
 - Aphakia after cataract surgery or with congenital absence of lens

PROSE® (BostonSight, Needham, MA) devices are designed to rest on the sclera or white part of the eye and are used to treat ocular surface diseases, including some types of "dry eye." When the PROSE device is used as a treatment for either an eye rendered sightless and shrunk by inflammatory disease or treatment of "dry eye" where the PROSE device serves as a substitute for the function of the diseased lacrimal gland, the correct

HCPCS code to use is V2627 (SCLERAL COVER SHELL).

Exclusions:

- All other uses of therapeutic contact lenses are not medically necessary.
- Therapeutic contact lenses are not covered when used in the treatment of non-diseased eyes with spherical ametropia, refractive astigmatism, and/or corneal astigmatism. (Payment may be made under the prosthetic device benefit, however, for hydrophilic contact lenses when prescribed for an aphakic patient.).

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.

CPT CODES	
92071	Fitting of contact lens to treat ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
HCPCS CODES	
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, 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
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2797	Vision supply, accessory and/or service component of another HCPCS vision code [is covered but not separately reimbursed]

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 06/23/2017

Date	Explanation & Changes
06/23/2017	<ul style="list-style-type: none"> • 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)
10/27/2017	<ul style="list-style-type: none"> • 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)
10/25/2018	<ul style="list-style-type: none"> • Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/28/2020	<ul style="list-style-type: none"> • Medical policy placed on the new Paramount Medical policy format
03/01/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
04/01/2024	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence • No changes to the coverage criteria • Removed procedure code S0215, not a covered code on the CMS fee schedule • Added covered procedure codes 92071 and 92072 • Added bundled procedure code V2797
02/01/2025	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence

- Removed related medical policies
- Added HCPCS codes V2500, V2501, V2511, V2513 to require a prior authorization, effective 04/01/2025, for all product lines

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

Centers for Medicare & Medicaid Service (CMS). National Coverage Determination (NCD). 80.1. National Coverage Determination (NCD) for Hydrophilic Contact Lens For Corneal Bandage. Effective date 12/1994. Available at < http://www.cms.gov/medicare-coverage/database/details/ncddetails.aspx?NCDId=136&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Michigan&Keyword=corneal+bandage&KeywordLookUp=Title&KeywordSearchType=And&ncd_id=80.1&ncd_version=1&basket=ncd%25253A80%25252E1%25253A1%25253AHydrophilic+Contact+Lens+For+Corneal+Bandage&bc=gAAAABAAAAAAA%3d%3d&

Centers for Medicare & Medicaid Services (CMS) National Coverage Determination, (NCD), 80.5: NCD for Scleral Shell, available at < https://www.cms.gov/manuals/downMds/ncd103c1_Part1.pdf

Centers for Medicare & Medicaid Services.

- Hydrophilic contact lenses (80.4). National coverage determination. Version number 1. This is a longstanding national coverage determination. The effective date of this version has not been posted.

- Hydrophilic contact lens for corneal bandage (80.1). National coverage determination. Version number 1. This is a longstanding national coverage determination. The effective date of this version has not been posted.

- Intraocular lenses (80.12). National coverage determination. Version number 1. Effective Date 5/19/1997.

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting <https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>
U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review