CONTACT LENS, THERAPEUTIC

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Contact lens may be used for the therapeutic medical treatment of acute or chronic eye conditions.

Gas Permeable Scleral Contact Lens:
Hard contact lens with an elevated chamber over the cornea that can be filled with artificial tears and a haptic base fit over the sclera. Also referred to as ocular surface prostheses or prosthetic replacement of the ocular surface ecosystem (PROSE). Scleral contact lens may function as a liquid bandage for corneal surface disease.

Hydrophilic Contact Lens:
A soft contact lens. A non-refractive hydrophilic contact lens may be used therapeutically as a moist bandage for protection or to speed healing.

Hard Contact Lens:
Hard contact lens is also known as gas permeable, rigid gas permeable or oxygen permeable lens. May be used therapeutically for treatment of keratoconus.
CONTACT LENS, THERAPEUTIC (cont.)

Criteria:

CONTACT LENSES FOR CORRECTION OF REFRACTIVE DISORDERS ARE NOT A COVERED MEDICAL BENEFIT FOR MANY PLANS. REFER TO THE MEMBER’S SPECIFIC BENEFIT PLAN BOOK.

Hydrophilic Contact Lens:

- Hydrophilic contact lenses are considered medically necessary for the treatment of the following conditions and post-operative care, to include, but not limited to:
  - Bullous keratopathy
  - Corneal abrasions, erosions and ulcerations
  - Corneal dystrophy (Anterior)
  - Corneal ectasis
  - Corneal edema
  - Descemetocoele
  - Dry eye syndrome
  - Ectatic dystrophia
  - Eye lid pathology (entropion, trichiasis)
  - Keratitis, chemical
  - Keratitis, filamentosa
  - Keratoconus
  - Mooren’s ulcer
  - Neurotrophic keratoconjunctivitis

- Hydrophilic contact lenses for services, procedures, medical devices and drugs related to the diagnosis and/or correction of refractive errors or for cosmetic use are a medical benefit plan exclusion and not eligible for coverage.

Hard Contact Lens:

- Hard contact lenses are considered medically necessary for the treatment of keratoconus.

- Hard contact lenses for services, procedures, medical devices and drugs related to the diagnosis and/or correction of refractive errors or for cosmetic use are a medical benefit plan exclusion and not eligible for coverage.
CONTACT LENS, THERAPEUTIC (cont.)

Criteria: (cont.)

Scleral Contact Lens:

- Rigid gas permeable scleral contact lenses for the treatment of individuals who have not responded to topical medications or standard spectacle or contact lens are considered medically necessary with documentation of ANY of the following:

  1. Corneal ectatic disorders, including but not limited to:
     - Ectasia, post-surgery
     - Fuchs’ superficial marginal keratitis
     - Keratoconus
     - Keratoglobus
     - Pellucid marginal degeneration
     - Terrien’s marginal degeneration
  2. Corneal scarring and/or vascularization
  3. Irregular corneal astigmatism after keratoplasty or other corneal surgery
  4. Ocular surface disease with pain and/or decreased visual acuity, including but not limited to:
     - Dry eye, severe
     - Epithelial defects, persistent
     - Exposure keratopathy
     - Graft vs. host disease
     - Mucus membrane pemphigoid
     - Neurotrophic keratopathy
     - Post-ocular surface tumor excision
     - Post-glaucoma filtering surgery
     - Stevens Johnson syndrome sequelae

- Rigid gas permeable scleral lens for services, procedures, medical devices and drugs related to the diagnosis and/or correction of refractive errors or for cosmetic use are a medical benefit plan exclusion and not eligible for coverage.

- Drug coated or drug loaded hydrophilic contact lenses for all indications are considered experimental or investigational based upon:

  1. Lack of final approval from the Food and Drug Administration, and
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  3. Insufficient evidence to support improvement of the net health outcome, and
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  5. Insufficient evidence to support improvement outside the investigational setting.
CONTACT LENS, THERAPEUTIC (cont.)

Criteria: (cont.)

Contact Lenses for Aphakia:

- Contact lenses/eyeglasses for the treatment of aphakia (absence of lens) are considered a refractive error correction and therefore, a **medical benefit plan exclusion** and **not eligible for coverage**.

- Contact lenses/eyeglasses for the treatment of aphakia following surgery to remove cataracts may be **eligible for coverage** under the medical benefit plan when prescribed and purchased within six (6) months of post-surgery, up to a benefit plan maximum. Refer to member’s benefit plan booklet.

- Contact lenses/eyeglasses for the treatment of aphakia following surgery to remove cataracts are considered a refractive error correction and therefore, a **medical benefit plan exclusion** and **not eligible for coverage** when prescribed and purchased after six (6) months post-surgery. Refer to member’s benefit plan booklet.

Resources:


CONTACT LENS, THERAPEUTIC (cont.)

Resources: (cont.)


