

Contact Lenses and Eyeglasses

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Oscar members with certain conditions affecting the eye may be eligible for coverage of eyeglasses or contact lenses as a medical benefit. Contact lenses are soft gel-like or hard lenses that are placed directly on the eye. They are commonly used to correct refractive vision errors such as near- or far-sightedness, but can also be used to aid in the treatment of a number of diseases affecting the eyes. Eyeglasses can also be used for conditions affecting the eye, but are worn externally. Both eyeglasses and contact lenses come in a number of different materials for specific indications. Oscar covers contact lenses or eyeglasses for specific ophthalmic diseases when medically necessary or when used as a prosthesis to replace the lens of the eye. Oscar does not cover common vision conditions such as refractive error or other common conditions causing poor vision.

Definitions

"Soft Contact Lenses" are common, everyday lenses accounting for the majority of all prescribed lenses. They are made of a gel-like material that covers the cornea only, and used to treat common vision conditions as described below.

"Scleral Shell Contact Lenses" are a hard-shell type of lens that are worn over a larger area than a typical soft contact lens. They can be specifically designed to match irregularities on a patient's eye and painted or designed to address cosmetic and functional deficits.

"Intraocular Lenses" are used to replace the natural lens for conditions such as cataracts, congenital aphakia, or injury.

"Hydrophilic Contact Lenses" also known as **"Corneal Bandages"** are soft protective lenses placed over the cornea. They are used to treat conditions where the cornea needs protected from the mechanical trauma of the eyelid rubbing across it to allow for healing.

"Cornea" refers to the transparent membrane on the front part of the eye. A number of disorders can affect this structure.

"Lens" of the human eye is a small transparent structure in the anterior eye that can be stretched by muscles of the eye to change the focusing power of vision.

"Aphakia" is the absence of the lens of the eye, which can be from surgical removal (cataract surgery), perforating wound or ulcer, or congenital absence. Loss of the lens causes inability for the eye to change focus.

"Keratoconus" is a condition of where the cornea of the eye has an irregular shape or cone-shaped bulge.

"Keratoconjunctivitis" is a condition of dry eyes that can occur alone or in conjunction with a number of local and systemic diseases.

"Aniridia" is the absence of the iris of the eye, which is the colored part of the eye surrounding the pupil. Aniridia can be caused by a congenital absence in one or both eyes, or by penetrating trauma or injury.

"Anisometropia" refers to when the eyes have different refractive power, such as when one is nearsighted and one is farsighted. Some difference is accountable with normal physiology, but a difference of two diopters or more is considered anisometropia.

"Pathological Myopia" is a condition of nearsightedness that is so severe it causes an alteration in the shape of the eye, and is a leading cause of legal blindness

"Aniseikonia" is a condition where images appear different sizes when viewed from each eye individually. Uncorrected, it can cause balance problems, eyestrain, and headache.

“Irregular Astigmatism” is a condition where abnormal shaping of the cornea, often from injury, scarring, or congenital malformations, causes distortion of the perceived image. It differs from regular astigmatism which is a minor refractive distortion in the lens of the eye.

“Common Vision Conditions” is a term that is used here to define common visual deficits including but not limited to:

- Nearsightedness: when a person can see objects up close but more distant things may appear distorted or blurry
- Farsightedness: when a person can see objects far away but closer things may appear distorted or blurry
- Astigmatism: when the lens of the eye is not perfectly shaped, resulting in some distortion of visual images
- Presbyopia: farsightedness caused by loss of the elasticity of the lens, typically associated with aging, that decreases the ability to change focus.

Covered Services and Clinical Indications

Scleral Shell Contact Lenses

Oscar covers scleral shell contact lenses for members with at least **ONE** of the following criteria:

1. Severe dry eyes, such as that resulting from:
 - a. Sjogren's disease
 - b. Chronic graft-versus-host disease
 - c. The effects of radiation
 - d. The effects of prior surgery
 - e. Meibomian gland deficiency
2. To support orbital tissue where the eye is sightless or shrunken by injury, congenital condition, or autoimmune/inflammatory disease; **or**
3. Corneal ectatic disease, including but not limited to the following:
 - a. Keratoconus
 - b. Keratoglobus
 - c. Pellucid marginal degeneration
 - d. Post-LASIK ectasia
 - e. Terrien’s marginal degeneration
4. Irregular corneal astigmatism; **or**
5. Severe ocular surface disease, such as that resulting from:
 - a. Steven-Johnsons Syndrome (SJS) or Toxic Epidermal Necrolysis syndrome (TENS)
 - b. Chemical or thermal ocular injury

- c. Surgical procedures
 - d. Iatrogenic or accidental injury
 - e. Aniridia (congenital or acquired)
 - f. Ocular pemphigoid
 - g. Idiopathic corneal stem cell deficiency
 - h. Surgical intervention
 - i. Trigeminal ganglionectomy or rhizotomy
 - j. Herpes simplex or zoster of the cornea
 - k. Congenital corneal anesthesia
 - l. Keratitis
 - m. Recurrent corneal ulceration
6. Iatrogenic or accidental injury resulting in functional limitation of the anterior eye.

Replacement of scleral shell lenses is covered when there is a change in condition or ongoing need as documented by the treating physician. Replacement is not covered for refractive changes or if lost or damaged.

Hydrophilic Contact Lenses (Corneal Bandage)

Oscar covers hydrophilic contact lenses in members with at least **ONE** of the following criteria:

1. Severe dry eyes, such as that resulting from:
 - a. Sjogren's disease
 - b. Chronic graft-versus-host disease
 - c. The effects of radiation
 - d. The effects of prior surgery
 - e. Meibomian gland deficiency
2. Systemic autoimmune disorders; including but not limited to the following conditions:
 - a. Rheumatoid arthritis
 - b. Epidermal dysplasia
 - c. Epidermolysis bullosa
 - d. Atopic dermatitis
3. Corneal exposure from cranial nerve 7 dysfunction or other anatomic abnormality preventing closure of the eyelid; **or**
4. Corneal or limbal stem cell deficiency, including but not limited to damage resulting from:
 - a. Steven-Johnsons Syndrome (SJS) or Toxic Epidermal Necrolysis syndrome (TENS)
 - b. Chemical or thermal ocular injury
 - c. Surgical procedures

- d. Iatrogenic or accidental injury
 - e. Aniridia (congenital or acquired)
 - f. Ocular pemphigoid
 - g. Idiopathic corneal stem cell deficiency
5. Neurotrophic corneal conditions, including but not limited to the following:
- a. Surgical intervention
 - b. Trigeminal ganglionectomy or rhizotomy
 - c. Herpes simplex or zoster of the cornea
 - d. Congenital corneal anesthesia
 - e. Keratitis
 - f. Recurrent corneal ulceration.

Replacement of hydrophilic lenses is covered when there is a change in condition or ongoing need as documented by the treating physician. Replacement is not covered for refractive changes or if lost or damaged.

Aphakia

Oscar covers contact lenses or eyeglasses for members with congenital or acquired aphakia, such as after cataract surgery. The following may be covered under this benefit for aphakic patients who do **NOT** have an intraocular lens:

- 1. Bifocal eyeglasses
- 2. Eyeglasses for far or near vision
- 3. Contact lenses for far vision: Unless otherwise indicated by the prescriber, Oscar considers up to six aphakic contact lenses per eye (including fitting and dispensing) medically necessary per calendar year
- 4. A combination of contact lenses and/or near/far eyeglasses to simulate bifocal eye function
- 5. The following may also be covered for patients receiving prosthetic eyeglasses or contacts for aphakia:
 - a. UV coating
 - b. Cataract sunglasses (tinted lenses)
 - c. Impact resistant material is covered **ONLY** in members with only one functional eye

Associated Services

When the member meets criteria outlined above for coverage of contact lenses or eyeglasses, the following services may be covered:

- 1. General examination

2. Refractive examination
3. Advanced corneal topographic modeling
4. Prescription
5. Fitting of contact lenses or scleral lenses

Coverage Exclusions

The following accessories or modifications to eyeglasses and contact lenses are **NOT** covered by Oscar as a medical benefit as they are not medically necessary for the treatment of the above covered conditions:

- Glasses cases
- Contact solution
- Mirror coating
- Polarization
- Progressive lenses
- Scratch resistant coating
- Tinted or colored lenses
- Anti-reflective coatings
- Oversized eyeglasses
- Designer frames
- Colored contact lenses
- Any other accessory or modification designed for cosmetic purposes

Contact lenses and eyeglasses, regardless of the type or material, and associated services are **NOT** covered by Oscar as a medical benefit for the following indications:

- Nearsightedness
- Farsightedness
- Presbyopia
- Astigmatism, except as specifically defined in the coverage criteria above

Applicable Billing Codes (HCPCS/CPT Codes)

CPT/HCPCS Codes covered if criteria are met:	
<i>Code</i>	<i>Description</i>
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and

	report
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
92310 - 92317	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92352 - 92353	Fitting of spectacle prosthesis for aphakia
S0515	Scleral lens, liquid bandage device, per lens
S0592	Comprehensive contact lens evaluation
V2020	Frames, purchases
V2100 - V2499	Eyeglasses
V2500 - V2599	Contact lens
V2520 - V2523	Contact lens, hydrophilic
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2627	Scleral cover shell
V2630 - V2632	Intraocular lenses
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2784	Lens, polycarbonate or equal, any index, per lens

ICD-10 codes covered if criteria are met:	
<i>Code</i>	<i>Description</i>
D89.810 - D89.813	Graft-versus-host disease
G90.1	Familial dysautonomia [Riley-Day]
H04.121 - H04.129	Dry eye syndrome of lacrimal gland
H05.10	Unspecified chronic inflammatory disorders of orbit
H05.30 - H05.359	Deformity of orbit
H16.211 - H16.219	Exposure keratoconjunctivitis
H16.221 - H16.229	Keratoconjunctivitis sicca, not specified as Sjogren's
H16.231 - H16.239	Neutrophic keratoconjunctivitis
H17.00 - H17.9	Corneal scars and opacities
H18.40 - H18.9	Corneal degeneration
H18.601 - H18.609	Keratoconus, unspecified
H18.711 - H18.719	Corneal ectasia [post-LASIK]
H18.811 - H18.819	Anesthesia and hypoesthesia of cornea
H25.011 - H26.9	Cataract
H27.00 - H27.03	Aphakia

H44.601 - H44.799	Retained (old) intraocular foreign body
L12.1	Cicatricial pemphigoid
L51.1	Stevens-Johnson syndrome
L51.2	Toxic epidermal necrolysis [Lyell]
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
M05.00 - M06.9	Rheumatoid arthritis
M35.00 - M35.09	Sicca syndrome [Sjogren's disease]
Q12.0	Congenital cataract
Q12.3	Congenital aphakia
Q13.1	Absence of iris
Q13.4	Other congenital corneal malformations
Q15.0	Congenital glaucoma [keratoglobus]
Q81.0 - Q81.9	Epidermolysis bullosa
Q82.4	Ectodermal dysplasia (anhidrotic)
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified [Seckle's syndrome]
S00.10xA - S00.12xS	Contusion of eyelid and periocular area
S00.201A - S00.279S	Superficial injuries of eyelid and periocular area
S01.101A - S01.159S	Open wound of eyelid and periocular area
T15.00xA -	Foreign body on external eye

T15.92xS	
T26.00xA - T26.92xS	Burn and corrosion confined to eye and adnexa
T66.xxxA - T66.xxxS	Radiation sickness, unspecified [dry eyes due to radiation]
Z87.821	Personal history of retained foreign body fully removed
Z96.1	Presence of intraocular lens
Z98.41 - Z98.49	Cataract extraction status
ICD-10 codes not covered:	
<i>Code</i>	<i>Description</i>
H52.221- H52.229	Regular astigmatism
H52.4	Presbyopia
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction

CPT/HCPCS Codes covered but may be subject to medical-necessity review:	
<i>Code</i>	<i>Description</i>
92326	Replacement of contact lens
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia

CPT/HCPCS codes not covered:	
<i>Code</i>	<i>Description</i>
S0514	Color contact lens, per lens

S0518	Sunglasses frames
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)
S0590	Integral lens service, miscellaneous services reported separately
S0595	Dispensing new spectacle lenses for patient supplied frame
V2025	Deluxe frame
V2702	Deluxe lens feature
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2750	Antireflective coating, per lens
V2756	Eye glass case
V2760	Scratch resistant coating, per lens
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens
V2762	Polarization, any lens material, per lens
V2780	Oversize lens, per lens

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