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SHP Keratoconus Lenses and Interventions-Piggyback Contact Lenses

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Keratoconus lenses are gas permeable lenses worn on the eye of an individual with keratoconus to help improve vision.

Piggyback contact lenses are two sets of lenses worn at the same time. A soft lens is placed on the eye first with a gas permeable lens on top to help improve vision for an individual with keratoconus.

Intrastromal corneal ring segments are implants surgically inserted between layers on the outer edge of the cornea to flatten lens.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of keratoconus lenses for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Keratoconus lens treatment is considered medically necessary with **1 or more** of the following:
 - Initial lenses with **ALL** of the following:
 - Individual is diagnosed with keratoconus
 - Replacement lenses with **ALL** of the following:
 - Individual has a change in physical condition (does not include refractive changes)
 - Piggyback contact lens treatment with **ALL** of the following:
 - Individual has moderate to advanced keratoconus
 - Individual has **1 or more** of the following :
 - Rigid lenses are a poor fit

- Rigid lenses cause the individual discomfort
- Intrastromal corneal ring segments (e.g., INTACS™) with **ALL** of the following:
 - Individual is 21 years of age or older
 - Individual has progressive deterioration in vision, such that individual can no longer achieve adequate functional vision on a daily basis with their contact lenses or spectacles
 - Individual has presence of a clear central cornea
 - Individual has corneal thickness of .45 mm or more at the proposed incision site
 - Individual's remaining option to improve functional vision is corneal transplantation

Document History

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- Revised Dates:
 - 2020: January
 - 2016: February
 - 2015: March
 - 2014: February
 - 2012: March, April, May
 - 2010: February
 - 2009: February
 - 2008: May
 - 2005: October
 - 1998: February, October
 - 1994: February
- Reviewed Dates:
 - 2023: March
 - 2022: March
 - 2021: March
 - 2020: March
 - 2018: September, November
 - 2017: December
 - 2015: February
 - 2013: February
 - 2012: February
 - 2011: February
 - 2007: December
 - 2004: October
 - 2003: October, November
 - 2002: October
 - 2001: November
 - 2000: November
 - 1999: November
 - 1996: February
- Effective Date: June 1992

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 65785 - Implantation of intrastromal corneal ring segments
 - CPT 92072 - Fitting of contact lens for management of keratoconus, initial fitting
 - HCPCS V2510 - Contact lens, gas permeable, spherical, per lens
 - HCPCS V2511 - Contact lens, gas permeable, toric, prism ballast, per lens
 - HCPCS V2512 - Contact lens, gas permeable, bifocal, per lens
 - HCPCS V2513 - Contact lens, gas permeable, extended wear, per lens
 - HCPCS V2530 - Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see CPT Level I code 92325)
 - HCPCS V2531 - Contact lens, scleral, gas permeable, per lens (for contact lens modification, see CPT Level I code 92325)
 - Below codes are used only for piggy back contact lenses and should be used in conjunction with one of above codes:
 - HCPCS V2520 - Contact lens, hydrophilic, spherical, per lens
 - HCPCS V2521 - Contact lens, hydrophilic, toric, or prism ballast, per lens
 - HCPCS V2522 - Contact lens, hydrophilic, bifocal, per lens
 - HCPCS V2523 - Contact lens, hydrophilic, extended wear, per lens
 - CPT/HCPCS codes considered not medically necessary per this Policy:
 - None
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References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Jan 18, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Jan 18, 2023, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Intrastromal%2520corneal%2520ring%2520%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2>

(2023). Retrieved Jan 18, 2023, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=keratoconus&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

DMAS. (2023). Retrieved Jan 19, 2023, from DMAS: <https://www.dmas.virginia.gov/>

How Is Keratoconus Treated? (2023). Retrieved Jan 19, 2023, from National Keratoconus Foundation (NKCF): <https://nkcf.org/how-is-keratoconus-treated/>

Keratoconus. (2022, Apr 6). Retrieved Jan 19, 2023, from UpToDate: https://www.uptodate.com/contents/keratoconus?search=Intrastromal%20corneal%20ring%20segments&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Refractive Surgery PPP 2022. (2022, Dec). Retrieved Jan 19, 2023, from American Academy of Ophthalmology (AAO): <https://www.aao.org/preferred-practice-pattern/new-preferredpracticepatternguideline-3>

Codes

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CPT® : 65785, 92072

HCPCS: V2510, V2511, V2512, V2513, V2520, V2521, V2522, V2523, V2530, V2531

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