



MEDICAL COVERAGE GUIDELINES
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 10/06/11
LAST REVIEW DATE: 10/15/13
LAST CRITERIA REVISION DATE: 10/15/13
ARCHIVE DATE:

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.

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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**.

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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.



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CONTACT LENS, THERAPEUTIC (cont.)

Criteria: (cont.)

Contact Lens 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:

1. 9.03.25 BCBS Association Medical Policy Reference Manual. Gas Permeable Scleral Contact Lens. Re-issue date 08/08/2013, issue date 09/01/2011.
2. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet.
3. Braga ME, Costa VP, Pereira MJ, et al. Effects of operational conditions on the supercritical solvent impregnation of acetazolamide in Balafilcon A commercial contact lenses. *Int J Pharm.* Nov 28 2011;420(2):231-243.
4. Ciolino JB, Hoare TR, Iwata NG, et al. A drug-eluting contact lens. *Invest Ophthalmol Vis Sci.* 2009 Jul 2009;50(7):3346-3352.
5. Farley D. Keeping an eye on contact lenses. Safety, options shape contact lens decisions. *FDA Consum.* 1998 Mar-Apr 1998;32(2):17-21.
6. Garhwal R, Shady SF, Ellis EJ, et al. Sustained ocular delivery of ciprofloxacin using nanospheres and conventional contact lens materials. *Invest Ophthalmol Vis Sci.* Mar 2012;53(3):1341-1352.



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CONTACT LENS, THERAPEUTIC (cont.)

Resources: (cont.)

7. Gulsen D, Chauhan A. Ophthalmic drug delivery through contact lenses. *Invest Ophthalmol Vis Sci*. 2004 Jul 2004;45(7):2342-2347.
8. Hori K, Sotozono C, Hamuro J, et al. Controlled-release of epidermal growth factor from cationized gelatin hydrogel enhances corneal epithelial wound healing. *J Control Release*. 2007 Apr 2 2007;118(2):169-176.
9. Janoria KG, Hariharan S, Dasari CR, Mitra AK. Recent patents and advances in ophthalmic drug delivery. *Recent Pat Drug Deliv Formul*. 2007 2007;1(2):161-170.
10. Kim J, Conway A, Chauhan A. Extended delivery of ophthalmic drugs by silicone hydrogel contact lenses. *Biomaterials*. 2008 May 2008;29(14):2259-2269.
11. Schrader S, Wedel T, Moll R, Geerling G. Combination of serum eye drops with hydrogel bandage contact lenses in the treatment of persistent epithelial defects. *Graefes Arch Clin Exp Ophthalmol*. 2006 Oct 2006;244(10):1345-1349.
12. Schultz CL, Poling TR, Mint JO. A medical device/drug delivery system for treatment of glaucoma. *Clin Exp Optom*. 2009 Jul 2009;92(4):343-348.
13. Venkatesh S, Sizemore SP, Byrne ME. Biomimetic hydrogels for enhanced loading and extended release of ocular therapeutics. *Biomaterials*. 2007 Feb 2007;28(4):717-724.