Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member’s policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member’s policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member’s policy, the Member’s policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The surface layers of the eye consist of the conjunctiva, the sclera and the cornea. Both the conjunctiva and cornea are covered by a layer called the epithelium, which completely regenerates every three to 10 days, requiring constant renewal of cells in order to remain healthy. In eyes with ocular surface disease, the epithelium is damaged and treatment depends on the underlying cause.

The prosthetic replacement of the ocular surface ecosystem (PROSE) is a type of fully customized gas permeable rigid scleral contact lens for use in individuals with ocular surface disease. PROSE devices are removable transparent domes that vault over the cornea to create a smooth surface over the distorted, damaged, or diseased ocular surface. The lens is filled with a preservative-free saline solution each day at the time of application.

Criteria

Prior authorization is required.

Commercial

PacificSource may consider Prosthetic Replacement of Ocular Surface Ecosystem (PROSE) or BostonSight Scleral Lens to be medically necessary when ALL of the following conditions have been met:

1. Adult or pediatric individual is diagnosed with one of the following ocular surface diseases including but not limited to:
   a. Sjogren’s syndrome, ocular Graft-versus-Host disease, severe dry eye syndrome, Filamentary Keratitis;
b. Limbal stem cell deficiency (e.g., Stevens-Johnson syndrome, chemical radiation, and thermal burns);
c. Disorders of the skin (e.g., atopy, ectodermal dysplasia, epidermolysis bullosa);
d. Neurotrophic keratitis (e.g., Herpes simples, herpes zoster, Familial Dysautonomia);
e. Corneal exposure (e.g., anatomic, paralytic).

2. Individual with ocular surface disease will benefit from an expanded tear reservoir and protection against an adverse environment;

3. Standard available treatments have been exhausted including but not limited **ALL** of the following:
   
a. Pharmacologic Treatment is not effective (e.g., ocular lubricants, tear stimulating drugs, topical ophthalmologic steroids, oral steroids, antimicrobial therapy etc.);
b. Eye inserts (e.g., Lacrisert);
c. Other therapeutic contact lens treatments have been tried and failed or are not an option;
d. Procedures (e.g., closing tear ducts, ectropion repair) are not effective.

**Medicaid**

This policy does not apply to PacificSource Medicaid members. PacificSource Medicaid follows OAR 410-140-0160 and considers Prosthetic Replacement of Ocular Surface Ecosystem (PROSE) not covered.

**Medicare**

PacificSource Medicare uses National Coverage Determination 80.5 for Scleral Shell.

**Coding Information**

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

92071 Fitting Of Contact Lens for Treatment of Ocular Surface Disease
92072 Fitting Of Contact Lens for Management of Keratoconus, Initial Fitting
92499 Unlisted Ophthalmological Service/Procedure
S0515 Scleral lens, liquid bandage device, per lens
V2530 Contact Lens Gas Impermeable
V2531 Contact lens, scleral, gas permeable, per lens
V2627 Scleral Cover shell

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Definitions

Atopic keratoconjunctivitis (AKC) - a chronic, allergic ocular disease that occurs most often in adults with a history of atopic dermatitis (AD).

Cornea - clear covering over the iris and pupil.

Dry Eye Syndrome - a disorder of the tear film due to tear deficiency or excessive evaporation, which causes damage to the ocular surface and is associated with symptoms of ocular discomfort.

Ectodermal Dysplasia - a group of conditions in which there is abnormal development of the skin, hair, nails, teeth, or sweat glands.

Familial Dysautonomia - an inherited disorder of the nervous system that affects the development and survival of certain nerve cells.

Filamentary Keratitis - a condition in which strands composed of degenerated epithelial cells and mucus develops and adheres to the corneal surface causing pain and foreign body sensation.

Graft-versus-Host disease - A condition that occurs when donated stem cells or bone marrow (the graft) see the healthy tissues in the patient’s body (the host) as foreign and attack them.

Limbal stem cell deficiency - characterized by a loss or deficiency of the stem cells in the limbus that are vital for re-population of the corneal epithelium and to the barrier function of the limbus.

Neurotrophic keratitis - a degenerative corneal disease characterized by decreased or absent corneal sensation, leading to epithelial breakdown, impaired healing, and ultimately corneal ulceration.

Sclera - clear covering over the white of the eye.

Scleral shell - a comprehensive term for different types of hard scleral contact lenses used as an artificial support and protective covering of a shrunken, sightless, or damaged eye.

Sjogren’s syndrome - a chronic autoimmune condition characterized by degeneration of the salivary and lacrimal glands, causing dryness of the mouth and eyes.

Stevens-Johnson syndrome - a rare but serious disorder that affects the skin, mucous membrane, genitals and eyes.

References

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5685175/

https://www.uptodate.com/contents/atopic-keratoconjunctivitis/print?source=search_result&search=Corneal%20laceration&selectedTitle=48~150


Appendix

Policy Number: [Policy Number]
Effective: 3/1/2022
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Policy type: Enterprise
Author(s):
Depts.: Health Services
Applicable regulation(s): [Applicable Regulation(s)]
Commercial Ops: 3/2022