CONTACT LENS, THERAPEUTIC

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

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.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

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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CONTACT LENS, THERAPEUTIC (cont.)

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.

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 ectasia
  - Corneal edema
  - Descemetocoele
  - Dry eye syndrome (sicca syndrome)
  - Ectatic dystrophia
  - Eye lid pathology (entropion, trichiasis)
  - Keratitis, chemical
  - Keratitis, filamentosa
  - Keratoconus
  - Mooren's ulcer
  - Neurotrophic keratoconjunctivitis
CONTACT LENS, THERAPEUTIC (cont.)

Criteria: (cont.)

Hydrophilic Contact Lens: (cont.)

- 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.

- 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.

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.
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:

Literature reviewed 09/04/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


CONTACT LENS, THERAPEUTIC (cont.)

Resources: (cont.)


CONTACT LENS, THERAPEUTIC (cont.)

Resources: (cont.)


CONTACT LENS, THERAPEUTIC (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ’s Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ’s Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe’ é atah nilínígíí Blue Cross Blue Shield of Arizona haada yit’éégo bina’idíldigí éí doodago Háída bii’ anilyeedííí t’àadoo le’é yina’idíldigí beehaz’áanii hólo díí t’àá hazaadk’e’ii háká a’dowolgo bee haz’á doo baqáh ilínígóó. Atá’ halné’ígíí kójí’ bíích’í’ hodílíihí 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أدى شخص تسامع أسلطة بخصوص Blue Cross Blue Shield of Arizona الضرورية ببلاغك من دون أية تكلفة، للتحدث مع مرجم اتصل ب 877-475-4799.
CONTACT LENS, THERAPEUTIC (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinituwaan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakaha ng tulong at impormasyon sa iyong wika ng walang gastos. Upara makaasap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그러한 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеет право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

Farsi:

آگر شما، یا کسی که شما به آن کمک می‌کنید، سوالی در مورد اطلاعاتی به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Cambodian: បញ្ហារបប់លុយសុខភាពសាសនា Blue Cross Blue Shield of Arizona នឹងដំណើរការការបង្ហាញនូវអត្ថប្រយោជន៍និងការជួសជុលនៅក្នុងប្រតិបត្តិការប្រការបន្ថែម។ អត្ថប្រយោជន៍នេះត្រូវបានទឈ្នួលនៅពេលនេះដែលអាចធ្វើបាន 877-475-4799.

Assyrian:

Blue Cross Blue Shield of Arizona ھەڵەبە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، تەوە تەوە، 877-475-4799.

Serbo-Croatian: Ukoliko vi ili neko kome vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณช่วยเหลือท่านไม่มีภาษาอังกฤษ Blue Cross Blue Shield of Arizona คุณสามารถขอความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยโทรศัพท์ 877-475-4799.