

POLICY TITLE	GAS PERMEABLE SCLERAL CONTACT LENS AND THERAPEUTIC SOFT CONTACT LENS
POLICY NUMBER	MP-6.031

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I. POLICY

Corneal liquid bandage is a term that refers to both **rigid gas permeable scleral contact lenses (RGP-ScCLs)** and **therapeutic soft contact lenses (TSCLs)**. Corneal liquid bandages cover the cornea and sometimes the adjacent portion of the white of the eye (sclera). These lenses are used in the treatment of acute or chronic corneal pathology such as persistent epithelial defects (PEDs). Corneal liquid bandage lens are distinct from soft contact or gas permeable lens used to correct refractive errors.

Rigid Gas Permeable Scleral Lens

Rigid gas permeable scleral lens may be considered **medically necessary** for patients who have not responded to topical medications or standard spectacle or contact lens fitting, for the following conditions:

- Corneal ectatic disorders (e.g., keratoconus, keratoglobus, pellucid marginal degeneration, Terrien’s marginal degeneration, Fuchs’ superficial marginal keratitis, post-surgical ectasia);
- Corneal scarring and/or vascularization;
- Irregular corneal astigmatism (e.g., after keratoplasty or other corneal surgery);
- Ocular surface disease (e.g., severe dry eye, persistent epithelial defects, neurotrophic keratopathy, exposure keratopathy, graft vs. host disease, sequelae of Stevens Johnson syndrome, mucus membrane pemphigoid, post-ocular surface tumor excision, post-glaucoma filtering surgery) with pain and/or decreased visual acuity.

Therapeutic Soft Contact Lenses (TSCLs)

Hydrophilic soft contact lenses may be considered **medically necessary** to treat surgical or congenital aphakia.

The use of therapeutic soft contact lenses used as a corneal bandage may be considered **medically necessary** as durable medical equipment (DME) when applied and removed by the physician for the treatment of the following but not limited to conditions:

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- Acute or chronic corneal pathology;
- Permanent keratoprosthesis;
- After removal of congenital cataracts in an infant;
- Bullous keratopathy;
- Dry eyes;
- Corneal ulcers and erosion;
- Filamentary keratitis; Persistent epithelial defects (PEDs) resulting from penetrating keratoplasty;
- Keratoconus; or
- Neurotrophic corneas resulting from herpes simples/zoster keratitis, congenital corneal anesthesia, familial dysautonomia. Seckle’s syndrome, diabetes, acoustic neuroma surgery, trigeminal ganglionectomy, or trigeminal rhizotomy.

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital BlueCross and subject to benefit variations as discussed in Section VI. Please see additional information below.

III. DESCRIPTION/BACKGROUND

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Gas Permeable Scleral Contact Lens

Gas permeable scleral contact lenses, which are also known as ocular surface prostheses, are formed with an elevated chamber over the cornea and a haptic base over the sclera. Scleral contact lenses are being evaluated in patients with corneal disease, including keratoconus, Stevens-Johnson syndrome, chronic ocular graft-versus-host disease, and in patients with reduced visual acuity after penetrating keratoplasty or other types of eye surgery.

Scleral contact lenses create an elevated chamber over the cornea that can be filled with artificial tears. The base or haptic is fit over the less sensitive sclera. Scleral contact lens has been proposed to provide optical correction, mechanical protection, relief of symptoms, and facilitation of healing for a variety of corneal conditions. Specifically, the scleral contact lens may neutralize corneal surface irregularities and, by covering the corneal surface in a reservoir of oxygenated artificial tears, function as a liquid bandage for corneal surface disease. This may be called prosthetic replacement of the ocular surface ecosystem (PROSE).

The development of materials with high gas permeability and technologic innovations in design and manufacturing has stimulated the use of scleral lenses. The Boston Ocular Surface Prosthesis (Boston Foundation for Sight) is a scleral contact lens that is custom fit using computer-aided design and manufacturing (i.e., computerized lathe). Another design is the Jupiter mini-scleral gas permeable contact lens (Medlens Innovations and Essilor Contact Lens). The Jupiter scleral

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lens is fit using a diagnostic lens series. The Procornea (Eerbeek) scleral lens was developed in Europe. There are 4 variations of the Procornea: spherical, front-surface toric, back-surface toric, and bitoric. Lenses are cut with sub micron lathing from a blank.

Types of Corneal Liquid Bandage Lenses

Corneal liquid bandages are utilized in a large variety of ophthalmic disorders and are considered one of various treatment options. The choice of lens depends on the clinical effect best suited to the corneal condition, though typically TSCLs are tried first.

Rigid Gas-Permeable Scleral Contact Lenses (RGP-ScCLs)

In the United States (US), scleral contact lenses were previously most often made of a rigid plastic. However, in recent years, a gas-permeable polymer plastic (e.g., fluorosilicone/acrylate polymer) has been used to make these lenses, which are now referred to as RGP-ScCLs. RGP-ScCLs are promoted for daily use and, in some instances, extended use in the treatment of PEDs.

The BOSTON® Scleral Lens (BSL), which is more specifically termed the BOSTON® Equalens® II, is the only RGP-ScCL that is commercially available in the US that can be post-fabricated for the treatment of PEDs. Currently, it is manufactured and distributed by the Boston Foundation for Sight (Needham Heights, MA). The BSL, unlike a traditional rigid gas-permeable contact lens, is a specially designed, fluid-ventilated, gas-permeable scleral contact lens. It is designed to maintain a bubble-free reservoir of oxygenated aqueous fluid over the corneal surface at a neutral hydrostatic pressure. Due to the fact that air bubbles are avoided, the fluid reservoir functions as a corneal liquid bandage that offers unique therapeutic benefits for the management of severe ocular surface disease, in addition to its traditional role of masking irregular corneal astigmatism.

Therapeutic Soft Contact Lenses (TSCLs)

Therapeutic soft hydrophilic contact lenses (TSCLs) are disposable plastic lenses made of polymer material that are hydrophilic to absorb or attract a certain volume of water and which cover the entire cornea. These soft lenses are worn directly against the cornea and are prescribed for the treatment of acute or chronic corneal pathology such as persistent epithelial defects (PEDs). Many types of soft tissue lenses are available for therapeutic use (e.g., Focus® Night & Day® Lens).

Cross-references:

MP-2.028 Eye Care

MP-1.044 Corneal Surgery, Implantation of Intrastromal Corneal Ring Segment and Corneal Topography/Photokeratoscopy.

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IV. RATIONALE

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Summary of Evidence

Gas permeable scleral contact lenses, which are also known as ocular surface prostheses, are formed with an elevated chamber over the cornea and a haptic base over the sclera. Scleral contact lenses are being evaluated in patients with corneal disease, including keratoconus, Stevens Johnson syndrome, chronic ocular graft-versus-host disease (GVHD), and in patients with reduced visual acuity after penetrating keratoplasty or other types of eye surgery. The literature on gas permeable scleral contact lenses consists of a number of large case series that enrolled more than 100 patients. The largest series was a retrospective review of more than 538 patients with more than 40 different clinical indications who were fitted with the Boston Ocular Surface Prosthesis. These case series report an improvement in health outcomes in patients who have failed all other available treatments. These uncontrolled studies are suggestive of benefit, but the lack of controlled trials precludes a definite conclusion on treatment benefit.

Clinical input was obtained and supports the medical necessity of the gas permeable scleral contact lens in cases of corneal ectatic disorders, corneal scarring and/or vascularization, irregular corneal astigmatism, and ocular surface disease with pain and/or decreased visual acuity when all other available treatments have failed. For patients with ocular surface diseases who have not responded adequately to topical medications, there is a lack of alternative treatments. For patients with corneal ectatic disorders and irregular astigmatism who have failed standard contact lens, the alternative of corneal transplant surgery is associated with risks. Therefore, the gas permeable scleral contact lens may be considered medically necessary in these patient populations.

V. DEFINITIONS

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APHAKIA is a condition in which part or all of the crystalline lens of the eye is absent, due to a congenital defect or because it has been surgically removed, as in the treatment of cataracts.

BULLOUS KERATOPATHY refers to blistering of the cornea, accompanied by corneal swelling.

CONGENITAL refers to something, which is present at birth.

CORNEA is the transparent anterior portion of the sclera (the fibrous outer layer of the eyeball), about one sixth of its surface: the first part of the eye that refracts light.

FILAMENTARY KERATITIS is a condition characterized by the formation of epithelial filaments of varying size and length on the corneal surface.

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KERATITIS refers to inflammation and ulceration of the cornea, which is usually associated with decreased visual acuity.

KERATOCONUS is a conical protrusion of the center of the cornea with blurring of vision, but without inflammation. This occurs most often in persons aged 20 to 60, and is often an inherited disease.

KERATOPROSTHESIS refers to replacement of the central area of an opacified cornea by plastic.

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

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Covered Medically Necessary, Rigid Gas Permeable Scleral Contact Lens:

CPT Codes®				
92071	92072	92310	92311	92312
92313	92314	92315	92316	92317
92325				

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HCPCS Code	Description
S0515	Scleral lens, liquid bandage device, per lens
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see CPT code 92325)

ICD-10-CM Diagnosis Code	Description
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.129	Dry eye syndrome of unspecified lacrimal gland
H16.101	Unspecified superficial keratitis, right eye
H16.102	Unspecified superficial keratitis, left eye
H16.103	Unspecified superficial keratitis, bilateral
H16.109	Unspecified superficial keratitis, unspecified eye
H16.211	Exposure keratoconjunctivitis, right eye
H16.212	Exposure keratoconjunctivitis, left eye
H16.213	Exposure keratoconjunctivitis, bilateral
H16.219	Exposure keratoconjunctivitis, unspecified eye
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H16.239	Neurotrophic keratoconjunctivitis, unspecified eye
H16.401	Unspecified corneal neovascularization, right eye
H16.402	Unspecified corneal neovascularization, left eye
H16.403	Unspecified corneal neovascularization, bilateral

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ICD-10-CM Diagnosis Code	Description
H16.409	Unspecified corneal neovascularization, unspecified eye
H16.411	Ghost vessels (corneal), right eye
H16.412	Ghost vessels (corneal), left eye
H16.413	Ghost vessels (corneal), bilateral
H16.419	Ghost vessels (corneal), unspecified eye
H16.421	Pannus (corneal), right eye
H16.422	Pannus (corneal), left eye
H16.423	Pannus (corneal), bilateral
H16.429	Pannus (corneal), unspecified eye
H16.431	Localized vascularization of cornea, right eye
H16.432	Localized vascularization of cornea, left eye
H16.433	Localized vascularization of cornea, bilateral
H16.439	Localized vascularization of cornea, unspecified eye
H16.441	Deep vascularization of cornea, right eye
H16.442	Deep vascularization of cornea, left eye
H16.443	Deep vascularization of cornea, bilateral
H16.449	Deep vascularization of cornea, unspecified eye
H17.00	Adherent leukoma, unspecified eye
H17.01	Adherent leukoma, right eye
H17.02	Adherent leukoma, left eye
H17.03	Adherent leukoma, bilateral
H17.10	Central corneal opacity, unspecified eye
H17.11	Central corneal opacity, right eye
H17.12	Central corneal opacity, left eye
H17.13	Central corneal opacity, bilateral
H17.811	Minor opacity of cornea, right eye
H17.812	Minor opacity of cornea, left eye
H17.813	Minor opacity of cornea, bilateral
H17.819	Minor opacity of cornea, unspecified eye
H17.821	Peripheral opacity of cornea, right eye
H17.822	Peripheral opacity of cornea, left eye
H17.823	Peripheral opacity of cornea, bilateral
H17.829	Peripheral opacity of cornea, unspecified eye
H17.89	Other corneal scars and opacities
H17.9	Unspecified corneal scar and opacity
H18.461	Peripheral corneal degeneration, right eye

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ICD-10-CM Diagnosis Code	Description
H18.462	Peripheral corneal degeneration, left eye
H18.463	Peripheral corneal degeneration, bilateral
H18.469	Peripheral corneal degeneration, unspecified eye
H18.601	Keratoconus, unspecified, right eye
H18.602	Keratoconus, unspecified, left eye
H18.603	Keratoconus, unspecified, bilateral
H18.609	Keratoconus, unspecified, unspecified eye
H18.611	Keratoconus, stable, right eye
H18.612	Keratoconus, stable, left eye
H18.613	Keratoconus, stable, bilateral
H18.619	Keratoconus, stable, unspecified eye
H18.621	Keratoconus, unstable, right eye
H18.622	Keratoconus, unstable, left eye
H18.623	Keratoconus, unstable, bilateral
H18.629	Keratoconus, unstable, unspecified eye
H18.711	Corneal ectasia, right eye
H18.712	Corneal ectasia, left eye
H18.713	Corneal ectasia, bilateral
H18.719	Corneal ectasia, unspecified eye
H18.791	Other corneal deformities, right eye
H18.792	Other corneal deformities, left eye
H18.793	Other corneal deformities, bilateral
H18.799	Other corneal deformities, unspecified eye
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.219	Irregular astigmatism, unspecified eye
H53.8	Other visual disturbances
H53.9	Unspecified visual disturbance
L12.1	Cicatricial pemphigoid
L51.1	Stevens-Johnson syndrome
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
Z98.83	Filtering (vitreous) bleb after glaucoma surgery status

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Covered when Medically Necessary, Therapeutic Soft Contact Lenses (TSCLs):

CPT Codes®				
92071	92072	92310	92311	92312
92313	92314	92315	92316	92317
92325				

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HCPCS Code	Description
S0515	Scleral lens, liquid bandage device, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens

ICD-10-CM Diagnosis Codes	Description
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.129	Dry eye syndrome of unspecified lacrimal gland
H16.001	Unspecified corneal ulcer, right eye
H16.002	Unspecified corneal ulcer, left eye
H16.003	Unspecified corneal ulcer, bilateral
H16.009	Unspecified corneal ulcer, unspecified eye
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	Central corneal ulcer, bilateral
H16.019	Central corneal ulcer, unspecified eye
H16.021	Ring corneal ulcer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	Ring corneal ulcer, bilateral
H16.029	Ring corneal ulcer, unspecified eye
H16.031	Corneal ulcer with hypopyon, right eye
H16.032	Corneal ulcer with hypopyon, left eye
H16.033	Corneal ulcer with hypopyon, bilateral
H16.039	Corneal ulcer with hypopyon, unspecified eye

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ICD-10-CM Diagnosis Codes	Description
H16.041	Marginal corneal ulcer, right eye
H16.042	Marginal corneal ulcer, left eye
H16.043	Marginal corneal ulcer, bilateral
H16.049	Marginal corneal ulcer, unspecified eye
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral
H16.059	Mooren's corneal ulcer, unspecified eye
H16.061	Mycotic corneal ulcer, right eye
H16.062	Mycotic corneal ulcer, left eye
H16.063	Mycotic corneal ulcer, bilateral
H16.069	Mycotic corneal ulcer, unspecified eye
H16.071	Perforated corneal ulcer, right eye
H16.072	Perforated corneal ulcer, left eye
H16.073	Perforated corneal ulcer, bilateral
H16.079	Perforated corneal ulcer, unspecified eye
H16.121	Filamentary keratitis, right eye
H16.122	Filamentary keratitis, left eye
H16.123	Filamentary keratitis, bilateral
H16.129	Filamentary keratitis, unspecified eye
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H16.239	Neurotrophic keratoconjunctivitis, unspecified eye
H18.10	Bullous keratopathy, unspecified eye
H18.11	Bullous keratopathy, right eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.40	Unspecified corneal degeneration
H18.411	Arcus senilis, right eye
H18.412	Arcus senilis, left eye

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ICD-10-CM Diagnosis Codes	Description
H18.413	Arcus senilis, bilateral
H18.419	Arcus senilis, unspecified eye
H18.421	Band keratopathy, right eye
H18.422	Band keratopathy, left eye
H18.423	Band keratopathy, bilateral
H18.429	Band keratopathy, unspecified eye
H18.43	Other calcareous corneal degeneration
H18.441	Keratomalacia, right eye
H18.442	Keratomalacia, left eye
H18.443	Keratomalacia, bilateral
H18.449	Keratomalacia, unspecified eye
H18.451	Nodular corneal degeneration, right eye
H18.452	Nodular corneal degeneration, left eye
H18.453	Nodular corneal degeneration, bilateral
H18.459	Nodular corneal degeneration, unspecified eye
H18.49	Other corneal degeneration
H18.601	Keratoconus, unspecified, right eye
H18.602	Keratoconus, unspecified, left eye
H18.603	Keratoconus, unspecified, bilateral
H18.609	Keratoconus, unspecified, unspecified eye
H18.611	Keratoconus, stable, right eye
H18.612	Keratoconus, stable, left eye
H18.613	Keratoconus, stable, bilateral
H18.619	Keratoconus, stable, unspecified eye
H18.621	Keratoconus, unstable, right eye
H18.622	Keratoconus, unstable, left eye
H18.623	Keratoconus, unstable, bilateral
H18.629	Keratoconus, unstable, unspecified eye
H18.70	Unspecified corneal deformity
H18.831	Recurrent erosion of cornea, right eye
H18.832	Recurrent erosion of cornea, left eye
H18.833	Recurrent erosion of cornea, bilateral
H18.839	Recurrent erosion of cornea, unspecified eye
H18.891	Other specified disorders of cornea, right eye

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ICD-10-CM Diagnosis Codes	Description
H18.892	Other specified disorders of cornea, left eye
H18.893	Other specified disorders of cornea, bilateral
H18.899	Other specified disorders of cornea, unspecified eye
H18.9	Unspecified disorder of cornea
Q12.0	Congenital cataract
Q12.3	Congenital aphakia
Z94.7	Corneal transplant status
Z98.41	Cataract extraction status, right eye
Z98.42	Cataract extraction status, left eye
Z98.890	Other specified postprocedural states

IX. REFERENCES

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1. Rosenthal P, Croteau A. Fluid-ventilated, gas-permeable scleral contact lens is an effective option for managing severe ocular surface disease and many corneal disorders that would otherwise require penetrating keratoplasty. *Eye Contact Lens*. May 2005;31(3):130-134. PMID 15894881
2. Stason WB, Razavi M, Jacobs DS, et al. Clinical benefits of the Boston Ocular Surface Prosthesis. *Am J Ophthalmol*. Jan 2010;149(1):54-61. PMID 19878920
3. Baran I, Bradley JA, Alipour F, et al. PROSE treatment of corneal ectasia. *Cont Lens Anterior Eye*. May 24 2012;35(5):222-227. PMID 22633003
4. Jacobs DS, Rosenthal P. Boston scleral lens prosthetic device for treatment of severe dry eye in chronic graft-versus-host disease. *Cornea*. Dec 2007;26(10):1195-1199. PMID 18043175
5. Jupiter DG, Katz HR. Management of irregular astigmatism with rigid gas permeable contact lenses. *CLAO J*. Jan 2000;26(1):14-17. PMID 10656303
6. Pecego M, Barnett M, Mannis MJ, et al. Jupiter Scleral Lenses: the UC Davis Eye Center experience. *Eye Contact Lens*. May 2012;38(3):179-182. PMID 22543730
7. Schornack MM, Patel SV. Scleral lenses in the management of keratoconus. *Eye Contact Lens*. Jan 2010;36(1):39-44. PMID 20009945
8. Schornack MM, Pyle J, Patel SV. Scleral lenses in the management of ocular surface disease. *Ophthalmology*. Jul 2014;121(7):1398-1405. PMID 24630687

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9. *Visser ES, Visser R, van Lier HJ, et al. Modern scleral lenses part I: clinical features. Eye Contact Lens. Jan 2007;33(1):13-20. PMID 17224674*
10. *American Academy of Ophthalmology (AAO). Confronting corneal ulcers. 2012; <http://www.aao.org/publications/eyenet/201207/feature.cfm>. Accessed July 15, 2019.*
11. *Blue Cross Blue Shield Association Medical Policy Reference Manual. 9.03.25, Gas Permeable Scleral Contact Lens. Archived Sept 2014*

Other:

- Boston Foundation for Sight. Physician's guide to Prosthetic replacement of the ocular surface ecosystem (PROSE). [Boston Foundation for Sight Web site]. [Website]: <http://www.bostonsight.org/index.cfm?pg=367&pgtitle=About-our-Treatment> Accessed July, 15, 2019.*
- Gumus K, Gire A, Pflugfelder SC. The successful use of Boston ocular surface prosthesis in the treatment of persistent corneal epithelial defect after herpes zoster ophthalmicus. Cornea. 2010 Dec;29(12):1465-8.*
- Mondofacto Online Medical Dictionary. [Website]: <http://www.mondofacto.com/about/about-us.html> Accessed July 15,2019.*
- Mosby's Medical, Nursing, & Allied Health Dictionary, 6th edition.*
- Stason WB, Razavi M, Jacobs DS et al. Clinical benefits of the Boston Ocular Surface Prosthesis. Am J Ophthalmol 2010; 149(1):54-61.*

X. POLICY HISTORY

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	CAC 12/14/04
	CAC 9/27/05
	CAC 9/26/06
	CAC 9/25/07
	CAC 7/29/08
	CAC 7/28/09 Consensus review
	CAC 1/26/10 Full review. Policy revised for clarity. Information added regarding the Boston Scleral Lens, considered medically necessary.
	CAC 4/26/11 Consensus
	CAC 11/29/11 Adopted BCBSA for Gas Permeable Scleral Contact Lens (remain medically necessary). Changed title to reflect BCBSA adoption. The existing CBC criteria for therapeutic soft hydrophilic contact lenses remain unchanged.
	CAC 1/29/13 Consensus. No change to policy statements. References updated. Added FEP variation to reference MP-9.03.25 Gas Permeable Scleral Contact Lens Codes reviewed 1/8/13
	02/27/13 Removed 92499 from policy

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05/20/13- Administrative code review complete
CAC 1/28/14 Consensus review. No changes to the policy statements. References updated. Codes reviewed.
CAC 1/27/15 Consensus. No change to policy statements. References updated.
9/3/15 Administrative change. For the Medicare variation - Added reference to NCD 80.5. Coding reviewed.
10/9/15 Administrative change. Medicare variation 80.5 deleted. This variation does not apply to policy statements.
11/2/15 Administrative change. LCD number changed from L11532 to L33793 due to NHIC update to ICD 10.
CAC 5/31/16 Consensus review. No change to policy statements. References updated. Coding reviewed. Changed DME Medicare carrier from NHIC to Noridian.
Admin update 1/1/17: Product variation section reformatted. New diagnosis codes added effective 10/1/16
12/19/17 Consensus review. No changes to the policy statements. Rationale added for gas permeable scleral contact lens. References updated. FEP variation removed as the FEP policy referenced was archived. Coding reviewed.
9/28/18 Admin update. Coding reviewed and diagnosis codes updated.
10/31/18 Consensus review. No change to policy statements. References reviewed. Rationale condensed.
07/15/19 Consensus review. No change to policy statements. References reviewed.

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