



## Clinical Review Criteria Related to Scleral Lens

### I. Criteria for Approval

- A. Scleral lens is covered for patients whose vision is impaired by damage to their corneas and who cannot be fitted with conventional rigid contact lenses for which scleral contact lens is their only option for recovering functional vision for one of the following conditions:
1. Stevens-Johnson syndrome and related conditions such as TEN, chemical and burn injuries to the eye, ocular pemphigoid, aniridia, or idiopathic corneal stem cell deficiency.
  2. Neurotrophic (Anesthetic) cornea that may result from acoustic neuroma surgery, surgery for trigeminal neuralgia, birth defects such as dysautonomia and Seckle's syndrome, herpes simplex/zoster of the cornea, or diabetes.
  3. Pellucid corneal degeneration.
  4. Terrien's marginal degeneration.
  5. Graft vs. host diseases.

**OR**

- B. Scleral lens is also covered for patients for whom corneal transplant surgery is the only alternative treatment option for one of the following conditions:
1. Keratoconus
  2. Corneal transplants in which the healing resulted in warpage of the graft and abnormal astigmatism
  3. Scars due to injury, dystrophies or degenerative diseases

Replacement lenses are considered medically necessary if required due to a change in physical condition

### **CPT Codes:**

- 92313 Corneoscleral lens  
92311 Corneal lens for aphakia, 1 eye

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92312 Corneal lens for aphakia, both eyes

## II. Required Documentation

- A. Medical necessity must be documented by the following:
  - 1. A comprehensive evaluation of the corneal disorder which includes an ophthalmological examination, corneal topographic modeling and fitting of scleral lenses.

## III. What is Not Covered

- A. If the condition is not severe enough to warrant corneal transplant, scleral lens is not considered medically necessary. Examples include but are not limited to conditions where scleral lens may be prescribed for masking irregular astigmatism associated with corneal ectasia, such as keratoconus, post-lasik ectasia and postoperative astigmatism.
- B. Corneal scarring and anterior corneal dystrophies
- C. Boston® Equalens® Scleral Lens for the diagnosis of glaucoma, cataract, optic atrophy, macular degeneration, retinitis pigmentosa or diabetes-related vision problems
- D. The Toric lens is a brand of corrective contact lenses for astigmatism. Corrective lenses are not a covered benefit at MHI.
- E. EyePrintPRO™ - There is insufficient published evidence to assess the safety and/or impact on health outcomes or patient management of the EyePrintPRO™ scleral shell on treatment of refractory corneal diseases or conditions.
- F. Replacement lenses due to loss or damage

## References:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

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