

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:

- Acute or chronic corneal pathology;
- Permanent keratoprosthesis;
- After removal of congenital cataracts in an infant;
- Bullous keratopathy;
- Dry eyes;

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- 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

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

[N] Capital Cares 4 Kids

[N] Indemnity

[N] PPO

[N] SpecialCare

[N] HMO

[N] POS

[Y] SeniorBlue HMO*

[Y] FEP PPO**

[Y] SeniorBlue PPO*

* Hydrophilic contact lenses used as corneal bandages are covered; refer to Centers for Medicare and Medicaid Services National Coverage Determination 80.1, Hydrophilic Contact Lens for Corneal Bandage and National Coverage Determination 80.4, Hydrophilic Contact Lenses, for coverage information.

* For coverage of refractive lenses used to restore vision due to the surgical removal or congenital absence of an organic lens, refer to NHIC Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) L11532, Refractive Lenses.

** Refer to FEP Medical Policy Manual MP-9.03.25 Gas Permeable Scleral Contact Lens. The FEP Medical Policy manual can be found at: www.fepblue.org

III. DESCRIPTION/BACKGROUND

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.

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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 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.

Regulatory Status

The Boston Ocular Surface Prosthesis, which is the prosthetic device used in PROSE, was approved by the U.S. Food and Drug Administration (FDA) in 1994.

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 (eg, 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,

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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-4.015 Determination of Refractive State

MP-1.044 Corneal Surgery to Correct Refractive Errors and Phototherapeutic Keratoplasty

IV. DEFINITIONS

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.

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.

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V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VI. DISCLAIMER

Capital'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. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. REFERENCES

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VIII. CODING INFORMATION

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.

Covered when medically necessary:

CPT Codes®								
92071	92072	92310	92311	92312	92313	92317	92325	92326

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HCPCS Code	Description
S0512	DAILY WEAR SPECIALTY CONTACT LENS, PER LENS
S0515	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS
S0592	COMPREHENSIVE CONTACT LENS EVALUATION
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
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE CPT LEVEL I CODE 92325)
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE CPT LEVEL I CODE 92325)

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ICD-9-CM Diagnosis Code*	Description
279.52	CHRONIC GRAFT-VERSUS-HOST DISEASE
370.00	UNSPECIFIED CORNEAL ULCER
370.23	FILAMENTARY KERATITIS
370.31	PHLYCTENULAR KERATOCONJUNCTIVITIS
370.35	NEUROTROPHIC KERATOCONJUNCTIVITIS
371.0	CORNEAL SCARS AND OPACITIES
371.23	BULLOUS KERATOPATHY
371.42	RECURRENT EROSION OF CORNEA
371.53	GRANULAR CORNEAL DYSTROPHY
371.55	MACULAR CORNEAL DYSTROPHY
371.60	UNSPECIFIED KERATOCONUS
371.61	KERATOCONUS, STABLE CONDITION
371.62	KERATOCONUS, ACUTE HYDROPS
371.71	CORNEAL ECTASIA
371.9	UNSPECIFIED CORNEAL DISORDER
372.06	ACUTE CHEMICAL CONJUNCTIVITIS
372.31	ROSACEA CONJUNCTIVITIS
372.33	CONJUNCTIVITIS IN MUCOCUTANEOUS DISEASE
372.64	SCARRING OF CONJUNCTIVA
374.05	TRICHIASIS OF EYELID WITHOUT ENTROPION
374.89	OTHER DISORDERS OF EYELID
374.9	UNSPECIFIED DISORDER OF EYELID
375.15	UNSPECIFIED TEAR FILM INSUFFICIENCY
379.31	APHAKIA
694.61	BENIGN MUCOUS MEMBRANE PEMPFIGOID WITH OCULAR INVOLVEMENT
695.1	ERYTHEMA MULTIFORME
695.10	ERYTHEMA MULTIFORME, UNSPECIFIED
695.11	ERYTHEMA MULTIFORME MINOR
695.12	ERYTHEMA MULTIFORME MAJOR
695.13	STEVENS-JOHNSON SYNDROME
695.14	STEVENS-JOHNSON SYNDROME-TOXIC EPIDERMAL NECROLYSIS OVERLAP SYNDROME
695.15	TOXIC EPIDERMAL NECROLYSIS
695.19	OTHER ERYTHEMA MULTIFORME
710.2	SICCA SYNDROME
714.0-714.9	RHEUMATOID ARTHRITIS AND OTHER INFLAMMORTY POLYARTHROPATHIES
743.35	CONGENITAL APHAKIA
743.45	ANIRIDIA

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ICD-9-CM Diagnosis Code*	Description
757.39	OTHER SPECIFIED CONGENITAL ANOMALY OF SKIN
871.0	OCULAR LACERATION WITHOUT PROLAPSE OF INTRAOCULAR TISSUE
871.1	OCULAR LACERATION WITH PROLAPSE OR EXPOSURE OF INTRAOCULAR TISSUE
871.2	RUPTURE OF EYE WITH PARTIAL LOSS OF INTRAOCULAR TISSUE
871.3	AVULSION OF EYE
871.4	UNSPECIFIED LACERATION OF EYE
871.5	PENETRATION OF EYEBALL WITH MAGNETIC FOREIGN BODY
871.6	PENETRATION OF EYEBALL WITH (NONMAGNETIC) FOREIGN BODY
871.7	UNSPECIFIED OCULAR PENETRATION
871.9	UNSPECIFIED OPEN WOUND OF EYEBALL
918.0	SUPERFICIAL INJURY OF EYELIDS AND PERIOCCULAR AREA
918.1	SUPERFICIAL INJURY OF CORNEA
918.9	OTHER AND UNSPECIFIED SUPERFICIAL INJURIES OF EYE
940.2	ALKALINE CHEMICAL BURN OF CORNEA AND CONJUNCTIVAL SAC
940.3	ACID CHEMICAL BURN OF CORNEA AND CONJUNCTIVAL SAC
940.4	OTHER BURN OF CORNEA AND CONJUNCTIVAL SAC
996.51	MECHANICAL COMPLICATION DUE TO CORNEAL GRAFT
V42.5	CORNEA REPLACED BY TRANSPLANT

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

The following ICD-10 diagnosis codes will be effective October 1, 2013:

ICD-10-CM Diagnosis Code*	Description
A18.52	Tuberculous keratitis
D89.811	Chronic graft-versus-host disease
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
H16.121	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

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H16.239	Neurotrophic keratoconjunctivitis, unspecified eye
H16.251	Phlyctenular keratoconjunctivitis, right eye
H16.252	Phlyctenular keratoconjunctivitis, left eye
H16.253	Phlyctenular keratoconjunctivitis, bilateral
H16.259	Phlyctenular keratoconjunctivitis, unspecified eye
H16.401-H16.449	Corneal neovascularization, code range
H17.00-H17.9	Corneal scars and opacities, code range
H17.89	Other corneal scars and opacities
H17.9	Unspecified corneal scar and opacity
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-H18.49	Corneal degeneration, code range
H18.53	Granular corneal dystrophy
H18.55	Macular corneal dystrophy
H18.601-H18.629	Keratoconus, code range
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-H118.799	Other and unspecified corneal deformities, code range
H18.711	Corneal ectasia, right eye
H18.712	Corneal ectasia, left eye
H18.713	Corneal ectasia, bilateral
H18.719	Corneal ectasia, unspecified eye
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

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H52.211-H52.219	Irregular astigmatism, code range
L12.1	Cicatricial pemphigoid
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand

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M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow

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M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot

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

M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712	M05.712
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement

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

M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee

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

M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.1	Adult-onset Still's disease
M06.20	Rheumatoid bursitis, unspecified site
M06.211	Rheumatoid bursitis, right shoulder
M06.212	Rheumatoid bursitis, left shoulder
M06.219	Rheumatoid bursitis, unspecified shoulder
M06.221	Rheumatoid bursitis, right elbow
M06.222	Rheumatoid bursitis, left elbow
M06.229	Rheumatoid bursitis, unspecified elbow

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

M06.231	Rheumatoid bursitis, right wrist
M06.232	Rheumatoid bursitis, left wrist
M06.239	Rheumatoid bursitis, unspecified wrist
M06.241	Rheumatoid bursitis, right hand
M06.242	Rheumatoid bursitis, left hand
M06.249	Rheumatoid bursitis, unspecified hand
M06.251	Rheumatoid bursitis, right hip
M06.252	Rheumatoid bursitis, left hip
M06.259	Rheumatoid bursitis, unspecified hip
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.269	Rheumatoid bursitis, unspecified knee
M06.271	Rheumatoid bursitis, right ankle and foot
M06.272	Rheumatoid bursitis, left ankle and foot
M06.279	Rheumatoid bursitis, unspecified ankle and foot
M06.28	Rheumatoid bursitis, vertebrae
M06.29	Rheumatoid bursitis, multiple sites
M06.30	Rheumatoid nodule, unspecified site
M06.311	Rheumatoid nodule, right shoulder
M06.312	Rheumatoid nodule, left shoulder
M06.319	Rheumatoid nodule, unspecified shoulder
M06.321	Rheumatoid nodule, right elbow
M06.322	Rheumatoid nodule, left elbow
M06.329	Rheumatoid nodule, unspecified elbow
M06.331	Rheumatoid nodule, right wrist
M06.332	Rheumatoid nodule, left wrist
M06.339	Rheumatoid nodule, unspecified wrist
M06.341	Rheumatoid nodule, right hand
M06.342	Rheumatoid nodule, left hand
M06.349	Rheumatoid nodule, unspecified hand
M06.351	Rheumatoid nodule, right hip
M06.352	Rheumatoid nodule, left hip
M06.359	Rheumatoid nodule, unspecified hip
M06.361	Rheumatoid nodule, right knee
M06.362	Rheumatoid nodule, left knee
M06.369	Rheumatoid nodule, unspecified knee
M06.371	Rheumatoid nodule, right ankle and foot
M06.372	Rheumatoid nodule, left ankle and foot

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

M06.379	Rheumatoid nodule, unspecified ankle and foot
M06.38	Rheumatoid nodule, vertebrae
M06.39	Rheumatoid nodule, multiple sites
M06.4	Inflammatory polyarthropathy
M06.80	Other specified rheumatoid arthritis, unspecified site
M06.811	Other specified rheumatoid arthritis, right shoulder
M06.812	Other specified rheumatoid arthritis, left shoulder
M06.819	Other specified rheumatoid arthritis, unspecified shoulder
M06.821	Other specified rheumatoid arthritis, right elbow
M06.822	Other specified rheumatoid arthritis, left elbow
M06.829	Other specified rheumatoid arthritis, unspecified elbow
M06.831	Other specified rheumatoid arthritis, right wrist
M06.832	Other specified rheumatoid arthritis, left wrist
M06.839	Other specified rheumatoid arthritis, unspecified wrist
M06.841	Other specified rheumatoid arthritis, right hand
M06.842	Other specified rheumatoid arthritis, left hand
M06.849	Other specified rheumatoid arthritis, unspecified hand
M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.859	Other specified rheumatoid arthritis, unspecified hip
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M06.869	Other specified rheumatoid arthritis, unspecified knee
M06.871	Other specified rheumatoid arthritis, right ankle and foot
M06.872	Other specified rheumatoid arthritis, left ankle and foot
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot
M06.88	Other specified rheumatoid arthritis, vertebrae
M06.89	Other specified rheumatoid arthritis, multiple sites
M06.9	Rheumatoid arthritis, unspecified
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist

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

M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist
M08.041	Unspecified juvenile rheumatoid arthritis, right hand
M08.042	Unspecified juvenile rheumatoid arthritis, left hand
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand
M08.051	Unspecified juvenile rheumatoid arthritis, right hip
M08.052	Unspecified juvenile rheumatoid arthritis, left hip
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae

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

M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot
M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae
M08.80	Other juvenile arthritis, unspecified site
M08.811	Other juvenile arthritis, right shoulder
M08.812	Other juvenile arthritis, left shoulder
M08.819	Other juvenile arthritis, unspecified shoulder
M08.821	Other juvenile arthritis, right elbow
M08.822	Other juvenile arthritis, left elbow
M08.829	Other juvenile arthritis, unspecified elbow
M08.831	Other juvenile arthritis, right wrist
M08.832	Other juvenile arthritis, left wrist
M08.839	Other juvenile arthritis, unspecified wrist
M08.841	Other juvenile arthritis, right hand
M08.842	Other juvenile arthritis, left hand
M08.849	Other juvenile arthritis, unspecified hand

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

M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.859	Other juvenile arthritis, unspecified hip
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.869	Other juvenile arthritis, unspecified knee
M08.871	Other juvenile arthritis, right ankle and foot
M08.872	Other juvenile arthritis, left ankle and foot
M08.879	Other juvenile arthritis, unspecified ankle and foot
M08.88	Other juvenile arthritis, vertebrae
M08.89	Other juvenile arthritis, multiple sites
M08.90	Juvenile arthritis, unspecified, unspecified site
M08.911	Juvenile arthritis, unspecified, right shoulder
M08.912	Juvenile arthritis, unspecified, left shoulder
M08.919	Juvenile arthritis, unspecified, unspecified shoulder
M08.921	Juvenile arthritis, unspecified, right elbow
M08.922	Juvenile arthritis, unspecified, left elbow
M08.929	Juvenile arthritis, unspecified, unspecified elbow
M08.931	Juvenile arthritis, unspecified, right wrist
M08.932	Juvenile arthritis, unspecified, left wrist
M08.939	Juvenile arthritis, unspecified, unspecified wrist
M08.941	Juvenile arthritis, unspecified, right hand
M08.942	Juvenile arthritis, unspecified, left hand
M08.949	Juvenile arthritis, unspecified, unspecified hand
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.959	Juvenile arthritis, unspecified, unspecified hip
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M08.969	Juvenile arthritis, unspecified, unspecified knee
M08.971	Juvenile arthritis, unspecified, right ankle and foot
M08.972	Juvenile arthritis, unspecified, left ankle and foot
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot
M08.98	Juvenile arthritis, unspecified, vertebrae
M08.99	Juvenile arthritis, unspecified, multiple sites
M12.00	Chronic posttraumatic arthropathy [Jaccoud], unspecified site
M12.011	Chronic posttraumatic arthropathy [Jaccoud], right shoulder
M12.012	Chronic posttraumatic arthropathy [Jaccoud], left shoulder

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

M12.019	Chronic postrheumatic arthropathy [Jaccoud], unspecified shoulder
M12.021	Chronic postrheumatic arthropathy [Jaccoud], right elbow
M12.022	Chronic postrheumatic arthropathy [Jaccoud], left elbow
M12.029	Chronic postrheumatic arthropathy [Jaccoud], unspecified elbow
M12.031	Chronic postrheumatic arthropathy [Jaccoud], right wrist
M12.032	Chronic postrheumatic arthropathy [Jaccoud], left wrist
M12.039	Chronic postrheumatic arthropathy [Jaccoud], unspecified wrist
M12.041	Chronic postrheumatic arthropathy [Jaccoud], right hand
M12.042	Chronic postrheumatic arthropathy [Jaccoud], left hand
M12.049	Chronic postrheumatic arthropathy [Jaccoud], unspecified hand
M12.051	Chronic postrheumatic arthropathy [Jaccoud], right hip
M12.052	Chronic postrheumatic arthropathy [Jaccoud], left hip
M12.059	Chronic postrheumatic arthropathy [Jaccoud], unspecified hip
M12.061	Chronic postrheumatic arthropathy [Jaccoud], right knee
M12.062	Chronic postrheumatic arthropathy [Jaccoud], left knee
M12.069	Chronic postrheumatic arthropathy [Jaccoud], unspecified knee
M12.071	Chronic postrheumatic arthropathy [Jaccoud], right ankle and foot
M12.072	Chronic postrheumatic arthropathy [Jaccoud], left ankle and foot
M12.079	Chronic postrheumatic arthropathy [Jaccoud], unspecified ankle and foot
M12.08	Chronic postrheumatic arthropathy [Jaccoud], vertebrae
M12.09	Chronic postrheumatic arthropathy [Jaccoud], multiple sites
Q12.3	Congenital aphakia
Q13.1	Absence of iris
Q81.0	Epidermolysis bullosa simplex
Q81.1	Epidermolysis bullosa letalis
Q81.2	Epidermolysis bullosa dystrophica
Q81.8	Other epidermolysis bullosa
Q81.9	Epidermolysis bullosa, unspecified
Q82.8	Other specified congenital malformations of skin
Q82.9	Congenital malformation of skin, unspecified
S00.201a	Unspecified superficial injury of right eyelid and periocular area, initial encounter
S00.202a	Unspecified superficial injury of left eyelid and periocular area, initial encounter
S00.209a	Unspecified superficial injury of unspecified eyelid and periocular area, initial encounter
S00.211a	Abrasion of right eyelid and periocular area, initial encounter
S00.212a	Abrasion of left eyelid and periocular area, initial encounter
S00.219a	Abrasion of unspecified eyelid and periocular area, initial encounter
S00.221a	Blister (nonthermal) of right eyelid and periocular area, initial encounter
S00.222a	Blister (nonthermal) of left eyelid and periocular area, initial encounter

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

S00.229a	Blister (nonthermal) of unspecified eyelid and periocular area, initial encounter
S00.241a	External constriction of right eyelid and periocular area, initial encounter
S00.242a	External constriction of left eyelid and periocular area, initial encounter
S00.249a	External constriction of unspecified eyelid and periocular area, initial encounter
S00.251a	Superficial foreign body of right eyelid and periocular area, initial encounter
S00.252a	Superficial foreign body of left eyelid and periocular area, initial encounter
S00.259a	Superficial foreign body of unspecified eyelid and periocular area, initial encounter
S00.261a	Insect bite (nonvenomous) of right eyelid and periocular area, initial encounter
S00.262a	Insect bite (nonvenomous) of left eyelid and periocular area, initial encounter
S00.269a	Insect bite (nonvenomous) of unspecified eyelid and periocular area, initial encounter
S00.271a	Other superficial bite of right eyelid and periocular area, initial encounter
S00.272a	Other superficial bite of left eyelid and periocular area, initial encounter
S00.279a	Other superficial bite of unspecified eyelid and periocular area, initial encounter
S05.00xa	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, initial encounter
S05.01xa	Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter
S05.02xa	Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter
S05.20xa	Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, initial encounter
S05.21xa	Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, initial encounter
S05.22xa	Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, initial encounter
S05.30xa	Ocular laceration without prolapse or loss of intraocular tissue, unspecified eye, initial encounter
S05.31xa	Ocular laceration without prolapse or loss of intraocular tissue, right eye, initial encounter
S05.32xa	Ocular laceration without prolapse or loss of intraocular tissue, left eye, initial encounter
S05.50xa	Penetrating wound with foreign body of unspecified eyeball, initial encounter
S05.51xa	Penetrating wound with foreign body of right eyeball, initial encounter
S05.52xa	Penetrating wound with foreign body of left eyeball, initial encounter
S05.60xa	Penetrating wound without foreign body of unspecified eyeball, initial encounter
S05.61xa	Penetrating wound without foreign body of right eyeball, initial encounter
S05.62xa	Penetrating wound without foreign body of left eyeball, initial encounter
S05.70xa	Avulsion of unspecified eye, initial encounter
S05.71xa	Avulsion of right eye, initial encounter
S05.72xa	Avulsion of left eye, initial encounter
S05.8x1a	Other injuries of right eye and orbit, initial encounter
S05.8x2a	Other injuries of left eye and orbit, initial encounter
S05.8x9a	Other injuries of unspecified eye and orbit, initial encounter
S05.90xa	Unspecified injury of unspecified eye and orbit, initial encounter

MEDICAL POLICY

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

S05.91xa	Unspecified injury of right eye and orbit, initial encounter
S05.92xa	Unspecified injury of left eye and orbit, initial encounter
T26.10xa	Burn of cornea and conjunctival sac, unspecified eye, initial encounter
T26.11xa	Burn of cornea and conjunctival sac, right eye, initial encounter
T26.12xa	Burn of cornea and conjunctival sac, left eye, initial encounter
T26.60xa	Corrosion of cornea and conjunctival sac, unspecified eye, initial encounter
T26.61xa	Corrosion of cornea and conjunctival sac, right eye, initial encounter
T26.62xa	Corrosion of cornea and conjunctival sac, left eye, initial encounter
T85.398A-T85.398S	Other mechanical complication of other ocular prosthetic devices, implants and grafts, code range
Z94.7	Corneal transplant status

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses

IX. POLICY HISTORY

MP 6.031	CAC 4/27/04
	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 klr
	02/27/13- Removed 92499 from policy- skb
	05/20/13- Administrative code review complete
	CAC 1/28/14 Consensus review. No changes to the policy statements. References updated. Codes reviewed.

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