



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 08/15/23
LAST REVIEW DATE: 08/22/24
CURRENT EFFECTIVE DATE: 08/22/24
LAST CRITERIA REVISION DATE: 08/15/23
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 3RD QTR 2025

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 Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria 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.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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CONTACT LENS, THERAPEUTIC

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:

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 ectasis
 - 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

- 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**.



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Criteria:

Hydrophilic Contact Lens:

- 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 appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
 2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
 3. Insufficient evidence to support improvement of the net health outcome, or
 4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
 5. Insufficient evidence to support improvement outside the investigational setting.

These devices include, *but are not limited to*:

- ACUVUE® Theravision® with Ketotifen

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**.

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

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Criteria:

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: (cont.)
 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 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 08/15/23. We do not include marketing materials, poster boards and non-published literature in our review.

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1. Alvarez-Lorenzo C, Anguiano-Igea S, Varela-García A, Vivero-Lopez M, Concheiro A. Bioinspired hydrogels for drug-eluting contact lenses. *Acta biomaterialia*. Jan 15 2019;84:49-62. doi:10.1016/j.actbio.2018.11.020
2. American Academy of Ophthalmology (AAO). Confronting corneal ulcers. 2012. Accessed June 1, 2014. <http://www.aao.org/publications/eyenet/201207/feature.cfm>.
3. Baran I, Bradley JA, Alipour F, Rosenthal P, Le HG, Jacobs DS. PROSE treatment of corneal ectasia. *Cont Lens Anterior Eye*. Oct 2012;35(5):222-7. doi:10.1016/j.clae.2012.04.003
4. Baer AN, Akpek EK. Treatment of moderate to severe dry eye in Sjögren's disease. In: Fox RI, ed. *UpToDate*. UpToDate; 2023. Accessed July 13, 2023. <https://www.uptodate.com/contents/treatment-of-moderate-to-severe-dry-eye-in-sjogrens-diseas>
5. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet.
6. Braga ME, Costa VP, Pereira MJ, et al. Effects of operational conditions on the supercritical solvent impregnation of acetazolamide in Balafilcon A commercial contact lenses. *Int J Pharm*. Nov 28 2011;420(2):231-43. doi:10.1016/j.ijpharm.2011.08.040
7. Ciolino JB, Hoare TR, Iwata NG, et al. A drug-eluting contact lens. *Invest Ophthalmol Vis Sci*. 2009 Jul 2009;50(7):3346-52.
8. Dang H, Dong C, Zhang L. Sustained latanoprost release from PEGylated solid lipid nanoparticle-laden soft contact lens to treat glaucoma. *Pharm Dev Technol*. Feb 2022;27(2):127-133. doi:10.1080/10837450.2021.1999471
9. De Guzman LM, De Guzman GQ, Borrromeo EC. Brinzolamide-loaded soft contact lens for ophthalmic delivery. *Ther Deliv*. Apr 2022;13(4):233-247. doi:10.4155/tde-2022-0005
10. DiPasquale SA, Uricoli B, DiCerbo MC, Brown TL, Byrne ME. Controlled Release of Multiple Therapeutics From Silicone Hydrogel Contact Lenses for Post-Cataract/Post-Refractive Surgery and Uveitis Treatment. *Transl Vis Sci Technol*. Dec 1 2021;10(14):5. doi:10.1167/tvst.10.14.5
11. Dixon P, Chauhan A. Effect of the surface layer on drug release from delefilcon-A (Dailies Total1(R)) contact lenses. *Int J Pharm*. Aug 30 2017;529(1-2):89-101. doi:10.1016/j.ijpharm.2017.06.036
12. Farley D. Keeping an eye on contact lenses. Safety, options shape contact lens decisions. *FDA Consum*. 1998 Mar-Apr 1998;32(2):17-21.
13. Fu Y, Luo Y, Chen X, Tong Y, Zhu Y, Yang L. Atropine-eluting silicone contact lenses for myopia control. *J Biomater Appl*. May 2023;37(10):1724-1735. doi:10.1177/08853282231166858

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14. Garhwal R, Shady SF, Ellis EJ, et al. Sustained ocular delivery of ciprofloxacin using nanospheres and conventional contact lens materials. *Invest Ophthalmol Vis Sci*. Mar 2012;53(3):1341-52. doi:10.1167/iov.11-8215
15. Gause S, Hsu KH, Shafor C, Dixon P, Powell KC, Chauhan A. Mechanistic modeling of ophthalmic drug delivery to the anterior chamber by eye drops and contact lenses. *Advances in colloid and interface science*. Jul 2016;233:139-54. doi:10.1016/j.cis.2015.08.002
16. Gonzalez-Chomon C, Silva M, Concheiro A, Alvarez-Lorenzo C. Biomimetic contact lenses eluting olopatadine for allergic conjunctivitis. *Acta biomaterialia*. Sep 1 2016;41:302-11. doi:10.1016/j.actbio.2016.05.032
17. Gulsen D, Chauhan A. Ophthalmic drug delivery through contact lenses. *Invest Ophthalmol Vis Sci*. 2004 Jul 2004;45(7):2342-7.
18. Harsolekar M, Ansari M, Supe S, Singh K. Formulation development and evaluation of therapeutic contact lens loaded with ganciclovir. *Int Ophthalmol*. Jul 2023;43(7):2225-2236. doi:10.1007/s10792-022-02618-6
19. Hori K, Sotozono C, Hamuro J, et al. Controlled-release of epidermal growth factor from cationized gelatin hydrogel enhances corneal epithelial wound healing. *J Control Release*. 2007 Apr 2 2007;118(2):169-76.
20. Hsu KH, Carbia BE, Plummer C, Chauhan A. Dual drug delivery from vitamin E loaded contact lenses for glaucoma therapy. *Eur J Pharm Biopharm*. Aug 2015;94:312-21. doi:10.1016/j.ejpb.2015.06.001
21. Hui A, Willcox M. In Vivo Studies Evaluating the Use of Contact Lenses for Drug Delivery. *Optometry and vision science : official publication of the American Academy of Optometry*. Apr 2016;93(4):367-76. doi:10.1097/OPX.0000000000000809
22. 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):1195-9. doi:10.1097/ICO.0b013e318155743d
23. Janoria KG, Hariharan S, Dasari CR, Mitra AK. Recent patents and advances in ophthalmic drug delivery. *Recent Pat Drug Deliv Formul*. 2007 2007;1(2):161-70.
24. Jupiter DG, Katz HR. Management of irregular astigmatism with rigid gas permeable contact lenses. *CLAO J*. Jan 2000;26(1):14-7.
25. Kim J, Conway A, Chauhan A. Extended delivery of ophthalmic drugs by silicone hydrogel contact lenses. *Biomaterials*. 2008 May 2008;29(14):2259-69.
26. Kim TY, Lee GH, Mun J, et al. Smart contact lens systems for ocular drug delivery and therapy. *Adv Drug Deliv Rev*. May 2023;196:114817. doi:10.1016/j.addr.2023.114817

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27. Lasowski F, Sheardown H. Atropine and Roscovitine Release from Model Silicone Hydrogels. *Optometry and vision science : official publication of the American Academy of Optometry*. Apr 2016;93(4):404-11. doi:10.1097/OPX.0000000000000807
28. Lee D, Cho S, Park HS, Kwon I. Ocular Drug Delivery through pHEMA-Hydrogel Contact Lenses Co-Loaded with Lipophilic Vitamins. *Sci Rep*. Sep 28 2016;6:34194. doi:10.1038/srep34194
29. Lipson MJ. Overview of contact lenses. In: Jacobs DS, ed. *UpToDate*. UpToDate; 2023. Accessed July 13, 2023. <https://www.uptodate.com/contents/overview-of-contact-lenses>
30. Lovrec-Krstič T, Orthaber K, Maver U, Sarenac T. Review of Potential Drug-Eluting Contact Lens Technologies. *Materials (Basel)*. May 11 2023;16(10)doi:10.3390/ma16103653
31. Ma L, Li K, Xia J, et al. Commercial soft contact lenses engineered with zwitterionic silver nanoparticles for effectively treating microbial keratitis. *J Colloid Interface Sci*. Mar 15 2022;610:923-933. doi:10.1016/j.jcis.2021.11.145
32. Malakooti N, Alexander C, Alvarez-Lorenzo C. Imprinted Contact Lenses for Sustained Release of Polymyxin B and Related Antimicrobial Peptides. *Journal of pharmaceutical sciences*. Oct 2015;104(10):3386-94. doi:10.1002/jps.24537
33. Maulvi FA, Desai DT, Shetty KH, Shah DO, Willcox MDP. Advances and challenges in the nanoparticles-laden contact lenses for ocular drug delivery. *Int J Pharm*. Oct 25 2021;608:121090. doi:10.1016/j.ijpharm.2021.121090
34. Maulvi FA, Soni PD, Patel PJ, et al. Controlled bimatoprost release from graphene oxide laden contact lenses: In vitro and in vivo studies. *Colloids Surf B Biointerfaces*. Dec 2021;208:112096. doi:10.1016/j.colsurfb.2021.112096
35. Maulvi FA, Soni TG, Shah DO. A review on therapeutic contact lenses for ocular drug delivery. *Drug delivery*. Jan 29 2016:1-10. doi:10.3109/10717544.2016.1138342
36. Mohammadi S, Jones L, Gorbet M. Extended latanoprost release from commercial contact lenses: in vitro studies using corneal models. *PLoS One*. 2014;9(9):e106653. doi:10.1371/journal.pone.0106653
37. Nguyen DCT, Dowling J, Ryan R, McLoughlin P, Fitzhenry L. Pharmaceutical-loaded contact lenses as an ocular drug delivery system: A review of critical lens characterization methodologies with reference to ISO standards. *Cont Lens Anterior Eye*. Dec 2021;44(6):101487. doi:10.1016/j.clae.2021.101487
38. Ono J, Toshida H. Use of Ketotifen Fumarate-Eluting Daily Disposable Soft Contact Lens in Management of Ocular Allergy: Literature Review and Report of Two Cases. *Cureus*. Jul 2022;14(7):e27093. doi:10.7759/cureus.27093

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39. Paradiso P, Serro AP, Saramago B, Colaco R, Chauhan A. Controlled Release of Antibiotics From Vitamin E-Loaded Silicone-Hydrogel Contact Lenses. *Journal of pharmaceutical sciences*. Mar 2016;105(3):1164-72. doi:10.1016/S0022-3549(15)00193-8
40. Pecego M, Barnett M, Mannis MJ, Durbin-Johnson B. Jupiter Scleral Lenses: the UC Davis Eye Center experience. *Eye Contact Lens*. May 2012;38(3):179-82. doi:10.1097/ICL.0b013e31824daa5e
41. Pereira-da-Mota AF, Vivero-Lopez M, Garg P, et al. In vitro-in vivo correlation of drug release profiles from medicated contact lenses using an in vitro eye blink model. *Drug Deliv Transl Res*. Apr 2023;13(4):1116-1127. doi:10.1007/s13346-022-01276-6
42. Phan CM, Bajgrowicz M, McCanna DJ, Subbaraman LN, Jones L. Effects of Antifungal Soaked Silicone Hydrogel Contact Lenses on *Candida albicans* in an Agar Eye Model. *Eye Contact Lens*. Sep 2016;42(5):313-7. doi:10.1097/ICL.000000000000209
43. Rad MS, Mohajeri SA. Simultaneously Load and Extended Release of Betamethasone and Ciprofloxacin from Vitamin E-Loaded Silicone-Based Soft Contact Lenses. *Current eye research*. Feb 2 2016:1-7. doi:10.3109/02713683.2015.1107591
44. Rad MS, Sajadi Tabassi SA, Moghadam MH, Mohajeri SA. Controlled release of betamethasone from vitamin E-loaded silicone-based soft contact lenses. *Pharm Dev Technol*. Nov 2016;21(7):894-899. doi:10.3109/10837450.2015.1078355
45. 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):130-4. doi:10.1097/01.icl.0000152492.98553.8d
46. Schornack MM, Patel SV. Scleral lenses in the management of keratoconus. *Eye Contact Lens*. Jan 2010;36(1):39-44. doi:10.1097/ICL.0b013e3181c786a6
47. Schornack MM, Pyle J, Patel SV. Scleral lenses in the management of ocular surface disease. *Ophthalmology*. Jul 2014;121(7):1398-405. doi:10.1016/j.ophtha.2014.01.028
48. Schrader S, Wedel T, Moll R, Geerling G. Combination of serum eye drops with hydrogel bandage contact lenses in the treatment of persistent epithelial defects. *Graefes Arch Clin Exp Ophthalmol*. 2006 Oct 2006;244(10):1345-9.
49. Schultz CL, Poling TR, Mint JO. A medical device/drug delivery system for treatment of glaucoma. *Clin Exp Optom*. 2009 Jul 2009;92(4):343-8.
50. Shayani Rad M, Mohajeri SA. Extended Ciprofloxacin Release Using Vitamin E Diffusion Barrier From Commercial Silicone-Based Soft Contact Lenses. *Eye Contact Lens*. Mar 2017;43(2):103-109. doi:10.1097/ICL.0000000000000245



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- 51. 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. doi:10.1016/j.ajo.2009.07.037
- 52. Torres-Luna C, Fan X, Domszy R, Hu N, Wang NS, Yang A. Hydrogel-based ocular drug delivery systems for hydrophobic drugs. *Eur J Pharm Sci.* Nov 1 2020;154:105503. doi:10.1016/j.ejps.2020.105503
- 53. Venkatesh S, Sizemore SP, Byrne ME. Biomimetic hydrogels for enhanced loading and extended release of ocular therapeutics. *Biomaterials.* 2007 Feb 2007;28(4):717-24.
- 54. Wayman LL. Keratoconus. In: Jacobs DS, ed. *UpToDate.* UpToDate; 2023. Accessed July 13, 2023. <https://www.uptodate.com/contents/keratoconus>
- 55. Visser ES, Visser R, van Lier HJ, Otten HM. Modern scleral lenses part I: clinical features. *Eye Contact Lens.* Jan 2007;33(1):13-20. doi:10.1097/01.icl.0000233217.68379.d5
- 56. Yang M, Yang Y, Lei M, et al. Experimental studies on soft contact lenses for controlled ocular delivery of pirfenidone: in vitro and in vivo. *Drug delivery.* Nov 2016;23(9):3538-3543. doi:10.1080/10717544.2016.1204570

Coding:

CPT: 92071, 92072, 92310, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92325, 92326
HCPCS: S0515, V2500, V2501, V2502, V2503, V2510, V2511, V2512, V2513, V2520, V2521, V2522, V2523, V2530, V2531, V2599

History:

| <u>History:</u> | <u>Date:</u> | <u>Activity:</u> |
|-------------------------------|--------------|--------------------------|
| Medical Policy Panel (ad hoc) | 08/22/24 | Review with no revisions |
| Medical Policy Panel | 08/15/23 | Approved guideline |
| Legal Division | 07/27/23 | Review with no revisions |

Policy Revisions:



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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 nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'ánii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 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 thêm 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 لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

