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Contact Lenses and Eyeglasses

Number: 0126

Policy

**Please see amendment for Pennsylvania Medicaid at the end of this CPB.*

Note: Many Aetna medical plans exclude coverage of contact lenses or eyeglasses. Under medical plans with this exclusion, contact lenses are only covered under medical plans for a narrow set of therapeutic indications, as outlined below. Additional coverage of contact lenses and eyeglasses may be provided under the member's vision care plan, if any. Please check benefit plan descriptions for details.

I. Replacement Eyeglasses Under Plans With a Pediatric Vision Benefit

Some plans include a pediatric vision benefit. Please check benefit plan descriptions. Under these plans, replacement lenses are considered medically necessary for children and adolescents when one or more of the following criteria are met:

- A. There is a change in refractive error; *or*
- B. With regular use, the previous eyeglasses were broken or marred to a degree significantly interfering with vision or eye safety; *or*

Policy History

Last Review

09/25/2020

Effective: 04/19/1996

Next

Review: 01/28/2021

Review History

Definitions

Additional Information

Clinical Policy Bulletin

Notes

- C. The eyeglasses are replaced because a different frame size or shape is necessary due to the child's growth, metal allergy or other justifiable medical reasons.

II. Prosthetic Contact Lenses and Eyeglasses for Aphakia

A. Medicare plans and HMO plans (HMO, QPOS)

For Aetna Medicare plans and Aetna HMO plans, Aetna follows Medicare's rules for prosthetic lenses.

For Aetna Medicare members and HMO members, Aetna considers external lenses (contacts or spectacles) and intraocular lenses medically necessary after cataract surgery. Centers for Medicare and Medicaid Services (CMS) defines both types of lenses as “prostheses” replacing the lens of the eye. This includes post-surgical external lenses that are customarily used during convalescence from cataract removal surgery. In addition, an intraocular lens is considered a medically necessary prosthetic for individuals lacking an organic lens because of surgical removal (e.g., cataract surgery) or congenital absence (congenital aphakia). **Note:** Aetna covers medically necessary external and internal lenses as prosthetics for aphakic members even if the surgical removal of the member's lens occurred before the member enrolled in Aetna's medical plan.

For Medicare and HMO members, Aetna considers lenses or combinations of lenses medically necessary following cataract surgery to essentially restore the vision provided by the crystalline lens of the eye, including:

- Bifocal spectacles; *or*
- Spectacles for far vision or for near vision; *or*
- Aetna considers contact lenses for far vision (including cases of binocular and monocular

aphakia) medically necessary, including both the contact lens(es) and spectacles for near vision that are worn either simultaneously with the contact lenses or when the contact lenses have been removed.

For Medicare members and HMO members, Aetna medical plans consider lenses with ultraviolet (UV) protection medically necessary in lieu of regular (untinted) lenses for aphakia. UV coating is considered medically necessary when applied to a glass lens material.

Anti-reflective coating, tints, or oversize lenses are not generally considered medically necessary; the medical necessity of such features must be documented by the treating physician.

Aetna considers cataract sunglasses (i.e., tinted lenses, including photochromatic lenses (lenses in which the tint changes in response to light)) that are prescribed in addition to regular (untinted) lenses for aphakia medically necessary because the sunglasses duplicate the restoration of vision function performed by the regular lenses.

Aetna considers the following features not medically necessary:

- Eyeglass cases;
- Mirror coating (colored, highly-reflective lens treatments);
- Polarization;
- Progressive lenses (i.e., multifocal lens that gradually changes in lens power from the top to the bottom of the lens, eliminating the lines that would otherwise be seen in a bifocal or trifocal lens);
- Scratch resistant coating.

Lenses made of polycarbonate or other impact-resistant materials (e.g., Trivex) are considered medically necessary for members with functional vision in only one eye. Use of polycarbonate or similar material or high index glass or plastic for indications such as light weight or thinness is considered not medically necessary.

Standard eyeglass frames are considered medically necessary for persons who meet criteria for refractive lenses. Deluxe frames are considered convenience items.

Under Medicare and HMO plans, Aetna considers eyewear a medically necessary prosthetic for aphakic members who have not had an intraocular lens replacement. Since these members lack an internal lens, their contact lenses or eyeglasses are considered to be prosthetics. For Medicare and HMO plans, Aetna medical plans consider medically necessary the first pair of glasses or aphakia contact lenses after cataract surgery and an additional pair of lens(es) each time the member's prescription changes. Requests for replacement of lost or broken glasses or lenses will be reviewed on an individual basis. (There is a CMS requirement for consideration of replacement of lost or broken contact lenses or eyeglasses for Medicare members who have had cataract surgery.)

Note: For Medicare and HMO members who have had cataract surgery with insertion of an intraocular lens (IOL), Aetna Medicare and HMO plans, by administration, will cover no more than 1 pair of eyeglasses or contact lenses after each cataract surgery. Replacements of conventional eyeglasses or contact lenses are not covered under these medical plans. The member may have additional eyewear coverage through a vision care rider.

B. Traditional (non-HMO) plans (Indemnity, PPO and MC POS plans)

While contact lenses and eyeglasses are rarely used in place of intraocular lenses in aphakia, contact lenses and eyeglasses are considered medically necessary under traditional medical plans as a prosthetic device following cataract surgery in lieu of intraocular lenses. **Note:** Most Aetna plans exclude coverage of contact lenses and spectacles. Under these plans, eyeglasses and contact lenses in non-aphakic members, including those who have had intraocular lenses implanted after cataract surgery, are not covered under medical plans. Contact lenses and eyeglasses may be covered under the member's vision care plan.

III. Therapeutic Hydrophilic Contact Lenses (Corneal Bandage)

Therapeutic soft (hydrophilic) contact lenses or gas-permeable fluid ventilated scleral lenses (e.g., Boston Scleral Lens and PVR PROSE Scleral Lens) are considered medically necessary prosthetics under medical plans where used as moist corneal bandages for the treatment of severe ocular surface diseases, including

- A. Corneal stem cell deficiency (Stevens-Johnson syndrome/TEN, chemical and thermal injuries to the eye including surgical procedures, aniridia, idiopathic corneal stem cell deficiency and ocular pemphigoid);
or
- B. Neurotrophic (anesthetic) corneas, such as may result from:
 - 1. Acquired etiologies, such as may result from acoustic neuroma surgery, trigeminal

- ganglionectomy, trigeminal rhizotomy, herpes simplex/zoster of the cornea, diabetes; *or*
2. Congenital etiologies, such as congenital corneal anesthesia (familial dysautonomia), Seckle's syndrome; *or*
- C. Severe dry eyes (keratoconjunctivitis sicca) (such as from Sjogren's syndrome, chronic graft versus host disease, radiation, surgery, meibomian gland deficiency); *or*
- D. Corneal disorders associated with systemic autoimmune diseases (rheumatoid arthritis, dermatological disorders such as atopic, epidermolysis bullosa, epidermal dysplasia); *or*
- E. Epidermal ocular disorders (atopy, ectodermal dysplasia, epidermolysis bullosa); *or*
- F. Corneal exposure (e.g., anatomic, paralytic).

Corneal bandages are considered experimental and investigational for all other indications.

Note: Liquid bandage scleral lenses are covered under plans that exclude coverage of contact lenses, as these lenses are not primarily for correction of refractive errors.

Note: For scleral lenses for masking irregular astigmatism, see section below.

Replacement lenses are considered medically necessary under medical plans if required because of a change in the patient's physical condition (not including refractive changes). **Note:** Charges to replace contact lenses that are lost, damaged, or required solely due to refractive changes are not covered under medical plans.

IV. Scleral Shell Contact Lenses

Scleral shell contact lenses are considered medically necessary under medical plans for the following indications:

- A. For the treatment of keratoconjunctivitis sicca or "dry eye"; or
- B. When prescribed to support orbital tissue (such as where an eye has been rendered sightless and shrunken by inflammatory disease).

Replacement lenses are considered medically necessary under medical plans if required because of a change in the member's physical condition (not including refractive changes).

Note: Charges to replace contact lenses that are lost, damaged, or required solely due to refractive changes are not covered under medical plans.

Note: Scleral shell lenses are covered under plans that exclude coverage of contact lenses, as scleral shell lenses are not primarily for correction of refractive errors.

V. Contact Lenses and Eyeglasses for Accidental Injury

An initial pair of contact lenses or eyeglasses is considered medically necessary under medical plans when they are prescribed by a physician to correct a change in vision directly resulting from an accidental bodily injury. **Note:** Charges to replace such contact lenses or eyeglasses are not covered under medical plans.

VI. Contact Lenses for Masking Irregular Astigmatism Associated with Keratoconus and Other Corneal Disorders

Aetna considers services that are part of an evaluation of keratoconus or other corneal disorders associated with irregular astigmatism (e.g., keratoglobus, pellucid corneal degeneration, Terrien's marginal degeneration, post-LASIK ectasia, corneal scarring) medically necessary. This includes the general examination, advanced corneal topographic modeling, and fitting of contact lenses or scleral lenses.

Note: Most Aetna medical benefit plans exclude coverage of contact lenses and other vision aids. Please check benefit plan descriptions for details. These benefit plans do not cover contact lenses or scleral lenses for correcting astigmatism associated with keratoconus or other corneal disorders under medical plans that exclude coverage of contact lenses and eyeglasses. This includes corneal contact lenses and scleral lenses that may be prescribed for masking irregular astigmatism associated with corneal ectasia (e.g., keratoconus, keratoglobus, pellucid corneal degeneration, Terriens marginal degeneration, post-LASIK ectasia), post-operative astigmatism (e.g., following refractive surgery or corneal transplant), corneal scarring (e.g., from trauma, infection, or Hydrops), and anterior corneal dystrophies (e.g. Meesman's, Cogan's). Contact lenses and scleral lenses provided to members with keratoconus and other corneal disorders associated with irregular astigmatism are covered under the provisions of the member's vision care plan only.

Note: Some HMO plans cover only an initial prosthetic, and exclude coverage of replacements of prosthetics regardless of medical necessity. Under these plans, only an initial set of glasses or contact lenses are covered under the medical plan. Please check benefit plan descriptions for details.

See also [CPB 508 - Cataract Surgery \(../500_599/0508.html\)](#).

Background

Therapeutic soft hydrophilic contact lenses are made of poly-2-hydroxyethyl methacrylate and other flexible plastics. They are about 13 to 15 mm in diameter and cover the entire cornea. Hydrophilic contact lenses may be prescribed for the treatment of bullous keratopathy and other corneal disorders (bandage lenses). Prophylactic antibiotic eye-drops may be used with a bandage lens. Most therapeutic eye-drops can be used with hydrophilic lenses.

The Boston Scleral Lens is a fluid-ventilated scleral lens designed to enclose aqueous fluid over the corneal surface. The scleral lens acts as a corneal bandage, and can mask irregular astigmatism. The scleral lens rests entirely on the sclera and avoids all contact with the cornea. Thus, the scleral lens can be used by persons who are intolerant to standard (hard) contact lenses, which rest on the sensitive cornea. The Boston Scleral lens has a series of channels that aspirate tears into the fluid reservoir while preventing the formation of air bubbles in the reservoir.

Scleral shell (or shield) is a catchall term for different types of hard scleral contact lenses. A scleral shell fits over the entire exposed surface of the eye as opposed to a corneal contact lens that covers only the central nonwhite area encompassing the pupil and iris.

When an eye has been rendered sightless and shrunken by inflammatory disease, a scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant and act to support the surrounding tissue. In such a case, the device serves essentially as an artificial eye.

Scleral shells are occasionally used in connection with artificial tears in the treatment of "dry eye" of diverse etiology. Tears ordinarily dry at a rapid rate, and are continually replaced by the lacrimal gland. When the lacrimal gland fails, the half-life of

artificial tears may be greatly prolonged by the use of the scleral shell contact lens as a protective barrier against the drying action of the atmosphere. Thus, the difficult and sometimes hazardous process of frequent instillation of artificial tears may be avoided. The lens acts in this instance to substitute, in part, for the functioning of the diseased lacrimal glands and would be considered a prosthetic device in the rare case when it is used in the treatment of dry eye.

PVR-PROSE Scleral Lens

PVR PROSE Treatment uses prosthetic lenses that are large-diameter gas permeable contact lenses, specially designed to vault over the entire corneal surface and rest on the “white” of the eye. In doing so, PVR PROSE lenses functionally replace the irregular cornea with a perfectly smooth optical surface to correct vision problems caused by keratoconus, Lasik failures, post-surgical complications, and other corneal irregularities. PVR PROSE lenses are designed to vault the corneal surface and rest on the less sensitive surface of the sclera, these lenses often are more comfortable for a person with corneal irregularities, like keratoconus. A special liquid fills the space between the back surface of the lens and the front surface of the cornea. This liquid acts as a buffer and protects the compromised corneal tissue.

CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Code Description
<i>Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+":</i>	
<i>Prosthetic Contact Lenses and Eyeglasses for Aphakia:</i>	
CPT codes covered if selection criteria are met:	

Code	Code Description
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	corneal lens for aphakia, both eyes
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	corneal lens for aphakia, both eyes
92352 - 92353	Fitting of spectacle prosthesis for aphakia
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
CPT codes not covered for indications listed in the CPB:	
92326	Replacement of contact lens
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia
HCPCS codes covered if selection criteria are met:	
S0592	Comprehensive contact lens evaluation
V2020	Frames, purchases
V2100 - V2499	Eyeglasses
V2500 - V2599	Contact lens
V2630 - V2632	Intraocular lenses

Code	Code Description
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2784	Lens, polycarbonate or equal, any index, per lens
HCPCS codes not covered for indications listed in the CPB:	
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens
S0514	Color contact lens, per lens
S0516	Safety eyeglass frames
S0518	Sunglasses frames
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)
S0590	Integral lens service, miscellaneous services reported separately
S0595	Dispensing new spectacle lenses for patient supplied frame
V2025	Deluxe frame

Code	Code Description
V2702	Deluxe lens feature
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2750	Antireflective coating, per lens
V2756	Eye glass case
V2760	Scratch resistant coating, per lens
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens
V2762	Polarization, any lens material, per lens
V2780	Oversize lens, per lens
V2781	Progressive lens, per lens
V2786	Specialty occupational multifocal lens, per lens
ICD-10 codes covered if selection criteria are met:	
H25.011 - H26.9	Cataract
H27.00 - H27.03	Aphakia
Q12.0	Congenital cataract
Q12.3	Congenital aphakia
Z96.1	Presence of intraocular lens
Z98.41 - Z98.49	Cataract extraction status
<i>Therapeutic Hydrophilic Contact Lenses (Corneal Bandage):</i>	
CPT codes covered if selection criteria are met:	

Code	Code Description
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, intitial fitting
HCPCS codes covered if selection criteria are met:	
S0515	Scleral lens, liquid bandage device, per lens
V2520 - V2523	Contact lens, hydrophilic
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
ICD-10 codes covered if selection criteria are met:	
B02.30 - B02.39	Zoster ocular disease
D89.811	Chronic graft-versus-host disease
G90.1	Familial dysautonomia [Riley-Day]
H02.881 - H02.888	Meibomian gland dysfunction of eyelid
H04.121 - H04.129	Dry eye syndrome of lacrimal gland
H16.211 - H16.219	Exposure keratoconjunctivitis
H16.221 - H16.229	Keratoconjunctivitis sicca, not specified as Sjogren's
H16.231 - H16.239	Neutrophic keratoconjunctivitis
H18.811 - H18.819	Anesthesia and hypoesthesia of cornea

Code	Code Description
L12.1	Cicatricial pemphigoid
L20.0 - L20.9	Atopic dermatitis
L51.1	Stevens-Johnson syndrome
L51.2	Toxic epidermal necrolysis [Lyell]
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
M05.00 - M06.9	Rheumatoid arthritis
M35.00 - M35.09	Sicca syndrome
Q13.1	Absence of iris
Q81.0 - Q81.9	Epidermolysis bullosa
Q82.4	Ectodermal dysplasia (anhidrotic)
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified [Seckle's syndrome]
T26.00x+ - T26.92x+	Burn and corrosion confined to eye and adnexa
T66.xxx+	Radiation sickness, unspecified [dry eyes due to radiation]
<i>Scleral Shell Contact Lenses:</i>	
CPT codes covered if selection criteria are met:	

Code	Code Description
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
HCPCS codes covered if selection criteria are met:	
V2627	Scleral cover shell
ICD-10 codes covered if selection criteria are met:	
H04.121 - H04.129	Dry eye syndrome of lacrimal gland
H05.10	Unspecified chronic inflammatory disorders of orbit
H05.30 - H05.359	Deformity of orbit
H16.221 - H16.229	Keratoconjunctivitis sicca, not specified as Sjogren's
M35.00 - M35.09	Sicca syndrome [Sjogren's disease]
Contact Lenses and Eyeglasses for Accidental Injury:	
CPT codes covered if selection criteria are met:	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia [initial]

Code	Code Description
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia [initial]
CPT codes not covered for indications listed in the CPB:	
92326	Replacement of contact lens
ICD-10 codes covered if selection criteria are met:	
H44.601 - H44.799	Retained (old) intraocular foreign body
S00.10x+ - S00.12x+	Contusion of eyelid and periocular area
S00.201+ - S00.279+	Superficial injuries of eyelid and periocular area
S01.101+ - S01.159+	Open wound of eyelid and periocular area
T15.00x+ - T15.92x+	Foreign body on external eye
Z87.821	Personal history of retained foreign body fully removed
Numerous options	Burn of eye, face, head, and neck, sequela [Codes not listed due to expanded specificity]
Numerous options	Open wound of head, neck, and trunk, sequela [Codes not listed due to expanded specificity]
Contact Lenses for Masking Irregular Astigmatism Associated with Keratoconus and Other Corneal Disorders:	

Code	Code Description
CPT codes covered if selection criteria are met:	
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, intitial fitting
HCPCS codes covered if selection criteria are met:	
S0592	Comprehensive contact lens evaluation
V2500 - V2599	Contact lens
ICD-10 codes covered if selection criteria are met:	
H17.00 - H17.9	Corneal scars and opacities
H18.40 - H18.9	Corneal degeneration
H18.601 - H18.609	Keratoconus, unspecified
H18.711 - H18.719	Corneal ectasia [post-LASIK]
Q13.4	Other congenital corneal malformations
Q15.0	Congenital glaucoma [keratoglobus]

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AETNA BETTER HEALTH® OF PENNSYLVANIA

**Amendment to
Aetna Clinical Policy Bulletin Number: 0126 Contact Lenses
and Eyeglasses**

There are no amendments for Medicaid.