CONTACT LENSES: ARE THEY REALLY NECESSARY

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Contact Lens Complications

- **Tear Film**
  - Quantity and quality can be altered by contact lens wear
  - Overnight wear increases the levels of tear proteins
  - Tear film instability may develop in the interpalpebral fissure

- **Eyelids**
  - Ptosis

- **Conjunctiva**
  - Contact allergy
  - GPC
  - SLK

Contact Lens Complications

- **Corneal Epithelium**
  - Mechanical epithelial defects
    - Abrasions
    - Punctate erosions
    - Epithelial splitting
  - Chemical epithelial defects
    - Chemicals in solutions can produce toxic or immunologic reactions
  - Hypoxia
    - Decreased corneal sensitivity
    - Reduced epithelial thickness secondary to decreased mitosis
    - Decreased epithelial cell shedding
    - Reduced epithelial barrier function

- **Corneal Stroma**
  - Sterile infiltrates
  - Infectious keratitis
    - 1 in 2,500 daily wearers
    - 1 in 500 overnight wearers
  - Acanthamoeba keratitis
  - Hypoxia
  - Neovascularization
  - Acute red eye secondary to tight lens syndrome
  - Corneal warpage/irregular Astigmatism

Contact Lens Complications

- **Corneal Endothelium**
  - Increased rate of polymegathism
    - Variation in cell size
  - Increased in pleomorphism
    - Variation in cell shape
  - Increased guttata formation
  - Small decrease in endothelial cell density
  - Deswelling rates are reduced in lens wearers

Specular reflection illumination technique – 40x magnification

Contact Lens-Induced Peripheral Ulcer

- **Case Report 1**
- **Marginal keratitis**

  **Symptoms**
  - Pain upon awakening
  - Foreign body sensation
  - Increased tearing
  - Increased redness
  - Photophobia
  - Blepharospasm
  - Decreased vision

Acute, non-infectious complication of contact lens wear
Inflammation-Induced Endotheliopathy

- Inflammation-induced endotheliopathy in the right eye
- Abnormal rate of polymegathism in the right eye
- Abnormal appearance to the endothelial mosaic in the right eye
- Corneal edema in the right eye

Medical Decision-Making

- Clinical Diagnosis
  1. Contact lens-induced peripheral corneal ulcer
  2. Secondary anterior uveitis

- Physical Diagnosis
  1. Contact lens-induced peripheral corneal ulcer
  2. Secondary anterior uveitis
  3. Corneal edema secondary to inflammation-induced endotheliopathy

- Treatment Plan
  1. Discontinue contact lens wear, in-office cycloplegia
  2. Prescribe Tobradex ST b.i.d. right eye for one week
  3. Next visit in 3 days

Reporting Medical Services

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<th>Fees</th>
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$245

Necessary Contact Lenses: Definitions

- Vision Service Plan
  - Contact lenses are covered in full for patients meeting the established qualifying criteria

- EyeMed Vision Care
  - Contact lenses to correct certain eye conditions that prevent the member from achieving a specified level of visual acuity through wearing conventional spectacle lenses

VSP Necessary Contact Lens Benefits

- Assigned fee for the eye examination and refraction
- Usual and customary fee for contact lens exam services is reimbursed at 85% of the billed amount
- Spectacle lenses and frame co-pays apply unless otherwise specified; lenses are covered if necessary
- Usual and customary fee for an annual supply of contact lenses – the benefit may not be expanded due to prescriptions that exceed manufacturer’s replacement guidelines*
- No balance billing for any difference between your U&C fees and VSP’s reimbursement

VSP’s Coding Guidelines

- “To maximize your patient’s benefit, use the entire allowance when dispensing materials. Dispensing an annual supply of contact lenses is required under the Covered Contact Lenses benefit, and we recommend it for all contact lens benefits.”
- Each contact lens is considered one unit
- 1-2 Units, Conventional (non-disposable) contacts
- 3-52 Units, Monthly, Quarterly, Two-Week
- 53-106 Units, 7-day disposables
- 107-361+ Units, 1-day disposables
VSP Fee Schedule

There are two different fee schedules for Necessary Contact Lenses:

1. **Base Fee Schedule** which can be submitted with a refractive or a medical diagnosis code.
2. **Specialty Maximum Fee Schedule** which requires a medical diagnosis code.

### Base Reimbursement – Soft Contacts

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When submitting a claim using V2599, provide the following information in Box 19 of the CMS 1500 form: “Hybrid contact lens – Synergeryes” or “KeraSoft IC contact lens – Bausch + Lomb”.

### Documentation Requirements

- Records must indicate that a contact lens fitting occurred.
- Records must reflect the data from the fitting.
- Records must reflect that contact lenses were dispensed (what and when), and that they were evaluated.
- Diagnostic test results verifying any benefit criteria.
- Clinical indications and findings in the medical record that are consistent with both the diagnosis and the test results.
Usual and Customary Services

- **Level 1** – Standard contact lens exam services (fitting and evaluation) for 30 days from exam date
- **Level 2** – Standard contact lens exam services (fitting and evaluation) for 30 days from exam date
- **Level 3** – Comprehensive contact lens exam services (fitting and evaluation) for 60 days from exam date
- **Level 4** – Extended contact lens exam services (fitting and evaluation) for 90 days from exam date
- **Level 5** – Extended contact lens exam services (fitting and evaluation) for 180 days from exam date
- **Level 6** – Complex contact lens exam services (fitting and evaluation) for 364 days from exam date

VSP Targeted Audit

- Billing “Necessary Contact Lenses” at a rate higher than other optometrists in your area
- Billing “Necessary Contact Lenses” at a rate higher than you have traditionally billed
- Patient complaints

Anisometropia of 3 Diopters

- O.D. = 1.00
- O.S. = 4.00
- Acuvue Oasys (ext wear)
- Annual supply = 16 boxes
- Base fee = $600
- Gross income = $667
- Gross profit = $371

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Ametropia of +/- 10 Diopters

- O.D. = 1.00
- O.S. = 9.00 – 1.25 x 180
- Acuvue Oasys
- Acuvue Oasys Toric
- Annual supply = 8 boxes
- Base fee = $650
- Gross income = $513
- Gross profit = $343

Keratoconus

- Case Report 2
- Munson’s sign in advanced presentations
- Corneal scarring and ocular discomfort in advanced disease
- Corneal topography maps are similar in appearance early in the disease’s natural history
  - Pellucid marginal degeneration
  - Corneal warpage

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Keratoconus

- Inferior corneal thinning
- Shape anomaly is characterized by a cone-shaped area of corneal ectasia
- Lighter colors represent a steepening of the corneal curvature
- Mild-to-moderate presentations may still provide good acuity
Keratoconus

- Treatment Options
  - Eyeglasses
  - Soft contact lenses
  - Gas permeable lenses
  - Scleral contact lenses
  - Hybrid contact lenses
  - Intacs corneal implants
  - Collagen cross-linking
  - Corneal transplant

Severe corneal thinning and ectasia in advanced keratoconus

Case Report 3

19-year-old man with resolved corneal ulcer
Patient is ready to resume contact lens wear

4 Years Later – Resolving Opacity

- 23-year-old man with resolved corneal ulcer
- R -3.00-0.75x180  20/20-
- L -3.00-0.75x180  20/25-
- Pure Vision 2 for Astigmatism
- Daily wear only
- Schedule 1 month follow-up

Keratoconus

- O.D. – 9.00 – 4.00 x 040
- O.S. – 4.00 – 5.00 x 155
- KeraSoft IC Contacts
- Annual supply = 8 lenses
- Max fee = $1,400
- Gross income = $1,407
- Gross profit = $900

CPT Code | Diagnosis Code | Fees | Units
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92015 | 371.60 | $ 25 | 1
V2599 | 371.60 | $1,000 | 8
92310 | 371.60 | $ 400 | 1

Inflammation-Induced Endotheliopathy

- 23-year-old man with resolved corneal ulcer
- R -3.00-0.75x180  20/20-
- L -3.00-0.75x180  20/25-
- Pure Vision 2 for Astigmatism
- Daily wear only
- Schedule 1 month follow-up

Irregular Astigmatism
Specular Microscopy – 4 Years Later

- Inflammation-induced endotheliopathy – OS
  - Abnormal rate of polymegathism
  - Pleomorphism
  - Abnormal reduction in endothelial cell density
  - Abnormal appearance in the endothelial mosaic
- Both corneas measure increased thickness

Endothelial Corneal Dystrophy

- O.D. – 3.00 – 0.75 x 180
- O.S. – 3.00 – 0.75 x 180
- Pure Vision 2/Astigmatism
- Annual supply = 4 boxes
- Max fee = $804
- Gross income = $493
- Gross profit = $333

Case Report 4

- 64-year-old woman with decreased vision
- Long-term history of keratoconus
- Corneal transplant surgery 20 years earlier
  - “Both transplants did not go well”
- Had failed with RGP lenses one year after the transplant surgeries and was too depressed to try contact lenses again for the next two decades
- OD – 8.50 – 10.50 x 082 20/200 acuity
- OS – 7.25 – 5.75 x 143 20/400 acuity

Corneal Transplant

- ClearKone / SynergEyes
  - Vault 500, Steep skirt
  - Right eye = 20/30
  - Left eye = 20/50
  - Both eyes = 20/25
  - Annual supply = 8 lenses
  - Max fee = $1,400
  - Gross income = $1,407
  - Gross profit = $900

Keratoconus – Corneal Transplant

- 43-year-old woman complaining of uncomfortable contact lens wear
- Currently wearing Biofinity lenses by Cooper
- Cannot wear contacts overnight without pain
- Pain upon awakening at times, even when not wearing contact lenses

EBMD is characterized by abnormal quantities of basement membrane debris that are misdirected into the epithelium
Epithelial Basement Membrane Dystrophy

- No symptoms in mild cases
- Mild decreased vision
- Fluctuating vision
- Ghosting
- Monocular diplopia
- Visual distortion
- Glare
- Photophobia
- Foreign body sensations
- Unstable refractions

Focal areas of elevation produce negative corneal staining seen in EBMD

Epithelial Basement Membrane Dystrophy

- O.D. = 4.00 +1.50 add
- O.S. = 4.00 +1.50 add
- ProClear 1 day Multifocal
- Annual supply = 24 boxes
- Max fee = $1,000
- Gross income = $893
- Gross profit = $425

Deep Corneal Neovascularization

- Case Report 6
- 27-year-old male
- Habitual overnight wear
- Neovascularization that affects the deeper layers of the corneal stroma
- Lipid keratopathy secondary to the leakage of fluid from the new blood vessels

Deep Corneal Neovascularization

- O.D. = 11.00
- O.S. = 11.00
- Focus Dailies (1 day wear)
- Annual supply = 8 boxes
- Base fee = $600
- Max fee = $775
- Gross income = $573
- Gross profit = $317

Use code 92326 (replacement of contact lens) when the patient is established and staying with the same type of contact lens

Medical Decision-Making

- Contact lens wear can reduced the intensity of congenital nystagmus (CN), presumably by a trigeminal efferent neural pathway
  - Decreased in the amplitude of the nystagmus
  - Decrease in the frequency of the nystagmus
- Contact lens wear can improve visual acuity in patients with congenital nystagmus
  - More centered null point (gaze angle where the CN damps)
  - Improvement in foveation time
- Avoids the induced spectacle distortion that occurs with ocular movement in patients with high ametropia
**Congenital Nystagmus**

- O.D. – 11.00
- O.S. – 11.00
- Acuity H2O (weekly)
- Annual supply = 8 boxes
- Max fee = $650
- Gross income = $527
- Gross profit = $367

**EyeMed Necessary Contact Lenses**

- Effective January 1, 2013, EyeMed Vision Care no longer requires special forms to request medically necessary contact lens benefits
- Call EyeMed at 1-888-581-3648 to request eligibility and then submit CMS 1500 form via fax to 1-866-293-7373
- High Ametropia = 95% of usual fee up to $700
- Anisometropia = 95% of usual fee up to $700
- Keratoconus = 95% of usual fee up to $1,200
- Vision Improvement = 95% of usual fee up to $2,500

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**EyeMed’s Qualifying Conditions**

- Anisometropia of 3 diopters in meridian powers
- High Ametropia exceeding –10 diopters or +10 diopters in meridian powers
- Keratoconus when the member’s vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses
- Vision Improvement other than keratoconus for members whose vision can be corrected two lines of improvement on the visual acuity chart when compared to the best corrected standard lenses

**Claims Filing Procedure - EyeMed**

- Write “Medically Necessary Contacts” on the top of the claim
- Write the diagnosis in Box 19 (e.g., Keratoconus)
- Authorization number
- Fitting code indicating the qualifying condition
- Provider signature
- Contact Lens Fitting Codes
  - Anisometropia
  - High Ametropia
  - Keratoconus
  - Vision Improvement

**Pellucid Marginal Degeneration**

- Degenerative condition of the peripheral cornea that produces corneal ectasia
- Characterized by bilateral thinning of the inferior and peripheral region of the cornea
- The distribution of the corneal degeneration is arcuate-shaped like a “crab’s claw”
- Pellucid marginal degeneration (PMD) is often confused with keratoconus – they are different diseases
- ICD-9 code is 371.71 for PMD
- ICD-9 code is 371.60 for keratoconus

**Pellucid Marginal Degeneration**

- Non-inflammatory
- Onset during age 20-40
- PMD be asymmetric in its presentation
- Pachymetry may also be used to assist in diagnosis
- No pain or scarring
- Ectasia is present in advanced cases of PMD

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- Pachymetry may also be used to assist in diagnosis
- No pain or scarring
- Ectasia is present in advanced cases of PMD
**TruPMD Contact Lens**

- Intra-Limbal 11.2 mm diameter from Truform Optics
- For corneal irregularities that vary significantly in curvature from one quadrant to the other
- TruPMD lens is a “Flat/Steep” design in which the inferior portion of the lens can be steepened and prism ballasted to align with the flat and steep zones of the cornea
- Intra-Limbal lenses usually provide the following
  - Better comfort by reducing edge stand-off
  - Eliminate contact lens displacement and/or expulsion

**TruPMD Contact Lens**

- Slightly larger than traditional gas permeable lenses
- Evaluate lens based on fluorescein pattern, retinoscopic reflex, and lens orientation
- Patients will have contact lens awareness with an incorrect base curve or diameter
Fluorescein Evaluation with PMD Lens

- Light central touch
- Slightly flat peripheral curves
- Diameter is OK
- Comfort is good
- 20/25 visual acuity
- Patient extremely happy

Reporting Contact Lens Services

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$2,605

PMD vs. Keratoconus

ProKera Amniotic Membrane Insert

- Class II medical device
- Cryopreserved amniotic membrane graft fastened to a thermoplastic ring
- Self-retaining biological bandage for treating ocular surface disease
  - Anti-inflammatory
  - Anti-angiogenic
  - Anti-scarring
Recurrent Corneal Erosion

- Clinical Indications
  - Chronic inflammation of the ocular surface
  - Poor re-epithelialization following ocular surgery
  - Limbal stem cell deficiency
  - Bullous keratopathy
  - Corneal abrasion
  - Corneal degeneration
  - Corneal ulcer
  - Chemical or thermal burn

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