



October 2021

Dear eye care professional,

Thank you for your participation in the Versant Health panel of eye care professionals. As part of our ongoing commitment to open lines of communication, we are sending this letter to inform you of updates and additional medical policies recently approved by the Versant Health Medical Policy Council.

The following policies have been added or updated with effective dates as noted.

Policy Number and Name	Criteria Changes	Effective Date
1301 Eyelid and Brow Surgery	<ul style="list-style-type: none"> Added procedure for repair of blepharoptosis; Added new indication for patients at risk of amblyopia (9 years of age or younger) due to blepharoptosis. 	04/01/2022
1304 Optical Coherence Tomography (OCT)	Added indication of vigabatrin therapy.	04/01/2022
1305 YAG Capsulotomy	<ul style="list-style-type: none"> Criteria changed to allow for bilateral sequential YAG capsulotomy with a single authorization. Deletion of requirement for ADL assessment for each eye separately when requesting bilateral YAG capsulotomy 	04/01/2022
1307 Corneal Pachymetry	Annual review; no criteria changes	04/01/2022
1308 Laser Trabeculoplasty	Added "Open angle, borderline findings, high risk" as an indication with specific metrics.	04/01/2022
1309 Medically Necessary Contact Lenses	<ul style="list-style-type: none"> Added new indication, Thygeson's superficial punctate keratitis, for extended wear contact lenses. Revised criteria for Keratoconus and related corneal ectasias to be 2.5 diopters of astigmatism; or, corneal topography documenting irregular astigmatism with inferior steepening. 	04/01/2022
1318 Low Vision Evaluation and Rehabilitation	Restated documentation requirements for initial and subsequent services.	04/01/2022
1322 Laser Peripheral Iridotomy	Deletion of some required documents to meet medical necessity.	04/01/2022

1326 Laser Photocoagulation and Cryotherapy of the Retina, Choroid Procedures	<ul style="list-style-type: none"> Added indication pre-proliferative retinopathy for pan retinal photocoagulation and pan retinal cryotherapy; Removed extraneous diagnoses (variations of neovascularization) from criteria for pan retinal photocoagulation and pan retinal cryotherapy; Removed criteria for ocular photodynamic therapy, as redundant of policy 1345; Removed extraneous listings in D. Documentation requirements. 	04/01/2022
1327 Glaucoma Surgery	<ul style="list-style-type: none"> Revised criteria for surgery to not require visual field loss due to glaucoma. Added requirement for gonioscopy as a required presurgical evaluation 	01/01/2022
1334 Electrophysiology Testing	Annual review; no criteria changes.	04/01/2022
1335 Extended Ophthalmoscopy	Annual review; no criteria changes.	04/01/2022
1341 Meibomian Gland Diagnostics and Therapies	Annual review; no criteria changes.	04/01/2022

Versant Health, which brings you the Superior Vision network and the Davis Vision network, maintains and provides access to our policies which can be accessed via the Eye Care Professional Portal located at ecp.versanthealth.com. The medical policies can be found by selecting “Health Plans” and then “Medical Management” from the left side navigation bar on the portal home page. Additionally, the most current Prior Authorization list can be found in the same location.

We greatly appreciate the professional services which you render to our members. Thank you for being a part of the Versant Health network of eye care professionals.

Sincerely,



Mark C. Ruchman, MD
Chief Medical Officer