

May 2023



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 #	Policy Name	Criteria Changes	Effective Date
1304	Optical Coherence Tomography	No criteria changes	06/01/2023
1305	Posterior Capsulotomy (policy name change)	Change policy name deleting the word YAG; clarified criteria for posterior capsulotomy is same w or w/o YAG; deleted BCV measurement requirements; revise glare testing criteria; add CPT code 66830.	10/01/2023
1307	Corneal Pachymetry	No criteria changes	06/01/2023
1316	Eye Exam	No criteria changes	06/01/2023
1318	Low Vision Evaluation and Rehab	Added magnifying devices and criteria.	10/01/2023
1322	Laser Peripheral Iridotomy	No criteria changes	07/01/2023
1323	Experimental and Investigational Services	Separate experimental and investigational procedures into two categories; add description of how investigational treatments are included in program and implemented.	07/01/2023
1325	Botulinum Toxin	No criteria changes	07/01/2023
1328	Keratoconus and Related Corneal Ectasias	Removed time measurement criteria for keratoconus progression and treatment; added time periods to vision change measurements. Removed diopter change criteria for Intacs; Combined DALK and PK criteria; removed requirement for DALK/PK clear central cornea; removed CXL as contraindicated for PK.	10/01/2023
1329	Pterygium Surgery	Add requirement for clinical photograph of the intended surgical site.	10/01/2023
1330	Specialty Spectacle Lenses	Change parameters of high ametropia for polycarbonate lenses from >6. To (≥ -6.00 or $\geq +4.00$) in any meridian. Add \geq sign to current measure (± 8.00 diopters) for high index lenses.	08/01/2023
1333	Refractive Surgery	Adds inclusion criteria of intolerance to glasses or contacts; adds new indication of refractive amblyopia; deletes INTACS section as duplicative of 1328 Keratoconus policy.	10/01/2023
1342	Remote Monitoring for Intermediate	Policy is retired	07/01/2023

	Stage Macular Degeneration		
1345	Verteporfin (Visudyne)	Add 3 indications for use; delete requirement for OCT or IVFA for initial treatment, add option of ICG test to retreatment criteria.	10/01/2023
1346	Corticosteroid Implants	Add new drug Xipere plus criteria; add criteria for Triesence; remove all instances of required micron measurements; added retreatment criteria for all drugs.	10/01/2023
1348	Dextenza	Add indication of allergic conjunctivitis; add contraindication of intraocular pressure increase from glucocorticoid use.	10/01/2023

The following changes have been made to the Prior Authorization (PA) list requiring prospective review.

Related Policy	Code Changes	Change Effective Date
1305 Posterior Capsulotomy	66830 added to policy; removed from PA requirements.	10/01/2023
1333 Refractive Surgery	66999 Small incision Lenticule Extraction; use unlisted procedure, anterior segment of eye. Code added back to policy; code remains in misc. category, also requiring PA.	10/01/2023
1346 Corticosteroids	J3299 Injection, triamcinolone acetonide (Xipere), 1 mg added to policy and PA required.	10/01/2023

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,



Neelam Gor, MD
Chief Clinical Officer

Disclaimer: Versant Health, Inc.'s and each of its subsidiaries' (together, "Versant's") policies and procedures ("P&Ps") are confidential and proprietary and are subject to change at any time. These P&Ps are not all-inclusive, but contain general information that applies to many, but not all, employer group health plans administered by Versant. Versant's P&Ps provide important information for its in-network eye care providers and are contractually binding for compliance, based on each provider's agreement. These P&Ps are internal guidelines relating to Versant's role as an administrator for payors of vision benefit claims. These P&Ps are not intended to dictate medical care decisions, and they do not and should not be interpreted as a substitute or replacement for a treating physician's prudent clinical judgment at the time vision services are delivered to a patient.