

August 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 clinical policies recently approved by the Versant Health Medical Policy Council.

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

Policy Number	Policy Name	Criteria and Code Changes	Effective Date
1308	Laser Trabeculoplasty	Add indications of medication intolerance add sociogenic risks for age and ethnicity.	01/01/2024
1309	Medically Necessary Contact Lenses	Add myopia and other vision indications when spectacles are unable to correct vision; add to indication of irregular astigmatism the requirement for measurement via keratometry or corneal topography; define unstable keratoconus as progressive keratoconus that meet specific measured criteria simplified scleral lens requirements.	01/01/2024
1317	Vascular Endothelial Growth Factor Inhibitors (Anti-VEGF)	Expanded/corrected diagnoses list for A-VEGF drugs Beovu and Eylea; add fundus photo as option for diagnostic study; expanded exceptions to step therapy; added new biosimilar Vegzelma.	01/01/2024
1319	Perimetry	Clarity indications include glaucoma suspect and suspicion of disease; clarify high risk medications include ethambutol.	09/01/2023
1321	Eyelid Lesion Removal	Clarify procedure is for all types of lesions; remove dimensions and measurements from documentation requirements; add four CPT codes 13151-13153 and 11644.	10/01/2023
1326	Laser Photocoagulation and Cryotherapy of the Retina and Choroid	Add indication of primary retinal or choroidal tumors to TTT procedure; remove required measure of spot size.	10/01/2023
1331	Fundus Photography	Annual review; no criteria changes.	09/01/2023
1334	Electrophysiological Testing	Annual review; no criteria changes.	09/01/2023
1335	Extended Ophthalmoscopy	Annual review; no criteria changes	10/01/2023
1336	Telemedicine	Removal of procedure codes allowed only during public health emergency, Covid-19. Add codes Q3014, T1015 delete modifier 93, expand modifier 95 for use with all providers, all sites including federal access CAH FQHC RHC.	10/01/2023
1337	Orthoptics and Vision Therapy	Add CPT code 92066; no criteria changes.	10/01/2023
1338	External Ocular Photography	Annual review; no criteria changes.	09/01/2023

Policy Number	Policy Name	Criteria and Code Changes	Effective Date
1340	Iris Prosthesis	Update procedure to investigational status; add new device C1839 Iris prosthesis	10/01/2023
1341	Meibomian Gland Diagnostics and Therapies	Add new investigational procedures 17999 and 91299.	10/01/2023
1349	Syfovre NEW	Indications and requirements for new drug for treatment of geographic atrophy.	01/01/2024

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

Related Policy	Prior Authorization Code Changes	Change Effective Date
1317 Vascular Endothelial Growth Factor Inhibitors (Anti-VEGF)	ADD: Q5128 Cimerli ranibizumab-eqrn biosimilar	01/01/2024
1341 Meibomian Gland Diagnostics and Therapies	ADD: 17999 Lumenis - intense pulsed light, uses unlisted procedure code 91299 BlephEx mechanical debridement of the eyelids, Uses unlisted skin procedure code.	10/01/2023
1346 Corticosteroid Implants	REMOVE: Cancel planned requirement of prior authorization for J3299 Xipere.	n/a
1348 Dextenza	REMOVE: Cancel planned requirement of prior authorization for J1096 Dextenza.	n/a
1349 Syfovre	ADD: C9151 Injection, pegcetacoplan, 1 mg	01/01/2024

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.