

May 2024

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 Changes	Effective Date
1304	Optical Coherence Tomography	None	6/1/2024
1305	Posterior Capsulotomy	Removed criteria for sequential posterior capsulotomies; removed anterior hyaloid conditions which are outside of policy purview; added conditions of capsular bag distension syndrome.	7/1/2024
1307	Corneal Pachymetry	None	6/1/2024
1316	Eye Exams	Clarified that routine vs. medical status of an eye exam is determined by the patient's chief complaint; clarified that fundus exam is included in eye exam when indicated and is not a required component.	6/1/2024
1318	Low Vision Evaluation and Rehabilitation	Deleted WHO definition of low vision as it has been withdrawn by the agency; added Social Security Adm. definition of blindness to establish low vision criteria which remains unchanged. Added codes and criteria for implanted telescopes.	7/1/2024
1322	Laser Peripheral Iridotomy	Clarified procedure as diagnostic to differentiate misdirected aqueous or plateau iris syndrome; updated glaucoma status terms; removed contraindication of severe corneal edema.	7/1/2024
1323	Experimental and Investigational Services	Added compassionate use exception for medical review; reviewed alignment with current NCQA standards.	7/1/2024
1325	Botulinum Toxin	None	7/1/2024

1327	Glaucoma Surgery	Removed MIGS combination cataract surgery criteria which is retained in 1300 Cataract Surgery policy. Added indication of laser trabeculoplasty failure for trabeculotomy/goniotomy procedures; added indication of risk to the optic nerve with further laser therapy for procedures of trabeculectomy and related fistulization	7/1/2024
1328	Keratoconus and Related Corneal Ectasias	Removed age limitations for corneal cross linking; removed visual acuity loss requirement for lamellar keratoplasty (DALK).	7/1/2024
1329	Pterygium Surgery	Removed exclusion of patients with previous elective refractive procedure; removed trial duration requirement for trial with spectacles or contact lenses.	7/1/2024
1330	Specialty Spectacle Lenses	For polycarbonate lenses, removed visual acuity measures for monocular patients; clarified blue blocking lenses are not medically necessary	7/1/2024
1333	Refractive Surgery	None	6/1/2024
1345	Verteporfin	None	6/1/2024
1348	Dextenza	None	6/1/2024

For quarter 2 2024, no changes were made to the Prior Authorization (PA) list requiring prospective review.

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.