

May 2025

Dear eye care professional,

Thank you for your participation in the Versant Health network of eye care professionals. This letter informs you of updates to clinical policies recently approved by the Versant Health Medical Policy Council.

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

Policy Number	Policy Name	Criteria Changes	Effective Date
1304	Optical Coherence Tomography (OCT)	Clarified anterior OCT criteria with gonioscopic status, frequency and indications. Clarified posterior OCT frequency and indications allowing 1 per month for high risk retinal conditions. Add requirement for high resolution SD-OCT or higher.	8/1/2025
1305	Posterior Capsulotomy	Annual review with no criteria changes.	7/1/2025
1307	Corneal Pachymetry	Annual review with no criteria changes.	7/1/2025
1309	Medically Necessary Contact Lenses	Delete criteria for MiSight contact lenses	8/1/2025
1316	Eye Exams	Annual review with no criteria changes.	6/1/2025
1318	Low Vision Evaluation and Rehabilitation	Annual review with no criteria changes.	6/1/2025
1322	Laser Peripheral Iridotomy	Add indication of primary angle closure suspects; delete requirement for dark adaptation testing; for family history risk, delete requirement for occludable angles.	6/1/2025
1323	Experimental and Investigational Services	Update definitions of experimental and investigational services adding FDA categories.	6/1/2025
1325	Botulinum Toxin	Add indication of other non-cosmetic uses; clarify frequency for < 90 days.	8/1/2025
1328	Keratoconus and Related Corneal Ectasias	Annual review with no criteria changes.	7/1/2025
1329	Pterygium Surgery	Replace requirement for 2.5 diopter change with any degree of irregular astigmatism.	7/1/2025



Policy Number	Policy Name	Criteria Changes	Effective Date
1330	Specialty Spectacle Lenses	For photochromatic lenses add indications of pigmentary retinal dystrophy and aphakia. For FL-41 filters add indication of light induced migraines.	8/1/2025
1333	Refractive Surgery	Annual review with no criteria changes.	7/1/2025
1345	Verteporfin (Visudyne)	Remove improvement in vision as a requirement for retreatment.	7/1/2025
1348	DEXTENZA® dexamethasone intracanalicular insert	Annual review with no criteria changes.	6/1/2025

Our clinical policies and the most current prior authorization list can be found in the Eye Care Professional Portal located at **ecp.versanthealth.com**. For the second quarter of 2025, there are no changes to our prior authorization requirements.

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

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.