

July 2020

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 policies recently approved by the Versant Health Utilization Management Committee.

A. The following policies have been updated with effective date of August 01, 2020.

1. Coverage Policy 1310.00 Refraction; annual update with no criteria change
2. Coverage Policy 1336.00 Telemedicine; added CPT E/M codes added to allow expanded telemedicine care; includes retroactively dated CMS released code.

B. The following policies have been updated with effective date of September 01, 2020.

1. Coverage Policy 1330.00 Cataract Surgery; addition of 0514T secondary code. Prior authorization requirements were previously effected for the primary codes (66982 and 66984).
2. Coverage Policy 1309.00 Medically Necessary Contact Lenses. Criteria changed for keratoconus and high ametropia. Indications added for regular astigmatism, anisometropia, and aphakia
3. Coverage Policy 1311.00 Adult Strabismus Surgery; expanded indications for hypo and hyperthyroidism, diplopia, nystagmus, and ocular torticollis.
4. Coverage Policy 1330.00 Specialty Spectacle Lenses; policy name change from High Index Spectacles plus new criteria for transitional lenses, polycarbonate coatings.
5. Coverage Policy 1333.00 Refractive Surgery; removal of outdated CPT codes 65760 and 65765; revised criteria for anisometropia; addition of CPT code 66999, requiring prior authorization.

C. The following policies have been updated with effective date of October 1, 2020.

1. Coverage Policy 1325.00 Botulinum Toxin; regrouping of procedures with conditions.
2. Coverage Policy 1329.00 Pterygium; criteria changes for surgery plus additional indication for irregular astigmatism.

D. The following policy has been updated with effective date of November 1, 2020.

Coverage Policy 1328.00 Keratoconus; addition of CPT codes plus J code for riboflavin, all requiring prior authorization.

E. The following policies have been updated with effective date of December 1, 2020.

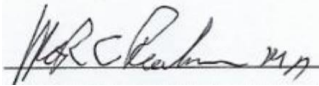
1. Coverage Policy 1317.00 Intravitreal Injections, removed criteria and codes for retinopathy of prematurity (ROP).
2. Coverage Policy 1326.00 Laser Photocoagulation; Similarly to 1317.00, removed language for ROP indications.

F. The following policies have administrative changes, effective July 01, 2020.

1. Coverage Policy 1323.00 Experimental and Investigational Services; outlines the administrative management of new technology and pharmaceuticals.
2. Coverage Policy 1300.00 Category III Services; retired.

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 **superiorvision.com** and **davisvision.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 Versant Health eye care professional.

Sincerely,



Mark C. Ruchman, MD
Chief Medical Officer