

AAPOS POLICY STATEMENT

Optical Treatment of Children Following Cataract Surgery (Aphakia and Pseudophakia)

The American Association for Pediatric Ophthalmology and Strabismus (AAPOS), representing more than 1200 ophthalmologists who provide medical and surgical eye care for children, is committed to the effective treatment of children who suffer from cataracts. Cataract is a treatable cause of childhood blindness. One or both eyes can be affected.

To restore vision, both surgical and optical treatment must be provided urgently for childhood cataracts. Surgery without optical correction is not an effective treatment. Visual habilitation is required through optical treatment. After the surgical procedure, optical treatment must commence as soon as possible. The choice of optical correction must be individualized. The options include aphakic (high power) contact lenses with bifocal glasses, aphakic (high power) glasses, and intraocular lenses with bifocal glasses.

Aphakic contact lenses provide excellent optical correction. These lenses are often of a very high power requiring a “special order” contact lens, as these are not “stock” lenses. Children who undergo intraocular lens implantation (pseudophakia), as well as those with high power contact lenses, also require bifocal glasses to allow vision at both distance and near. Prolonged deprivation of clear vision due to a lack of proper optical correction leads to permanent visual impairment from amblyopia.

The size of the eye and therefore the refractive error and prescription for glasses and/or contact lenses changes rapidly in children as they grow. Thus, for treatment of this medical eye condition, all methods of optical correction require frequent adjustment. Failure to provide these changes in a timely manner may also result in permanent visual loss from amblyopia. The use of the guidelines for glasses eligibility based on refractive error is inappropriate for aphakic and pseudophakic children.

Standard glasses and contact lenses, prescribed for patients who have not undergone cataract surgery, are often not covered by medical health insurance. Aphakic lenses, including glasses and contact lenses, are different for two reasons. First, they are prosthetic rather than cosmetic devices. They replace the function of a body part (the human crystalline lens) which was removed at surgery. Second, they are medically necessary to avoid permanent visual impairment from amblyopia. The fitting and dispensing of these lenses are medically necessary services.

Coverage for fitting the aphakic lens should be allowed under CPT* 92311 (one eye) or 92312 (both eyes). Replacement contact lenses should be allowed under CPT*92326. Dispensing of spectacles for aphakia should be allowed under CPT* 92352 (unilateral) or 92353 (bilateral). HCPCS Level II Codes for similar services are also appropriate



including V2500 through V2599 for contact lenses and multiple codes for aphakic and bifocal spectacles.

The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) supports a separate eligibility guideline for glasses and contact lens in children with medical eye conditions. This is required to prevent a lifetime of visual impairment in our children. The medical nature of optical correction for children with aphakia and pseudophakia should be consistently recognized by all insurance carriers.

Approved by the AAPOS Board of Directors – March 2017