AAPOS POLICY STATEMENT

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

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

Both surgical and optical treatment must be provided urgently for childhood cataracts. After the surgical procedure the optical treatment must begin as soon as possible. The choice of optical correction must be individualized. The choices include aphakic (high power) contact lenses with bifocal glasses, aphakic (high power) glasses, and intraocular lenses with bifocal glasses.

Aphakic contact lenses provide optimum optical correction. Generally, aphakic glasses are not used for correction of unilateral aphakia. Children who undergo intraocular lens implantation, as well as those with high power contact lenses, will also require bifocal glasses to fine tune the refraction and allow vision at distance and near. Prolonged image defocus from lack of correction leads to permanent visual impairment.

The size of the eye and the refractive error change rapidly in children. Thus, for treatment of their medical eye condition, all methods of optical correction require frequent adjustment. Failure to provide these changes in a timely manner may result in permanent visual loss. The use of the guidelines for glasses eligibility based on refractive error is inappropriate for these children. Rules specific to the clinical problem are advisable.

Standard glasses and contact lenses, prescribed for patients who have not undergone cataract surgery, are often not covered by medical health insurance. Aphakic lenses, both 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. The medical nature of optical correction for children with aphakia and pseudophakia should be consistently recognized by all insurance carriers.

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