

Scleral Shell (NCD 80.5)

Guideline Number: MPG272.06
Approval Date: July 8, 2020

[↪ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	2
References	2
Guideline History/Revision Information	3
Purpose	3
Terms and Conditions	4

Related Medicare Advantage Coverage Summary

- [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#)

Policy Summary

[↪ See Purpose](#)

Overview

Scleral shell (or shield) is a comprehensive term for different types of hard scleral contact lenses. A scleral shell fits over the entire exposed surface of the eye as opposed to a corneal contact lens which covers only the central non-white area encompassing the pupil and iris.

Guidelines

Where an eye has been rendered sightless and shrunken by inflammatory disease, a scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant and act to support the surrounding orbital tissue. In such a case, the device serves essentially as an artificial eye. In this situation, payment may be made for a scleral shell under §1861(s)(8) of the Act.

Scleral shells are occasionally used in combination with artificial tears in the treatment of "dry eye" of diverse etiology. Tears ordinarily dry at a rapid rate, and are continually replaced by the lacrimal gland. When the lacrimal gland fails, the half-life of artificial tears may be greatly prolonged by the use of the scleral contact lens as a protective barrier against the drying action of the atmosphere. The difficult and sometimes hazardous process of frequent installation of artificial tears may be avoided. The lens acts in this instance to substitute, in part, for the functioning of the diseased lacrimal gland and would be covered as a prosthetic device in the rare case when it is used in the treatment of "dry eye."

Coding Guidelines

Trial scleral shells must be billed with code L9900. Trial scleral cover shells are not separately payable. They are included in the allowance for scleral cover shells, V2627.

Documentation Requirements – General

There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justified. In the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying payment. Refer to the LCD, NCD or other CMS Manuals for more information on what documents may be required.

See Article A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code
V2627	Scleral cover shell

Modifier	Description
LT	Left side
RT	Right side

References

CMS National Coverage Determinations (NCDs)

[NCD 80.5 Scleral Shell](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33737 Eye Prosthesis	A52462 Eye Prosthesis – Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
N/A	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY

CMS Benefit Policy Manual

[Chapter 15; § 120 Prosthetic Devices, § 130 Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes](#)

CMS Claims Processing Manual

[Chapter 20; § 10.1.3 Prosthetics and Orthotics \(Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes\) - Coverage Definition](#)

UnitedHealthcare Commercial Policy

[Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs](#)

Others

[CMS DMEPOS Fee Schedules](#)

[Medicare Vision Services Fact Sheet, Medicare Learning Network \(MLN\), CMS Website](#)

[PROSE® Device – Correct Coding, CGS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
07/08/2020	Policy Summary <p><i>Guidelines</i></p> <ul style="list-style-type: none">Added language (relocated from <i>Overview</i> section) to indicate, where an eye has been rendered sightless and shrunken by inflammatory disease, a scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant and act to support the surrounding orbital tissue <p><i>Coding Guidelines (new to policy)</i></p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">Trial scleral shells must be billed with code L9900Trial scleral cover shells are not separately payable; they are included in the allowance for scleral cover shells (V2627) <p><i>Documentation Requirements – General (new to policy)</i></p> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justifiedIn the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying paymentRefer to the Local Coverage Determination (LCD), National Coverage Determination (NCD) or other Centers for Medicare & Medicaid Services (CMS) manuals for more information on what documents may be requiredSee the Local Coverage Article (LCA) titled <i>Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)</i> <p>Applicable Codes</p> <ul style="list-style-type: none">Removed Modifier code KX <p><i>Supporting Information</i></p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG272.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support

coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).