



## Medically Necessary Contact Lens Clinical Criteria

Medically Necessary/Visually Required Contact Lenses are only available for the diagnoses listed below. A signed statement of medical necessity is required.

### **Keratoconus (Ectactic corneal dystrophy):**

ICD-10: H18.60, H18.601, H18.602, H18.603, H18.61, H18.611, H18.612, H18.613, H18.62, H18.621, H18.622, H18.623, H18.711, H18.712, H18.713

1. Topography, OCT, or corneal mapping (preferred)
2. Keratometry

### **High Ametropia:**

ICD-10: Myopia H52.10, H52.11, H52.12, H52.13

ICD-10: Hyperopia H52.00: H52.01, H52.02, And H52.03

ICD-10: Astigmatism H52.20: H52.201, H52.202, And H52.203

ICD-10: Degenerative Myopia H44.2: H44.20, H44.21, H44.22, And H44.23

1. Eyeglass prescription is  $\geq -8.00$  or  $\geq +8.00$  diopters
2. **And**, eyeglass best corrected visual acuity of 20/40 or worse in either eye
3. **And**, visual acuity improvement of 2 lines or more with contact lenses

### **Anisometropia:**

ICD-10: H52.31

1. The difference in prescription between the right and left eyes is  $\geq 3.00$  diopters in any meridian between the two eyes

### **Aphakia:**

ICD-10: H27.00, H27.01, H27.02, H27.03

1. For Medicare members only, the Local Coverage Determination (LCD) ID# L33793 supersedes the Davis Vision criteria for Aphakia for services performed on or after 07/01/2016.

### **Aniridia:**

ICD-10: Q13.0, Q13.1, Q13.2

1. Underdevelopment or absence of the iris.

### **Irregular Astigmatism:**

ICD-10: H52.211, H52.212, H52.213, H52.21

1. 2.00 diopters of astigmatism in either eye, with principal meridians separated by less than 90 degrees



## Low Vision Clinical Criteria

### **Low Vision:**

1. Low vision is a significant loss of vision, but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the Covered Person's remaining useable vision.

A comprehensive low vision evaluation is performed in addition to an eye examination when the eye examination indicates a need for such an evaluation. This supplemental evaluation includes a history of functional difficulties that involves daily activities. The result of this evaluation may include prescription of various treatments options, including low vision aids, as well as assist the Covered Person with identifying other resources for vision and lifestyle rehabilitation.

The Low Vision Program is available both in and out of network and is subject to prior approval. A completed request must be sent to Davis Vision prior to the initial evaluation. Once approved, a Covered Person is eligible for a comprehensive low vision evaluation and follow-up visits up to the maximum for such evaluation and visits shown above. Low vision aids will be provided as prescribed up to the maximum per aid, subject to the lifetime maximum for all aids shown above. Any amount due over the Allowance above for an evaluation, follow-up visits or aids is the Covered Person's responsibility. If the required approval is not obtained, no benefits will be paid for any such evaluation, follow-up visits or aids and the entire charge for such services or supplies will be the Covered Person's responsibility. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.

The Davis Vision Medically Necessary/Visually Required clinical criteria are derived from the American Optometric Association (AOA) Clinical Practice Guidelines & American Academy of Ophthalmology (AAO) Practice Pattern Guidelines, College of Optometrists in Vision Development (COVD).

For Medicare members only, the hierarchy of decision making is as follows:

1. Any applicable National Coverage Determinations (NCD)
2. Any applicable Local Coverage Determinations (LCD)
3. Any Health Plan criteria for routine vision
4. Davis Vision Medically Necessary clinical criteria

For reimbursement purposes, please ensure that the appropriate contact lens fitting code is submitted as per the current American Medical Association CPT definition. All materials prescribed should be described by the appropriate HCPCS Level II code as per the current American Medical Association Healthcare Procedural Coding System definition. All claims for medically necessary services are subject to review and audit.

9/1/2021

*These criteria do not imply or guarantee approval. Please check with your plan to ensure coverage. Preauthorization requirements are only valid for the month published. They may have changed from previous months and may change in future months.*

