

The MetLife Vision product does not require preauthorization for routine vision care. Prior authorization is required for medically-necessary contact lenses, but not for elective contact lenses.

The only authorization needed for any service or material other than medically-necessary contact lenses is verification of eligibility based on the patient being an active member and eligible from a past services and plan frequency perspective. Services or materials recommended by a treating provider should comport with the following conditions:

- The purpose of the service or material is to check for and potentially correct a routine vision condition; and
- It is the appropriate service or material considering the potential benefits and harm to the patient.

Information used by MetLife for Decisions of Medical Necessity

Prior authorization is not required for medically-necessary contact lenses when MetLife benefit criteria is met and verified by a MetLife network doctor for eye conditions that would prohibit the use of glasses for visual correction. The conditions covered include aphakia, aniridia, anisometropia, corneal transplant, high ametropia, nystagmus, keratoconus, heredity corneal dystrophies and other eye conditions that make contact lenses necessary.

Prior authorization is not required for treatment under the Low Vision benefit enhancement when MetLife benefit criteria is met and verified by a MetLife network doctor. To qualify for Low Vision benefits, in the provider's determination a patient must meet one of the following criteria: visual acuity of 20/70 in at least one eye; visual field of 20 degrees or less; or hemianopsia.

For More Information

To learn more about the specific benefits covered under the MetLife Vision product, please refer to the Certificates of Coverage.