



Medically Necessary Contact Lens Clinical Criteria Effective January 1, 2018

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 ≥ -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 ≥ 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

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.