

Medically Necessary Contact Lens Clinical Criteria Effective January 1, 2018

Medically Necessary services describe vision care service(s) or treatment(s) that a provider exercising her/his prudent, clinical judgment would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that are:

- In accordance with the generally accepted standards of medical practice
- Clinically appropriate in terms of type, frequency, extent site, and duration
- Considered effective for the patient's illness, injury, or disease
- Not primarily for the convenience of the patient or the provider
- Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic and/or diagnostic results as to the patient's illness, injury, or disease.
- In lieu of eyeglasses and result in improved binocular function, including the avoidance of diplopia or suppression.
- Not the result of elective, post-refractive surgery complications

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, H44.23

1. Eyeglass prescription is ≥ -7.00 or $\geq +7.00$ diopters in any meridian of one or both eyes
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.