

**Clinical Criteria for Visually Required/Medically Necessary Contact Lenses**  
**Hierarchy of Decision Making**

- I. Consult National Coverage Determination (No NCD as of April 2016)
- II. Consult Local Coverage Determinations (One LCD for aphakia only, effective July 2016)
- III. Consult Davis Vision Clinical Criteria<sup>1</sup> when the treating provider submits documentation for one of the diagnoses listed below. A medically necessary determination is made based on whether or not the diagnosis submitted meets or does not meet the Davis Vision medically necessary criteria.

***Contact lenses may be visually required/medically necessary when the use of contact lenses, in lieu of eyeglasses results in an improvement of distance visual acuity of 2 lines or more unless there are extenuating clinical circumstances documented in the medical record. This is applicable to all 5 diagnoses listed below.***

**Keratoconus:** Documentation submitted with this request supports a diagnosis of keratoconus due to the presence of accepted keratometric and/or topographic findings in one or both eyes, or a diagnosis, history, corneal disorder, or lens brand exclusive to keratoconus, or other findings in the medical documentation that support the diagnosis of keratoconus.

**High Ametropia (Progressive/Pathological Myopia/Hyperopia):** Documentation submitted with this request supports a diagnosis of high ametropia because the degree of myopia is  $\geq -7.00$  or  $\geq +7.00$  diopters in one meridian of one or both eyes.

**Anisometropia:** Documentation submitted with this request supports a diagnosis of anisometropia because the difference in prescription between the right and left eyes is  $\geq 3.00$  diopters in one meridian of one or both eyes.

**Aphakia:** Documentation submitted with this request supports a diagnosis of aphakia because the patient does not have a functioning implanted intraocular lens in one or both eyes.

For Medicare only, identify which LCD was used in making the decision (Required element):

a. **LCD ID# L33793 - Refractive Lenses:**

Revision effective date for services performed on or after **07/01/2016**

Jurisdiction: All fifty (50) states, Puerto Rico, Virgin Islands, American Samoa, Guam, and Northern Mariana Islands

**Aniridia:** Documentation submitted with this request supports a diagnosis of aniridia because the patient does not have a fully functioning iris.

<sup>1</sup> American Optometric Association (AOA) Clinical Practice Guidelines & American Academy of Ophthalmology (AAO) Practice Pattern Guidelines