



In accordance with the New Jersey Department of Banking and Insurance “Health Claims Authorization, Processing and Payment Act (HCAPP),” Davis Vision is providing the following information concerning its utilization management program. Should any portion of this program or its administration change, Davis Vision will publish the change(s), no less than 30 calendar days before the information or policies or any changes in the information or policies take effect. Please note that the information provided below does not constitute a promise to pay or approve any or all claims submitted under the terms of this Davis Vision program. Should you have any questions regarding this program or the information below please contact Davis Vision’s Professional Relations Department at 1-800-933-9371.

MEDICAL NECESSITY

Medically Necessary Services--services or supplies necessary to prevent, diagnose, correct, prevent the worsening of, alleviate, ameliorate, or cure a physical or mental illness or condition; to maintain health; to prevent the onset of an illness, condition, or disability; to prevent or treat a condition that endangers life or causes suffering or pain or results in illness or infirmity; to prevent the deterioration of a condition; to promote the development or maintenance of maximal functioning capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age; to prevent or treat a condition that threatens to cause or aggravate a handicap or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the enrollee. The services provided, as well as the type of provider and setting, must be reflective of the level of services that can be safely provided, must be consistent with the diagnosis of the condition and appropriate to the specific medical needs of the enrollee and not solely for the convenience of the enrollee or provider of service and in accordance with standards of good medical practice and generally recognized by the medical scientific community as effective. Course of treatment may include mere observation or, where appropriate, no treatment at all. Experimental services or services generally regarded by the medical profession as unacceptable treatment are not medically necessary for purposes of this contract.

Medically necessary services provided must be based on peer-reviewed publications, expert pediatric, psychiatric, and medical opinion, and medical/pediatric community acceptance.

In the case of pediatric enrollees, this definition shall apply with the additional criteria that the services, including those found to be needed by a child as a result of a comprehensive screening visit or an inter-periodic encounter whether or not they are ordinarily covered services for all other Medicaid enrollees, are appropriate for the age and health status of the individual and that the service will aid the overall physical and mental growth and development of the individual and the service will assist in achieving or maintaining functional capacity.

MEDICALLY NECESSARY CONTACT LENSES

Some plans include enhanced coverage for medically necessary contact lenses. Contact Lenses may be determined to be medically necessary and appropriate in the treatment of patients affected by certain conditions. In general, contact lenses may be medically necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual acuity and/or improved binocular function, including avoidance of diplopia or suppression. Contact Lenses may be determined to be medically necessary in the treatment of the following nine (9) conditions:

Keratoconus

- Diagnosis confirmed by keratometric readings and observations, Placido disc or corneal topography
- Best correctable visual acuity with spectacles of 20/40 or less in either eye
- At least two lines improvement in best correctable visual acuity (as measured with standard Snellen chart) with rigid contact lenses
- Intact corneal epithelium
- Absence of corneal hydrops

Aphakia

- Aphakia in one or both eyes of congenital, surgical or traumatic etiology without implantation of an intraocular lens
- No corneal or vitreous opacities along the visual axis
- Intact macula
- Best correctable acuity of 20/100 or better
- Intact corneal epithelium

Anisometropia

- ≥ 4.00 diopters difference in prescription (spherical equivalent) between right and left eyes
- Best correctable acuity of 20/40 or better in the better eye
- Intact corneal epithelium

Aniseikonia

- Unequal image size between right and left eye resulting in intermittent or constant diplopia, suppression or binocular rivalry, or less than 100° stereopsis
- Intact corneal epithelium

Pathological Myopia

- Myopia >8.00 diopters in one or both eyes
- Intact corneal epithelium

Aniridia

- Aniridia of congenital, surgical or traumatic etiology in one or both eyes
- Intact corneal epithelium

Corneal Disorders

- Any condition of congenital, pathological or surgical etiology causing compromised integrity of the corneal curvature or media resulting in best correctable acuity of 20/70 or less with spectacles in one or both eyes
- Corneal opacification
- Intact corneal epithelium

Post-Traumatic Disorders

- Any condition of traumatic etiology causing compromised integrity of the corneal curvature or media resulting in best correctable acuity of 20/70 or less with spectacles in one or both eyes
- Corneal opacification
- Intact corneal epithelium

Irregular Astigmatism

- ≥ 2.00 diopters of astigmatism in either eye where the principal meridians are separated by less than 90° , resulting in best correctable acuity of 20/70 or less in the affected eye with spectacles
- At least two lines improvement in best correctable visual acuity (as measured with standard Snellen chart) with rigid contact lenses

Utilization review shall not be conducted more frequently than is reasonably required to assess whether the services under review are medically necessary.

PRIOR APPROVAL

When requesting Prior Approval for Medically Necessary services, the provider should complete a Prior Approval Form (Attachment “14”), including at a minimum the following information:

- Member’s and/or patient’s identification number
- Patient’s name
- Requested service or procedure
- Diagnosis
- Justification

The Prior Approval Form must be faxed to the Davis Vision Prior Approval Department at (800) 584-2329. A Davis Vision Prior Approval representative will review each request. Authorization for services, treatment or procedures will be issued by telephone and in writing within two (2) business days of the receipt of necessary information if the request is a covered benefit or medically necessary. Approval authorization is entered in CompuVision™. The Vice President of Professional Affairs and Quality Management reviews all denied requests. As part of the Vice President’s review, the practitioner may be contacted to discuss the case. All approvals are communicated to the network provider who communicates the decision to the member and/or patient. The provider and member are notified of any denials in writing according to the specific Plan protocol. Requests that are denied based on medically necessary criteria will comply with Davis Vision’s Member Appeal Process. Davis Vision will notify the provider and member via mail and will supply the following information:

- Criteria that was utilized, including the clinical rationale, if any, and the documentation supporting the decision
- Statement indicating that the decision will be final and binding unless the member appeals in writing to the Quality Assurance/Patient Advocate Department within 45 days of the date of the notice of the decision
- Copy of Davis Vision's Appeals Process, if applicable
- The decision of the Quality Assurance/Patient Advocate Department shall be final and binding unless appealed by the member to Davis Vision within 45 business days of the date of notice of the decision
- Name, position, and phone number and department of person(s) who was responsible for the outcome

In some cases, a client, plan or regulatory agency may mandate a specific appeal process. For all other members, Davis Vision's standard process will apply. For information regarding Davis Vision's standard appeal process please contact Davis Vision's Professional Relations Department at 1-800-933-9371.