Medical Necessity re: Keratoconus and Contact Lenses

Keratoconus (KC) is a progressive, bilateral eye disease of unknown etiology that leads to thinning and irregular bulging of the normally round, spherical cornea (the clear covering in front of the eye).

KC is characterized by protrusion of the central cornea, resulting in a ghosting and glare, photophobia, halos around lights, decreased vision, and monocular diplopia (double vision).

In the earliest stages of keratoconus, a patient may be successfully fitted with soft contact lenses; however, as the condition progresses, custom contact lenses are necessary to achieve satisfactory vision. Most keratoconus patients can achieve functional vision with specially designed therapeutic contact lenses.

KC is one of the few conditions where contact lenses are not cosmetic, but are medically necessary according to the 1999 AMA “Definition of Medical Necessity”. It is well-documented that specially designed contact lenses (E.g., rigid gas permeable (RGP), scleral, K-Rose, hybrid or a combination of a rigid gas permeable lens riding on a soft lens configuration(called tandem or piggyback) are the treatments of choice for patients with moderate-to-severe keratoconus. If contact lenses cannot be fitted or tolerated, a keratoconic individual must undergo a costly corneal transplant surgery to achieve useful vision.

These specially designed contact lenses restore vision by creating a smooth optical surface over the patient’s irregular, cone-shaped cornea. By correcting the distorted vision caused by KC, these lenses can provide the required visual acuity necessary to perform daily routines. Without these corrective lenses, these patients are visually handicapped. They would not be able to perform even the simplest tasks of daily life: reading, driving a car, attending school or work, or even recognizing a face across the room.

Based on the above information about keratoconus, we trust that you will deem corrective lenses medically necessary and worthy of insurance coverage for the treatment of the patient covered under your plan. For more information about keratoconus, visit the National Keratoconus Foundation website at www.nkcf.org. If you have questions or require further information about keratoconus, contact us by email at info@nkcf.org or by phone at 800-521-2524.

Sincerely,

Mary Prudden
Program Director
INSURANCE REIMBURSEMENT REQUEST

Beneficiary: _______________________________  Date of Birth: _______ ____________

Group #: ___________________  Policy #: __________________________________________

I have examined the above patient on _____/_____/____. Based on my examination and clinical
diagnosis, the patient has been diagnosed with **keratoconus**, an unusual ocular disease of the
cornea (ICD (371.60)).

Best corrected vision with spectacles was measured as OD_________  OS__________

Best corrected vision achieved with _______________________________________________(type of
lens) was measured as  OD________________  OS__________________.

Keratometry Readings:  

OD_________________/________________ @ ___________________  

OS_________________/________________ @ ___________________

The following codes list the services and supplies provided:

- 92071RT  Fitting of CL for Ocular Surface Disease, OD  $____________
- 92071LT  Fitting of CL for Ocular Surface Disease, OS  $____________
- 92072RT  Fitting of CL for keratoconus, OD  $____________
- 92072LT  Fitting of CL for keratoconus, OS  $____________
- 92313    Corneo-scleral CL fitting  $____________
- 99070    CL, supply of material  $____________
- V2513    GP / EW per lens  $____________
- V2531    Scleral Gas Permeable, per lens  $____________
- V2520    CL, hydrophilic, spherical, per lens  $____________
- V2510    CL, gas permeable, spherical per lens  $____________
- V2511    CL, gas permeable, toric, prism ballast, per lens  $____________
Clinical History:

- H18.609  Keratoconus, unspecified eye
- H18.601  Keratoconus, unspecified right eye
- H18.602  Keratoconus, unspecified left eye
- H18.603  Keratoconus, unspecified, bilateral
- H18.619  Keratoconus stable, unspecified eye
- H18.611  Keratoconus stable, right eye
- H18.612  Keratoconus stable, left eye
- H18.629  Keratoconus unstable, unspecified eye
- H18.621  Keratoconus unstable, right eye
- H18.622  Keratoconus unstable, left eye
- H18.623  Keratoconus unstable, bilateral

Thank you for taking the effort on behalf of my patient to review this case. Information about keratoconus can be found at the website of the National Keratoconus Foundation (www.nkcf.org), a nonprofit that provides information and education about this condition. If you need further information about this patient, please feel free to contact our office.

Doctor’s Signature__________________________ Date:__________________

Doctor’s Name: ____________________________________________________

Office Address: ____________________________________________________

__________________________________________________________________

Office Phone: _______________________

Office Fax: ________________________