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Insurance coverage for keratoconus (KC) usually requires the use of both vision and medical insurance. Vision insurance typically covers eye exams, refractive procedures and specialty contact lenses while medical insurance covers diagnostic testing, like corneal topography, and surgeries, such as corneal collagen cross-linking or corneal transplants, as well as medically necessary contact lenses.

We suggest selecting your eye doctor before solidifying your insurance plans. Finding an optometrist (OD) or ophthalmologist (MD) that you trust and is well experienced with treating keratoconus is extremely important. You can then check which medical insurance and vision plan networks your doctor is a part of, and from here you can enroll in a plan that works the best for your situation.

## Vision vs. Medical Insurance

It's important to note that each vision and medical insurance carrier has their own requirements you need to meet in order to receive coverage. Familiarize yourself with the rules by visiting the insurance company website, calling their customer service team, or talking with your employee benefits specialist (if you get your insurance through work) before committing to a policy.

<div><b>Vision Insurance</b></div> <div></div>	<div>Vision Service Plan (VSP), EyeMed, Superior Vision, Vision Benefits of America (VBA), Spectera, etc.</div> <div><ul style="list-style-type: none"><li>• Typically limited to one exam per year</li><li>• Refraction included in examination</li><li>• Eyeglasses coverage</li><li>• May offer medically necessary contact lens coverage</li><li>• Contact lens fittings and evaluation coverage</li><li>• Patient is typically responsible for copayments</li></ul></div>
<div><b>Medical Insurance</b></div> <div></div>	<div>Aetna, Medicare/Medicaid, Blue Cross Blue Shield, etc.</div> <div><ul style="list-style-type: none"><li>• Covers diagnostic testing services for medical conditions (i.e. keratoconus), but not routine eye exams or ocular health check ups</li><li>• Covers eye surgery, such as corneal transplants or Intacs</li><li>• No limit to number of visits when medically necessary</li><li>• May pay for medically necessary contact lenses and fittings</li><li>• FDA-approved cross-linking covered by most plans</li></ul></div>

*\*Please note that each insurance policy may have specific requirements or benefits. This list is meant to serve as a general guideline to vision vs. medical insurance and is no way comprehensive.*

To determine if your treatment or procedure is covered by your insurance, you will need to look for the treatment or procedures in the medical policy that you can find on your insurance company's website and compare it to your specific benefit plan. You will need to look for one of three policies:

- **Positive Coverage Policy**
  - This is a published policy describing the circumstances in which they will pay for the procedure or treatment.
  - Take note of any restrictions or necessary steps like prior authorization to ensure the claim will get paid.
  - If the service is covered and your doctor is in the network of providers, the doctor will submit a claim and be paid directly by the insurer. You will only be responsible for the co-pay or deductible as determined by your policy.
  - If your insurance plan indicates that it will cover the costs of your treatment or procedure, and your eye doctor is a member of the plan's physician network, your doctor cannot ask you to pay for the service out-of-pocket and cannot balance bill you the difference between what they are paid by the insurer and the amount on the claim.
- **No Published Policy**
  - If your insurance company has no written policy concerning the treatment or procedure, you will need to contact your employee benefits specialist (if you are insured through work) or call to speak with the insurance agency representative.
  - Be prepared by having the Current Procedural Terminology (CPT) code and diagnosis code (ICD-10-CM) on hand.
  - If your insurance does not have a written policy, your doctor may recommend that you pay for the treatment or procedure out-of-pocket, and together you can try to appeal to the insurer for reimbursement after the procedure. Make sure that your doctor is willing to help you by filing a claim and appealing any denials. If getting the claim appealed by your insurer is successful, your doctor will return the money you paid in advance of the treatment or procedure.
- **Negative Coverage Policy**
  - If your insurance has a written policy specifically excluding coverage for the treatment or procedure, you will be expected to pay out-of-pocket.

Prior authorization	Predetermination
<p>Some insurance plans have this as a requirement in order to <i>approve</i> the procedure prior to performing it.</p> <ul style="list-style-type: none"><li>● Pre-service medical necessity review</li><li>● If the plan requires this step and you <i>do not</i> get approval, the plan <u>will not</u> cover the procedure</li></ul>	<p>A voluntary request to <i>review</i> benefits before performing a procedure.</p> <ul style="list-style-type: none"><li>● Can determine what percentage of the procedure can be covered by the plan</li><li>● This does not ensure coverage, but it can be helpful to get a claim through the first time</li></ul>

# Medically Necessary Contact Lenses

Some vision insurance plans will cover your contact lenses if they are deemed medically necessary. If your vision can be corrected with eyeglasses, then the contacts will be considered elective and will not be covered.

While keratoconus is a medical condition that requires contact lenses in most cases, qualifying for medically necessary contact lenses varies among vision insurance plans. Some plans, such as EyeMed and Medical Eye Services, require the severity of keratoconus to meet a certain stage before they will cover contact lenses. Other plans, such as Vision Service Plan (VSP), will qualify most keratoconus patients, regardless of severity. Check with your benefit plan to ensure that the medically necessary add-on is included in order for it to be covered.

It is important to note that just because your insurance may "cover" medically necessary contact lenses, that does not mean all expenses will be covered in full. The amount covered varies from plan-to-plan, and you will likely still be responsible for co-payments in addition to whatever the insurance does not cover. Your eye doctor will help explain your plan benefits.

Pre-authorization is a requirement by some insurance plans to approve the lenses so that it can be covered by insurance. The doctor will need to contact the insurance agency with this information:

1. Your medical diagnosis ICD-10-CM code
2. The procedure (CPT) codes they are using for the contact lens *fitting* (likely **92072**) .
3. The V-code for the contact lens *type*.

The insurance carrier will then confirm whether or not they will cover the expenses based on these details.

## Contact Lens Questions to Ask Your Doctor:

- Are contact lenses covered by my vision or medical plan, or is it out-of-pocket?
- Does this quote include both the fitting and the lenses themselves?
- Does this quote include follow-up visits?
- Does this quote include lens adjustments?
- What is the replacement window for my lenses?
- What other associated costs will I have (special solutions, etc.)?

## Corneal Cross-Linking (CXL)

Most medical insurance plans cover the FDA-approved version (epithelium-off) corneal cross-linking (CXL) as the accepted treatment for progressive KC. Epithelium-on is still considered experimental and therefore will not be covered by medical insurance. If your treatment includes a combination of epi-off CXL with other procedures, such as Intacs or vision correction surgery, you will likely be expected to pay out-of-pocket for the entire procedure.

Some plans require keratoconus to be at a certain stage or requires proof of progression. Work with your doctor to gather the proper documentation for the insurance company, which may involve collecting medical records from past eye exams to demonstrate disease progression. To make sure the procedure is covered, you will need to look at the procedure's medical policy that you can find on your insurance's website (search "keratoconus" or "corneal collagen cross-linking"). You can also talk to your health plan representative or your employee benefits specialist (if you get your insurance through work) to receive more information.

### CXL Questions to Ask Your Doctor:

- Is the protocol and device used in the CXL procedure FDA-approved? (If not, you will be self pay).
- If your insurance does not cover the procedure, and you are self pay, how much is the total cost and what is included? If you need CXL in both eyes, does this price account for both eyes?
- Will you have to pay additional for post-operative visits, or will this be part of the quoted price?
- You will likely need new contact lenses after CXL. Are these included in the quote?
- Will your doctor submit the claim on your behalf so that you can have appeal rights?

### Useful Codes for Keratoconus Treatment

ICD-10-CM Diagnosis Codes	
H18.601 Keratoconus, unspecified	<ul style="list-style-type: none"><li>• H18.601 Keratoconus, unspecified, right eye</li><li>• H18.602 Keratoconus, unspecified, left eye</li><li>• H18.603 Keratoconus, unspecified, bilateral</li><li>• H18.609 Keratoconus, unspecified, unspecified eye</li></ul>
H18.61 Keratoconus, stable	<ul style="list-style-type: none"><li>• H18.611 Keratoconus, stable, right eye</li><li>• H18.612 Keratoconus, stable, left eye</li><li>• H18.613 Keratoconus, stable, bilateral</li><li>• H18.619 Keratoconus, stable, unspecified eye</li></ul>
H18.61 Keratoconus, unstable	<ul style="list-style-type: none"><li>• H18.621 Keratoconus, unstable, right</li></ul>

	eye <ul style="list-style-type: none"> <li>● H18.622 Keratoconus, unstable, left eye</li> <li>● H18.623 Keratoconus, unstable, bilateral</li> <li>● H18.629 Keratoconus, unstable, unspecified eye</li> </ul>
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Current Procedural Terminology (CPT) Codes / J-Codes	
92072	Keratoconus contact lens fitting for most lenses
92499	Keratoconus contact lens fitting for Hybrid lenses, hand painted prosthetic lenses, lenses made from ocular surface molding, or for myopia management
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
J2787	Riboflavin 5'-Phosphophate, ophthalmic solution, up to 3ml

V-Codes for contact lens materials	
V2510	Contact lens, GP, Spherical, per lens
V2511	Contact lens, GP, Toric, per lens
V2512	Contact lens, GP, Bifocal, per lens

V2513	Contact lens, GP, extended wear, per lens
V2520	Contact lens, Hydrophilic, spherical, per lens
V2521	Contact lens, Hydrophilic, Toric, per lens
V2522	Contact lens, Hydrophilic, bifocal, per lens
V2523	Contact lens, Hydrophilic, extended wear, per lens
V2530	Contact lens, GP, Scleral, per lens
V2531	Contact lens, GP, Scleral, per lens
V2627	Scleral cover shell
V2599	Contact lens, other type (Hybrid lenses, Hand painted prosthetic lenses, Lenses made from ocular surface molding, Myopia management)

References:

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[2] *Cross-linking Billing Guidelines*. ASCRS. (n.d.).  
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[https://www.aao.org/practice-management/news-detail/how-to-bill-corneal-cross-linking#:~:text=The%20best%20way%20to%20do,preferred%20method%20of%20claim%20submissi on](https://www.aao.org/practice-management/news-detail/how-to-bill-corneal-cross-linking#:~:text=The%20best%20way%20to%20do,preferred%20method%20of%20claim%20submission)

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[6] Woo, S. (2020, February 1). *Specialty Lens Billing and Coding*. Contact Lens Spectrum.  
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