

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 history, 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: _____