

Clinical Policy: Medically Necessary Optical Hardware

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[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes clinical indications for medically necessary optical hardware.

Policy/Criteria

- I.** It is the policy of health plans affiliated with Envolve Vision, Inc.[®] (Envolve) that bandage contact lenses are **medically necessary** for any of the following indications:
- A. Noninfectious keratitis or ulceration of the cornea;
 - B. Recurrent corneal erosion;
 - C. Corneal abrasion, injury, burn or other trauma;
 - D. Corneal perforation;
 - E. Corneal transplantation;
 - F. Dry eye resistant to more conservative treatment, including frequent artificial tears.
- II.** It is the policy of health plans affiliated with Envolve that the following optical lens features are **medically necessary** for any of the following indications:
- A. Lens tint and ultraviolet coatings
 1. Albinism;
 2. Congenital aphakia.
 - B. Polycarbonate lenses:
 1. Children who have a very strong prescription ($\geq \pm 6$ diopters of spherical equivalence)¹;
 2. Children or adults who have vision in only one eye;
 3. Children or adults with medical conditions involving a lack of muscular control that require an impact resistance lens (muscular dystrophy, cerebral palsy, etc.).
 - C. High-index, aspheric or lenticular ophthalmic lenses
 1. High refractive error ($>6.00D$)
 - D. Optical prisms
 1. Diplopia;
 2. Heterotropia;
 3. Heterophoria;
 4. Esotropia;
 5. Exotropia;
 6. Strabismus and other binocular disorders.
- III.** It is the policy of health plans affiliated with Envolve that rigid contact lenses are **medically necessary** for any of the following indications:
- A. Keratoconus;

¹ Texas Medicaid allows reimbursement of polycarbonate lenses when the lens power in at least one meridian reaches or exceeds $-5.25/+4.00$ diopters.

CLINICAL POLICY

Medically Necessary Optical Hardware

- B. Following corneal transplantation;
- C. Following resolved ocular trauma resulting in disruption of the overall refractive integrity of the cornea.

IV. It is the policy of health plans affiliated with Envolve that disposable contact lenses are **medically necessary** for any of the following indications:

- A. Aphakia;
- B. Pathological myopia or severe hyperopia (>8.00 diopters in one or both eyes);
- C. Aniridia;
- D. Anisometropia with ≥ 4.00 diopters difference in prescription between right and left eyes and best corrective visual acuity of 20/40 or better in the better eye;
- E. Aniseikonia with unequal image size between right and left eye resulting in intermittent or constant diplopia, suppression or binocular activity or less than 100° stereopsis.

V. It is the policy of health plans affiliated with Envolve that aphakic or pseudophakic eyewear is **medically necessary** for any of the following indications:

- A. Congenital aphakia;
- B. Following cataract surgery with or without intraocular lens.

IV. It is the policy of health plans affiliated with Envolve that safety frames are **medically necessary** for any of the following indications:

- A. Children or adults who have vision in only one eye;
- B. Medical conditions involving a lack of muscular control that require an impact resistance frame (muscular dystrophy, cerebral palsy, etc.).

Background

Payer specific administrative agreements and appropriate federal or state guidelines are followed when providing for medically necessary optical hardware. Payment is made in accordance with the Centers for Medicare and Medicaid Services (CMS) and/or individual State Medicaid guidelines, as applicable. It is required that providers maintain a copy of the material invoice along with a detailed description of the items(s) for all codes manually priced as noted in the fee schedule. When medically necessary hardware is a covered benefit of a Payer, retrospective review will be employed in the form of claim data analysis and targeted medical record review to ensure the medical necessity and appropriate dispensing of optical hardware. Medical necessity is covered in accordance with Payer, Medicare, State Medicaid or clinical policies, with adherence to the most stringent criteria. Consult individual Plan Specifics and the applicable State Medicaid manual for payable services related to medically necessary optical hardware.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

CLINICAL POLICY
Medically Necessary Optical Hardware



Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	Replacement of contact lens
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92370	Repair and refitting spectacles; except for aphakia

HCPCS Codes	Description
S0500	Disposable contact lens
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens
S0512	Daily wear specialty contact lens, per lens

CLINICAL POLICY
Medically Necessary Optical Hardware

HCPCS Codes	Description
S0514	Color contact lens, per lens
S0515	Scleral lens, liquid bandage device, per lens
S0516	Safety eyeglass frames
S0518	Sunglasses frames
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)
S0592	Comprehensive contact lens evaluation
V2020	Standard Frame
V2025	Deluxe Frame
V2100	Lens sphere single plano - 4.00
V2101	Single vision sphere 4.12-7.00
V2102	Single vision sphere 7.12-20.00
V2103	Spherocylinder 4.00d/12-2.00d
V2104	Spherocylinder 4.00d/2.12-4d
V2105	Spherocylinder 4.00d/4.25-6d
V2106	Spherocylinder 4.00d/>6.00d
V2107	Spherocylinder 4.25d/12-2d
V2108	Spherocylinder 4.25d/2.12-4d
V2109	Spherocylinder 4.25d/4.25-6d
V2110	Spherocylinder 4.25d/over 6d
V2111	Spherocylinder 7.25d/.25-2.25
V2112	Spherocylinder 7.25d/2.25-4d
V2113	Spherocylinder 7.25d/4.25-6d
V2114	Spherocylinder over 12.00d
V2115	Lens lenticular bifocal
V2118	Lens aniseikonic single
V2121	Lenticular lens, single
V2200	Lens sphere bifocal plano - 4.00d
V2201	Lens sphere bifocal 4.12-7.0
V2202	Lens sphere bifocal 7.12-20.
V2203	Lens Spherocylinder bifocal 4.00d/.1
V2204	Lens Spherocylinder bifocal 4.00d/2.1
V2205	Lens Spherocylinder bifocal 4.00d/4.2
V2206	Lens Spherocylinder bifocal 4.00d/over
V2207	Lens Spherocylinder bifocal 4.25-7d/.
V2208	Lens Spherocylinder bifocal 4.25-7/2.
V2209	Lens Spherocylinder bifocal 4.25-7/4.
V2210	Lens Spherocylinder bifocal 4.25-7/over
V2211	Lens Spherocylinder bifocal 7.25-12/.25-
V2212	Lens Spherocylinder bifocal 7.25-12/2.2
V2213	Lens Spherocylinder bifocal 7.25-12/4.2
V2214	Lens Spherocylinder bifocal over 12.
V2215	Lens lenticular bifocal

CLINICAL POLICY
Medically Necessary Optical Hardware

HCPCS Codes	Description
V2218	Lens aniseikonic bifocal
V2219	Lens bifocal seg width over
V2220	Lens bifocal add over 3.25d
V2221	Lenticular lens, bifocal
V2300	Lens sphere trifocal 4.00d
V2301	Lens sphere trifocal 4.12-7.
V2302	Lens sphere trifocal 7.12-20
V2303	Lens Spherocylinder trifocal 4.0/.12-
V2304	Lens Spherocylinder trifocal 4.0/2.25
V2305	Lens Spherocylinder trifocal 4.0/4.25
V2306	Lens Spherocylinder trifocal 4.00/>6
V2307	Lens Spherocylinder trifocal 4.25-7/.
V2308	Lens Spherocylinder trifocal 4.25-7/2.
V2309	Lens Spherocylinder trifocal 4.25-7/4.
V2310	Lens Spherocylinder trifocal 4.25-7/>6
V2311	Lens Spherocylinder trifocal 7.25-12/.25-
V2312	Lens Spherocylinder trifocal 7.25-12/2.25
V2313	Lens Spherocylinder trifocal 7.25-12/4.25
V2314	Lens Spherocylinder trifocal over 12
V2315	Lens lenticular trifocal
V2318	Lens aniseikonic trifocal
V2319	Trifocal seg width over 28 mm
V2320	Trifocal add over 3.25d
V2321	Lenticular lens, trifocal
V2410	Lens variable asphericity single vision
V2430	Lens variable asphericity bifocal
V2499	Lens variable asphericity, other type
V2500	Contact lens PMMA, spherical
V2501	Contact lens PMMA, toric/prism ballast
V2502	Contact lens PMMA, bifocal
V2503	Contact lens PMMA, color vision deficiency
V2510	Contact lens gas permeable, spherical
V2511	Contact lens gas permeable, toric/prism ballast
V2512	Contact lens gas permeable, bifocal
V2513	Contact lens gas permeable, extended wear
V2520	Contact lens hydrophilic
V2521	Contact lens hydrophilic, toric
V2522	Contact lens hydrophilic, bifocal
V2523	Contact lens hydrophilic, extended wear
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2599	Contact lens, other type
V2700	Balance lens

CLINICAL POLICY

Medically Necessary Optical Hardware

HCPCS Codes	Description
V2702	Deluxe lens feature
V2710	Slab off prism, glass or plastic
V2715	Prism
V2718	Fresnel prism, press-on lens
V2730	Special base curve, glass or plastic
V2744	Tint photochromatic lens
V2745	Tint, any color, solid, gradient or equal
V2750	Anti-reflective coating
V2755	UV lens
V2760	Scratch resistant coating
V2761	Mirror coating
V2762	Polarization
V2770	Occluder lens
V2780	Oversize lens
V2781	Progressive lens
V2782	High Index Lens, 1.54-1.65 p/1.60-1.79 g
V2783	High Index Lens, >= 1.66 p/>=1.80 g
V2784	Polycarbonate or equal lens
V2786	Occupational multifocal lens

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

Medical indications for bandage contact lenses (I):

ICD-10-CM Code	Description
G51.0	Bell's palsy
H44.421	Hypotony of right eye due to ocular fistula
H44.422	Hypotony of left eye due to ocular fistula
H44.423	Hypotony of eye due to ocular fistula, bilateral
H44.411	Flat anterior chamber hypotony of right eye
H44.412	Flat anterior chamber hypotony of left eye
H44.413	Flat anterior chamber hypotony of eye, bilateral
H16.041	Marginal corneal ulcer, right eye
H16.042	Marginal corneal ulcer, left eye
H16.043	Marginal corneal ulcer, bilateral
H16.021	Ring corneal ulcer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	Ring corneal ulcer, bilateral
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	Central corneal ulcer, bilateral
H16.031	Corneal ulcer with hypopyon, right eye
H16.032	Corneal ulcer with hypopyon, left eye
H16.033	Corneal ulcer with hypopyon, bilateral

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H16.061	Mycotic corneal ulcer, right eye
H16.062	Mycotic corneal ulcer, left eye
H16.063	Mycotic corneal ulcer, bilateral
H16.071	Perforated corneal ulcer, right eye
H16.072	Perforated corneal ulcer, left eye
H16.073	Perforated corneal ulcer, bilateral
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral
H16.141	Punctate keratitis, right eye
H16.142	Punctate keratitis, left eye
H16.143	Punctate keratitis, bilateral
H16.111	Macular keratitis, right eye
H16.112	Macular keratitis, left eye
H16.113	Macular keratitis, bilateral
H16.121	Filamentary keratitis, right eye
H16.122	Filamentary keratitis, left eye
H16.123	Filamentary keratitis, bilateral
H16.221	Keratoconjunctivitis sicca, not specified as Sjogren's, right eye
H16.222	Keratoconjunctivitis sicca, not specified as Sjogren's, left eye
H16.223	Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral
H16.211	Exposure keratoconjunctivitis, right eye
H16.212	Exposure keratoconjunctivitis, left eye
H16.213	Exposure keratoconjunctivitis, bilateral
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H18.11	Bullous keratopathy, right eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.831	Recurrent erosion of cornea, right eye
H18.832	Recurrent erosion of cornea, left eye
H18.833	Recurrent erosion of cornea, bilateral
H18.421	Band keratopathy, right eye
H18.422	Band keratopathy, left eye
H18.423	Band keratopathy, bilateral
H18.51	Endothelial corneal dystrophy
H18.731	Descemetocoele, right eye
H18.732	Descemetocoele, left eye
H18.733	Descemetocoele, bilateral
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
M35.01	Sicca syndrome with keratoconjunctivitis
M35.02	Sicca syndrome with lung involvement
M35.03	Sicca syndrome with myopathy
M35.04	Sicca syndrome with tubulo-interstitial nephropathy
M35.09	Sicca syndrome with other organ involvement
S05.31XA	Ocular laceration without prolapse or loss of intraocular tissue, right eye, initial encounter
S05.31XD	Ocular laceration without prolapse or loss of intraocular tissue, right eye, subsequent encounter
S05.31XS	Ocular laceration without prolapse or loss of intraocular tissue, right eye, sequela
S05.32XA	Ocular laceration without prolapse or loss of intraocular tissue, left eye, initial encounter
S05.32XD	Ocular laceration without prolapse or loss of intraocular tissue, left eye, subsequent encounter
S05.32XS	Ocular laceration without prolapse or loss of intraocular tissue, left eye, sequela
S05.01XA	Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter
S05.01XD	Injury of conjunctiva and corneal abrasion without foreign body, right eye, subsequent encounter
S05.01XS	Injury of conjunctiva and corneal abrasion without foreign body, right eye, sequela
S05.02XA	Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter
S05.02XD	Injury of conjunctiva and corneal abrasion without foreign body, left eye, subsequent encounter
S05.02XS	Injury of conjunctiva and corneal abrasion without foreign body, left eye, sequela
T15.01XA	Foreign body in cornea, right eye, initial encounter
T15.01XD	Foreign body in cornea, right eye, subsequent encounter
T15.01XS	Foreign body in cornea, right eye, sequela
T15.02XA	Foreign body in cornea, left eye, initial encounter
T15.02XD	Foreign body in cornea, left eye, subsequent encounter
T15.02XS	Foreign body in cornea, left eye, sequela
T26.11XA	Burn of cornea and conjunctival sac, right eye, initial encounter
T26.11XD	Burn of cornea and conjunctival sac, right eye, subsequent encounter
T26.11XS	Burn of cornea and conjunctival sac, right eye, sequela
T26.12XA	Burn of cornea and conjunctival sac, left eye, initial encounter
T26.12XD	Burn of cornea and conjunctival sac, left eye, subsequent encounter
T26.12XS	Burn of cornea and conjunctival sac, left eye, sequela
T26.61XA	Corrosion of cornea and conjunctival sac, right eye, initial encounter

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
T26.61XD	Corrosion of cornea and conjunctival sac, right eye, subsequent encounter
T26.61XS	Corrosion of cornea and conjunctival sac, right eye, sequela
T26.62XA	Corrosion of cornea and conjunctival sac, left eye, initial encounter
T26.62XD	Corrosion of cornea and conjunctival sac, left eye, subsequent encounter
T26.62XS	Corrosion of cornea and conjunctival sac, left eye, sequela
Z94.7	Corneal transplant status

Medical Indications for lens tint and ultraviolet coatings (II.A)

ICD-10-CM Code	Description
E70.30-E70.39	Albinism
Q12.3	Congenital aphakia

Medical indications for polycarbonate lenses (II.B):

ICD-10-CM Code	Description
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F95.1	Chronic motor or vocal tic disorder
G20	Parkinson's disease
G20.	Parkinson's disease
G21.11	Neuroleptic induced parkinsonism
G21.19	Other drug induced secondary parkinsonism
G21.3	Post-encephalitic parkinsonism
G21.4	Vascular parkinsonism
G21.8	Other secondary parkinsonism
G31.83	Dementia with Lewy bodies
G31.84	Mild cognitive impairment, so stated
G35	Multiple sclerosis
G35.	Multiple sclerosis
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.89	Other seizures
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G40.A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus
G40.A11	Absence epileptic syndrome, intractable, with status epilepticus
G40.A19	Absence epileptic syndrome, intractable, without status epilepticus
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus
G71.0	Muscular dystrophy
G71.11	Myotonic muscular dystrophy
G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G71.2	Congenital myopathies
G71.3	Mitochondrial myopathy, not elsewhere classified
G71.8	Other primary disorders of muscles
G72.0	Drug-induced myopathy
G72.2	Myopathy due to other toxic agents
G72.3	Periodic paralysis
G72.41	Inclusion body myositis [IBM]
G72.49	Other inflammatory and immune myopathies, not elsewhere classified
G72.81	Critical illness myopathy
G72.89	Other specified myopathies
G72.9	Myopathy, unspecified
G73.7	Myopathy in diseases classified elsewhere
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
H33.001	Unspecified retinal detachment with retinal break, right eye
H33.002	Unspecified retinal detachment with retinal break, left eye
H33.003	Unspecified retinal detachment with retinal break, bilateral
H33.011	Retinal detachment with single break, right eye
H33.012	Retinal detachment with single break, left eye
H33.013	Retinal detachment with single break, bilateral
H33.021	Retinal detachment with multiple breaks, right eye
H33.022	Retinal detachment with multiple breaks, left eye
H33.023	Retinal detachment with multiple breaks, bilateral
H33.031	Retinal detachment with giant retinal tear, right eye
H33.032	Retinal detachment with giant retinal tear, left eye
H33.033	Retinal detachment with giant retinal tear, bilateral
H33.041	Retinal detachment with retinal dialysis, right eye
H33.042	Retinal detachment with retinal dialysis, left eye
H33.043	Retinal detachment with retinal dialysis, bilateral
H33.051	Total retinal detachment, right eye
H33.052	Total retinal detachment, left eye
H33.053	Total retinal detachment, bilateral
H33.191	Other retinoschisis and retinal cysts, right eye
H33.192	Other retinoschisis and retinal cysts, left eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.021	Retinal detachment with multiple breaks, right eye
H33.022	Retinal detachment with multiple breaks, left eye
H33.023	Retinal detachment with multiple breaks, bilateral
H33.301	Unspecified retinal break, right eye
H33.302	Unspecified retinal break, left eye
H33.303	Unspecified retinal break, bilateral
H33.311	Horseshoe tear of retina without detachment, right eye
H33.312	Horseshoe tear of retina without detachment, left eye
H33.313	Horseshoe tear of retina without detachment, bilateral
H33.321	Round hole, right eye
H33.322	Round hole, left eye
H33.323	Round hole, bilateral
H33.331	Multiple defects of retina without detachment, right eye
H33.332	Multiple defects of retina without detachment, left eye
H33.333	Multiple defects of retina without detachment, bilateral
H33.41	Traction detachment of retina, right eye
H33.42	Traction detachment of retina, left eye
H33.43	Traction detachment of retina, bilateral
H33.8	Other retinal detachments

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H44.21	Degenerative myopia, right eye
H44.22	Degenerative myopia, left eye
H44.23	Degenerative myopia, bilateral
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral
H44.2B1	Degenerative myopia with macular hole, right eye
H44.2B2	Degenerative myopia with macular hole, left eye
H44.2B3	Degenerative myopia with macular hole, bilateral
H44.2C1	Degenerative myopia with retinal detachment, right eye
H44.2C2	Degenerative myopia with retinal detachment, left eye
H44.2C3	Degenerative myopia with retinal detachment, bilateral
H44.2D1	Degenerative myopia with foveoschisis, right eye
H44.2D2	Degenerative myopia with foveoschisis, left eye
H44.2D3	Degenerative myopia with foveoschisis, bilateral
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye
H53.003	Unspecified amblyopia, bilateral
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.041	Amblyopia suspect, right eye
H53.042	Amblyopia suspect, left eye
H53.043	Amblyopia suspect, bilateral
H54.0X33	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Blindness right eye category 3, blindness left eye category 4
H54.0X35	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Blindness right eye category 5, blindness left eye category 5
H54.1131	Blindness right eye category 3, low vision left eye category 1

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H54.1132	Blindness right eye category 3, low vision left eye category 2
H54.1141	Blindness right eye category 4, low vision left eye category 1
H54.1142	Blindness right eye category 4, low vision left eye category 2
H54.1151	Blindness right eye category 5, low vision left eye category 1
H54.1152	Blindness right eye category 5, low vision left eye category 2
H54.1213	Low vision right eye category 1, blindness left eye category 3
H54.1214	Low vision right eye category 1, blindness left eye category 4
H54.1215	Low vision right eye category 1, blindness left eye category 5
H54.1223	Low vision right eye category 2, blindness left eye category 3
H54.1224	Low vision right eye category 2, blindness left eye category 4
H54.1225	Low vision right eye category 2, blindness left eye category 5
H54.2X11	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Low vision right eye category 2, low vision left eye category 2
H54.413A	Blindness right eye category 3, normal vision left eye
H54.414A	Blindness right eye category 4, normal vision left eye
H54.415A	Blindness right eye category 5, normal vision left eye
H54.42A3	Blindness left eye category 3, normal vision right eye
H54.42A4	Blindness left eye category 4, normal vision right eye
H54.42A5	Blindness left eye category 5, normal vision right eye
H54.511A	Low vision right eye category 1, normal vision left eye
H54.512A	Low vision right eye category 2, normal vision left eye
H54.52A1	Low vision left eye category 1, normal vision right eye
H54.52A2	Low vision left eye category 2, normal vision right eye
H81.01	Meniere's disease, right ear
H81.02	Meniere's disease, left ear
H81.03	Meniere's disease, bilateral
H81.09	Meniere's disease, unspecified ear
H81.10	Benign paroxysmal vertigo, unspecified ear
H81.11	Benign paroxysmal vertigo, right ear
H81.12	Benign paroxysmal vertigo, left ear
H81.13	Benign paroxysmal vertigo, bilateral
H81.20	Vestibular neuronitis, unspecified ear
H81.21	Vestibular neuronitis, right ear
H81.22	Vestibular neuronitis, left ear
H81.23	Vestibular neuronitis, bilateral
H81.311	Aural vertigo, right ear
H81.312	Aural vertigo, left ear
H81.313	Aural vertigo, bilateral
H81.319	Aural vertigo, unspecified ear
H81.391	Other peripheral vertigo, right ear
H81.392	Other peripheral vertigo, left ear

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H81.393	Other peripheral vertigo, bilateral
H81.399	Other peripheral vertigo, unspecified ear
H83.01	Labyrinthitis, right ear
H83.02	Labyrinthitis, left ear
H83.03	Labyrinthitis, bilateral
H83.09	Labyrinthitis, unspecified ear
H83.11	Labyrinthine fistula, right ear
H83.12	Labyrinthine fistula, left ear
H83.13	Labyrinthine fistula, bilateral
H83.19	Labyrinthine fistula, unspecified ear
H83.2X1	Labyrinthine dysfunction, right ear
H83.2X2	Labyrinthine dysfunction, left ear
H83.2X3	Labyrinthine dysfunction, bilateral
H83.2X9	Labyrinthine dysfunction, unspecified ear
P10.0	Subdural hemorrhage due to birth injury
P10.1	Cerebral hemorrhage due to birth injury
P10.4	Tentorial tear due to birth injury
P10.8	Other intracranial lacerations and hemorrhages due to birth injury
P52.4	Intracerebral (nontraumatic) hemorrhage of newborn
P52.6	Cerebellar (nontraumatic) and posterior fossa hemorrhage of newborn
P52.8	Other intracranial (nontraumatic) hemorrhages of newborn
P52.9	Intracranial (nontraumatic) hemorrhage of newborn, unspecified
Q87.40	Marfan's syndrome, unspecified
Q87.410	Marfan's syndrome with aortic dilation
Q87.418	Marfan's syndrome with other cardiovascular manifestations
Q87.42	Marfan's syndrome with ocular manifestations
Q87.43	Marfan's syndrome with skeletal manifestation
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
S06.890A	Other specified intracranial injury without loss of consciousness, initial encounter
S06.890D	Other specified intracranial injury without loss of consciousness, subsequent encounter
S06.890S	Other specified intracranial injury without loss of consciousness, sequela
S06.891A	Other specified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter
S06.891D	Other specified intracranial injury with loss of consciousness of 30 minutes or less, subsequent encounter
S06.891S	Other specified intracranial injury with loss of consciousness of 30 minutes or less, sequela

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
S06.892A	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.892D	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.892S	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.893A	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.893D	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.893S	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.894A	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.894D	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.894S	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.895A	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.895D	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.895S	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.896A	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.896D	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.896S	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.899A	Other specified intracranial injury with loss of consciousness of unspecified duration, initial encounter
S06.899D	Other specified intracranial injury with loss of consciousness of unspecified duration, subsequent encounter
S06.899S	Other specified intracranial injury with loss of consciousness of unspecified duration, sequela
S06.9X0A	Unspecified intracranial injury without loss of consciousness, initial encounter

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
S06.9X0D	Unspecified intracranial injury without loss of consciousness, subsequent encounter
S06.9X0S	Unspecified intracranial injury without loss of consciousness, sequela
S06.9X1A	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter
S06.9X1D	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, subsequent encounter
S06.9X1S	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.9X2A	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.9X2D	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.9X2S	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.9X3A	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.9X3D	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.9X3S	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.9X4A	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.9X4D	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.9X4S	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.9X5A	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.9X5D	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.9X5S	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.9X6A	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.9X6D	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.9X6S	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
S06.9X9A	Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter
S06.9X9D	Unspecified intracranial injury with loss of consciousness of unspecified duration, subsequent encounter
S06.9X9S	Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.21XD	Breakdown (mechanical) of intraocular lens, subsequent encounter
T85.21XS	Displacement of intraocular lens, sequela
T85.22XA	Displacement of intraocular lens, initial encounter
T85.22XD	Displacement of intraocular lens, subsequent encounter
T85.22XS	Displacement of intraocular lens, sequela
T85.29XA	Other mechanical complication of intraocular lens, initial encounter
T85.29XD	Other mechanical complication of intraocular lens, subsequent encounter
T85.29XS	Other mechanical complication of intraocular lens, sequela
T85.310A	Breakdown (mechanical) of prosthetic orbit of right eye, initial encounter
T85.310D	Breakdown (mechanical) of prosthetic orbit of right eye, subsequent encounter
T85.310S	Breakdown (mechanical) of prosthetic orbit of right eye, sequela
T85.311A	Breakdown (mechanical) of prosthetic orbit of left eye, initial encounter
T85.311D	Breakdown (mechanical) of prosthetic orbit of left eye, subsequent encounter
T85.311S	Breakdown (mechanical) of prosthetic orbit of left eye, sequela
T85.318A	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter
T85.318D	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.318S	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, sequela
T85.320A	Displacement of prosthetic orbit of right eye, initial encounter
T85.320D	Displacement of prosthetic orbit of right eye, subsequent encounter
T85.320S	Displacement of prosthetic orbit of right eye, sequela
T85.321A	Displacement of prosthetic orbit of left eye, initial encounter
T85.321D	Displacement of prosthetic orbit of left eye, subsequent encounter
T85.321S	Displacement of prosthetic orbit of left eye, sequela
T85.328A	Displacement of other ocular prosthetic devices, implants and grafts, initial encounter
T85.328D	Displacement of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.328S	Displacement of other ocular prosthetic devices, implants and grafts, sequela

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
T85.390A	Other mechanical complication of prosthetic orbit of right eye, initial encounter
T85.390D	Other mechanical complication of prosthetic orbit of right eye, subsequent encounter
T85.390S	Other mechanical complication of prosthetic orbit of right eye, sequela
T85.391A	Other mechanical complication of prosthetic orbit of left eye, initial encounter
T85.391D	Other mechanical complication of prosthetic orbit of left eye, subsequent encounter
T85.391S	Other mechanical complication of prosthetic orbit of left eye, sequela
T85.398A	Other mechanical complication of other ocular prosthetic devices, implants and grafts, initial encounter
T85.398D	Other mechanical complication of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.398S	Other mechanical complication of other ocular prosthetic devices, implants and grafts, sequela
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
T85.79XD	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, subsequent encounter
T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequela
T85.890A	Other specified complication of nervous system prosthetic devices, implants and grafts, initial encounter
T85.890D	Other specified complication of nervous system prosthetic devices, implants and grafts, subsequent encounter
T85.890S	Other specified complication of nervous system prosthetic devices, implants and grafts, sequela
T85.898A	Other specified complication of other internal prosthetic devices, implants and grafts, initial encounter
T85.898D	Other specified complication of other internal prosthetic devices, implants and grafts, subsequent encounter
T85.898S	Other specified complication of other internal prosthetic devices, implants and grafts, sequela

Medical Indications for prism (II.D)

ICD-10-CM Code	Description
H49.881	Other paralytic strabismus, right eye
H49.882	Other paralytic strabismus, left eye
H49.883	Other paralytic strabismus, bilateral
H50.011	Monocular esotropia, right eye
H50.012	Monocular esotropia, left eye

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H50.021	Monocular esotropia with A pattern, right eye
H50.022	Monocular esotropia with A pattern, left eye
H50.031	Monocular esotropia with V pattern, right eye
H50.032	Monocular esotropia with V pattern, left eye
H50.041	Monocular esotropia with other noncomitancies, right eye
H50.042	Monocular esotropia with other noncomitancies, left eye
H50.05	Alternating esotropia
H50.06	Alternating esotropia with A pattern
H50.07	Alternating esotropia with V pattern
H50.08	Alternating esotropia with other noncomitancies
H50.111	Monocular exotropia, right eye
H50.112	Monocular exotropia, left eye
H50.121	Monocular exotropia with A pattern, right eye
H50.122	Monocular exotropia with A pattern, left eye
H50.131	Monocular exotropia with V pattern, right eye
H50.132	Monocular exotropia with V pattern, left eye
H50.141	Monocular exotropia with other noncomitancies, right eye
H50.142	Monocular exotropia with other noncomitancies, left eye
H50.15	Alternating exotropia
H50.16	Alternating exotropia with A pattern
H50.17	Alternating exotropia with V pattern
H50.18	Alternating exotropia with other noncomitancies
H50.21	Vertical strabismus, right eye
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.22	Vertical strabismus, left eye
H50.30	Unspecified intermittent heterotropia
H50.311	Intermittent monocular esotropia, right eye
H50.312	Intermittent monocular esotropia, left eye
H50.32	Intermittent alternating esotropia
H50.331	Intermittent monocular exotropia, right eye
H50.332	Intermittent monocular exotropia, left eye
H50.34	Intermittent alternating exotropia
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H53.2	Diplopia

CLINICAL POLICY
Medically Necessary Optical Hardware

Medical indications for rigid contact lenses (III):

ICD-10-CM Code	Description
H18.601	Keratoconus, unspecified, right eye
H18.602	Keratoconus, unspecified, left eye
H18.603	Keratoconus, unspecified, bilateral
H18.611	Keratoconus, stable, right eye
H18.612	Keratoconus, stable, left eye
H18.613	Keratoconus, stable, bilateral
H18.621	Keratoconus, unstable, right eye
H18.622	Keratoconus, unstable, left eye
H18.623	Keratoconus, unstable, bilateral
S05.31XA	Ocular laceration without prolapse or loss of intraocular tissue, right eye, initial encounter
S05.31XD	Ocular laceration without prolapse or loss of intraocular tissue, right eye, subsequent encounter
S05.31XS	Ocular laceration without prolapse or loss of intraocular tissue, right eye, sequela
S05.32XA	Ocular laceration without prolapse or loss of intraocular tissue, left eye, initial encounter
S05.32XD	Ocular laceration without prolapse or loss of intraocular tissue, left eye, subsequent encounter
S05.32XS	Ocular laceration without prolapse or loss of intraocular tissue, left eye, sequela
S05.01XA	Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter
S05.01XD	Injury of conjunctiva and corneal abrasion without foreign body, right eye, subsequent encounter
S05.01XS	Injury of conjunctiva and corneal abrasion without foreign body, right eye, sequela
S05.02XA	Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter
S05.02XD	Injury of conjunctiva and corneal abrasion without foreign body, left eye, subsequent encounter
S05.02XS	Injury of conjunctiva and corneal abrasion without foreign body, left eye, sequela
T15.01XA	Foreign body in cornea, right eye, initial encounter
T15.01XD	Foreign body in cornea, right eye, subsequent encounter
T15.01XS	Foreign body in cornea, right eye, sequela
T15.02XA	Foreign body in cornea, left eye, initial encounter
T15.02XD	Foreign body in cornea, left eye, subsequent encounter
T15.02XS	Foreign body in cornea, left eye, sequela
T26.11XA	Burn of cornea and conjunctival sac, right eye, initial encounter
T26.11XD	Burn of cornea and conjunctival sac, right eye, subsequent encounter
T26.11XS	Burn of cornea and conjunctival sac, right eye, sequela

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
T26.12XA	Burn of cornea and conjunctival sac, left eye, initial encounter
T26.12XD	Burn of cornea and conjunctival sac, left eye, subsequent encounter
T26.12XS	Burn of cornea and conjunctival sac, left eye, sequela
T26.61XA	Corrosion of cornea and conjunctival sac, right eye, initial encounter
T26.61XD	Corrosion of cornea and conjunctival sac, right eye, subsequent encounter
T26.61XS	Corrosion of cornea and conjunctival sac, right eye, sequela
T26.62XA	Corrosion of cornea and conjunctival sac, left eye, initial encounter
T26.62XD	Corrosion of cornea and conjunctival sac, left eye, subsequent encounter
T26.62XS	Corrosion of cornea and conjunctival sac, left eye, sequela
Z94.7	Corneal transplant status

Medical indications for aphakic or pseudophakic eyewear (V):

ICD-10-CM Code	Description
H27.01	Aphakia, right eye
H27.02	Aphakia, left eye
H27.03	Aphakia, bilateral
Q12.3	Congenital aphakia
Z96.1	Presence of intraocular lens

Medical indications for safety frames (IV):

ICD-10-CM Code	Description
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F95.1	Chronic motor or vocal tic disorder
G20	Parkinson's disease
G20.	Parkinson's disease
G21.11	Neuroleptic induced parkinsonism
G21.19	Other drug induced secondary parkinsonism
G21.3	Post-encephalitic parkinsonism
G21.4	Vascular parkinsonism
G21.8	Other secondary parkinsonism
G31.83	Dementia with Lewy bodies
G31.84	Mild cognitive impairment, so stated
G35	Multiple sclerosis
G35.	Multiple sclerosis

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.89	Other seizures
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G40.A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus
G40.A11	Absence epileptic syndrome, intractable, with status epilepticus
G40.A19	Absence epileptic syndrome, intractable, without status epilepticus
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus
G71.0	Muscular dystrophy
G71.11	Myotonic muscular dystrophy
G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G71.2	Congenital myopathies
G71.3	Mitochondrial myopathy, not elsewhere classified
G71.8	Other primary disorders of muscles
G72.0	Drug-induced myopathy
G72.2	Myopathy due to other toxic agents
G72.3	Periodic paralysis
G72.41	Inclusion body myositis [IBM]

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
G72.49	Other inflammatory and immune myopathies, not elsewhere classified
G72.81	Critical illness myopathy
G72.89	Other specified myopathies
G72.9	Myopathy, unspecified
G73.7	Myopathy in diseases classified elsewhere
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
H33.001	Unspecified retinal detachment with retinal break, right eye
H33.002	Unspecified retinal detachment with retinal break, left eye
H33.003	Unspecified retinal detachment with retinal break, bilateral
H33.011	Retinal detachment with single break, right eye
H33.012	Retinal detachment with single break, left eye
H33.013	Retinal detachment with single break, bilateral
H33.021	Retinal detachment with multiple breaks, right eye
H33.022	Retinal detachment with multiple breaks, left eye
H33.023	Retinal detachment with multiple breaks, bilateral
H33.031	Retinal detachment with giant retinal tear, right eye
H33.032	Retinal detachment with giant retinal tear, left eye
H33.033	Retinal detachment with giant retinal tear, bilateral
H33.041	Retinal detachment with retinal dialysis, right eye
H33.042	Retinal detachment with retinal dialysis, left eye
H33.043	Retinal detachment with retinal dialysis, bilateral
H33.051	Total retinal detachment, right eye
H33.052	Total retinal detachment, left eye
H33.053	Total retinal detachment, bilateral
H33.191	Other retinoschisis and retinal cysts, right eye
H33.192	Other retinoschisis and retinal cysts, left eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.021	Retinal detachment with multiple breaks, right eye
H33.022	Retinal detachment with multiple breaks, left eye
H33.023	Retinal detachment with multiple breaks, bilateral
H33.301	Unspecified retinal break, right eye
H33.302	Unspecified retinal break, left eye
H33.303	Unspecified retinal break, bilateral
H33.311	Horseshoe tear of retina without detachment, right eye
H33.312	Horseshoe tear of retina without detachment, left eye
H33.313	Horseshoe tear of retina without detachment, bilateral
H33.321	Round hole, right eye
H33.322	Round hole, left eye

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H33.323	Round hole, bilateral
H33.331	Multiple defects of retina without detachment, right eye
H33.332	Multiple defects of retina without detachment, left eye
H33.333	Multiple defects of retina without detachment, bilateral
H33.41	Traction detachment of retina, right eye
H33.42	Traction detachment of retina, left eye
H33.43	Traction detachment of retina, bilateral
H33.8	Other retinal detachments
H44.21	Degenerative myopia, right eye
H44.22	Degenerative myopia, left eye
H44.23	Degenerative myopia, bilateral
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral
H44.2B1	Degenerative myopia with macular hole, right eye
H44.2B2	Degenerative myopia with macular hole, left eye
H44.2B3	Degenerative myopia with macular hole, bilateral
H44.2C1	Degenerative myopia with retinal detachment, right eye
H44.2C2	Degenerative myopia with retinal detachment, left eye
H44.2C3	Degenerative myopia with retinal detachment, bilateral
H44.2D1	Degenerative myopia with foveoschisis, right eye
H44.2D2	Degenerative myopia with foveoschisis, left eye
H44.2D3	Degenerative myopia with foveoschisis, bilateral
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye
H53.003	Unspecified amblyopia, bilateral
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.041	Amblyopia suspect, right eye
H53.042	Amblyopia suspect, left eye
H53.043	Amblyopia suspect, bilateral
H54.0X33	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Blindness right eye category 3, blindness left eye category 4

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H54.0X35	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Blindness right eye category 5, blindness left eye category 5
H54.1131	Blindness right eye category 3, low vision left eye category 1
H54.1132	Blindness right eye category 3, low vision left eye category 2
H54.1141	Blindness right eye category 4, low vision left eye category 1
H54.1142	Blindness right eye category 4, low vision left eye category 2
H54.1151	Blindness right eye category 5, low vision left eye category 1
H54.1152	Blindness right eye category 5, low vision left eye category 2
H54.1213	Low vision right eye category 1, blindness left eye category 3
H54.1214	Low vision right eye category 1, blindness left eye category 4
H54.1215	Low vision right eye category 1, blindness left eye category 5
H54.1223	Low vision right eye category 2, blindness left eye category 3
H54.1224	Low vision right eye category 2, blindness left eye category 4
H54.1225	Low vision right eye category 2, blindness left eye category 5
H54.2X11	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Low vision right eye category 2, low vision left eye category 2
H54.413A	Blindness right eye category 3, normal vision left eye
H54.414A	Blindness right eye category 4, normal vision left eye
H54.415A	Blindness right eye category 5, normal vision left eye
H54.42A3	Blindness left eye category 3, normal vision right eye
H54.42A4	Blindness left eye category 4, normal vision right eye
H54.42A5	Blindness left eye category 5, normal vision right eye
H54.511A	Low vision right eye category 1, normal vision left eye
H54.512A	Low vision right eye category 2, normal vision left eye
H54.52A1	Low vision left eye category 1, normal vision right eye
H54.52A2	Low vision left eye category 2, normal vision right eye
H81.01	Meniere's disease, right ear
H81.02	Meniere's disease, left ear
H81.03	Meniere's disease, bilateral
H81.09	Meniere's disease, unspecified ear
H81.10	Benign paroxysmal vertigo, unspecified ear
H81.11	Benign paroxysmal vertigo, right ear
H81.12	Benign paroxysmal vertigo, left ear
H81.13	Benign paroxysmal vertigo, bilateral
H81.20	Vestibular neuronitis, unspecified ear
H81.21	Vestibular neuronitis, right ear

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
H81.22	Vestibular neuronitis, left ear
H81.23	Vestibular neuronitis, bilateral
H81.311	Aural vertigo, right ear
H81.312	Aural vertigo, left ear
H81.313	Aural vertigo, bilateral
H81.319	Aural vertigo, unspecified ear
H81.391	Other peripheral vertigo, right ear
H81.392	Other peripheral vertigo, left ear
H81.393	Other peripheral vertigo, bilateral
H81.399	Other peripheral vertigo, unspecified ear
H83.01	Labyrinthitis, right ear
H83.02	Labyrinthitis, left ear
H83.03	Labyrinthitis, bilateral
H83.09	Labyrinthitis, unspecified ear
H83.11	Labyrinthine fistula, right ear
H83.12	Labyrinthine fistula, left ear
H83.13	Labyrinthine fistula, bilateral
H83.19	Labyrinthine fistula, unspecified ear
H83.2X1	Labyrinthine dysfunction, right ear
H83.2X2	Labyrinthine dysfunction, left ear
H83.2X3	Labyrinthine dysfunction, bilateral
H83.2X9	Labyrinthine dysfunction, unspecified ear
P10.0	Subdural hemorrhage due to birth injury
P10.1	Cerebral hemorrhage due to birth injury
P10.4	Tentorial tear due to birth injury
P10.8	Other intracranial lacerations and hemorrhages due to birth injury
P52.4	Intracerebral (nontraumatic) hemorrhage of newborn
P52.6	Cerebellar (nontraumatic) and posterior fossa hemorrhage of newborn
P52.8	Other intracranial (nontraumatic) hemorrhages of newborn
P52.9	Intracranial (nontraumatic) hemorrhage of newborn, unspecified
Q87.40	Marfan's syndrome, unspecified
Q87.410	Marfan's syndrome with aortic dilation
Q87.418	Marfan's syndrome with other cardiovascular manifestations
Q87.42	Marfan's syndrome with ocular manifestations
Q87.43	Marfan's syndrome with skeletal manifestation
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
S06.890A	Other specified intracranial injury without loss of consciousness, initial encounter
S06.890D	Other specified intracranial injury without loss of consciousness, subsequent encounter

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
S06.890S	Other specified intracranial injury without loss of consciousness, sequela
S06.891A	Other specified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter
S06.891D	Other specified intracranial injury with loss of consciousness of 30 minutes or less, subsequent encounter
S06.891S	Other specified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.892A	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.892D	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.892S	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.893A	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.893D	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.893S	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.894A	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.894D	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.894S	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.895A	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.895D	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.895S	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.896A	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.896D	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.896S	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
S06.899A	Other specified intracranial injury with loss of consciousness of unspecified duration, initial encounter
S06.899D	Other specified intracranial injury with loss of consciousness of unspecified duration, subsequent encounter
S06.899S	Other specified intracranial injury with loss of consciousness of unspecified duration, sequela
S06.9X0A	Unspecified intracranial injury without loss of consciousness, initial encounter
S06.9X0D	Unspecified intracranial injury without loss of consciousness, subsequent encounter
S06.9X0S	Unspecified intracranial injury without loss of consciousness, sequela
S06.9X1A	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter
S06.9X1D	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, subsequent encounter
S06.9X1S	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.9X2A	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.9X2D	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.9X2S	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.9X3A	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.9X3D	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.9X3S	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.9X4A	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.9X4D	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.9X4S	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.9X5A	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.9X5D	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.9X5S	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
S06.9X6A	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.9X6D	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.9X6S	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.9X9A	Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter
S06.9X9D	Unspecified intracranial injury with loss of consciousness of unspecified duration, subsequent encounter
S06.9X9S	Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.21XD	Breakdown (mechanical) of intraocular lens, subsequent encounter
T85.21XS	Displacement of intraocular lens, sequela
T85.22XA	Displacement of intraocular lens, initial encounter
T85.22XD	Displacement of intraocular lens, subsequent encounter
T85.22XS	Displacement of intraocular lens, sequela
T85.29XA	Other mechanical complication of intraocular lens, initial encounter
T85.29XD	Other mechanical complication of intraocular lens, subsequent encounter
T85.29XS	Other mechanical complication of intraocular lens, sequela
T85.310A	Breakdown (mechanical) of prosthetic orbit of right eye, initial encounter
T85.310D	Breakdown (mechanical) of prosthetic orbit of right eye, subsequent encounter
T85.310S	Breakdown (mechanical) of prosthetic orbit of right eye, sequela
T85.311A	Breakdown (mechanical) of prosthetic orbit of left eye, initial encounter
T85.311D	Breakdown (mechanical) of prosthetic orbit of left eye, subsequent encounter
T85.311S	Breakdown (mechanical) of prosthetic orbit of left eye, sequela
T85.318A	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter
T85.318D	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.318S	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, sequela
T85.320A	Displacement of prosthetic orbit of right eye, initial encounter
T85.320D	Displacement of prosthetic orbit of right eye, subsequent encounter
T85.320S	Displacement of prosthetic orbit of right eye, sequela

CLINICAL POLICY
Medically Necessary Optical Hardware

ICD-10-CM Code	Description
T85.321A	Displacement of prosthetic orbit of left eye, initial encounter
T85.321D	Displacement of prosthetic orbit of left eye, subsequent encounter
T85.321S	Displacement of prosthetic orbit of left eye, sequela
T85.328A	Displacement of other ocular prosthetic devices, implants and grafts, initial encounter
T85.328D	Displacement of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.328S	Displacement of other ocular prosthetic devices, implants and grafts, sequela
T85.390A	Other mechanical complication of prosthetic orbit of right eye, initial encounter
T85.390D	Other mechanical complication of prosthetic orbit of right eye, subsequent encounter
T85.390S	Other mechanical complication of prosthetic orbit of right eye, sequela
T85.391A	Other mechanical complication of prosthetic orbit of left eye, initial encounter
T85.391D	Other mechanical complication of prosthetic orbit of left eye, subsequent encounter
T85.391S	Other mechanical complication of prosthetic orbit of left eye, sequela
T85.398A	Other mechanical complication of other ocular prosthetic devices, implants and grafts, initial encounter
T85.398D	Other mechanical complication of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.398S	Other mechanical complication of other ocular prosthetic devices, implants and grafts, sequela
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
T85.79XD	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, subsequent encounter
T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequela
T85.890A	Other specified complication of nervous system prosthetic devices, implants and grafts, initial encounter
T85.890D	Other specified complication of nervous system prosthetic devices, implants and grafts, subsequent encounter
T85.890S	Other specified complication of nervous system prosthetic devices, implants and grafts, sequela
T85.898A	Other specified complication of other internal prosthetic devices, implants and grafts, initial encounter
T85.898D	Other specified complication of other internal prosthetic devices, implants and grafts, subsequent encounter
T85.898S	Other specified complication of other internal prosthetic devices, implants and grafts, sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template, updated references	12/2020	12/2020
Annual Review	12/2021	12/2021
Added Texas Medicaid regulations for reimbursement of polycarbonate lenses; Added medical indications for safety frames.	06/2022	07/2022

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

CLINICAL POLICY

Medically Necessary Optical Hardware



This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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