

Idaho Medicaid Contact Lens Prior Authorization Request

Idaho Medicaid Medical Care
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 Boise, ID 83720-0036
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For departmental use only	
PA Number:	_____
Reviewed by:	_____
Review date:	_____

ALL information is required

Provider Name: _____

Provider Number: _____ Phone: _____ Fax: _____

Participant Name: _____ Date of Birth: _____

Medicaid Identification (MID): _____ Date of Service: _____

Contacts Requested for Review:

Manufacturer: _____ Brand: _____

HCPCS Code (see attachment): _____ Total number of lenses requested: _____

Type (circle one): PMMA Hydrophilic (Soft) Gas Permeable Scleral

Other (specify): _____

Indicate Current Rx Below						
Current Rx		Spherical	Cylindrical	Axis	Prism	Base
D.V.	O.D.					
	O.S.					
N.V.	O.D.					
	O.S.					

Medicaid will provide a new supply of contacts once per year. Contacts may be supplied more frequently if there is evidence of a vision change greater than .50 diopters or if medically necessary.

Please include a statement of medical necessity or a dated prescription that shows a .50 diopters vision change if the participant has received contacts within the past year.

For brands other than those listed below, please provide documentation of medical necessity for the specific brand. For more information, visit medunit.dhw.idaho.gov.

Idaho Medicaid Contacts and HCPCS Codes

The following brands of contacts are provided by Idaho Medicaid's vision contractor for participants who need them. All contacts require prior authorization. If there is a medical need for contacts other than the brands listed below, please specify the brand and manufacturer and provide documentation that the patient's needs cannot be met by any of the contacts listed below.

HCPCS	Description	Manufacturer	Brand(s) provided
V2500	PMMA	Lagado	PMMA
V2501	Toric PMMA		
V2502	Bifocal PMMA		
V2503	Color vision deficiency correction, PMMA		
V2510	Gas Permeable	Lagado	SA18 SA32
V2511	Toric Gas Permeable		
V2512	Bifocal Gas Permeable		
V2513	Extended Wear Gas Permeable		
V2520	Soft (Hydrophilic)	Vistakon	Acuvue Advance Acuvue Oasys Acuvue 2
		Coopervision	Frequency 55
		Ciba Vision	O2 Optix
V2521	Toric Soft (Hydrophilic)	Bausch and Lomb	Softlens Toric Softlens 66 Toric
V2522	Bifocal Soft (Hydrophilic)	Ciba Vision	Progressive
V2523	Extended Wear Soft (Hydrophilic)	Ciba Vision	Ciba Soft Visitint
V2530	Scleral	Wesley Jessen (Ciba Vision)	Scleral
V2531	Scleral Gas Permeable	Wesley Jessen (Ciba Vision)	Scleral Gas Permeable

From Idaho Department of Health and Welfare Administrative Code *IDAPA 16.03.09.782* regarding vision supplies, and *IDAPA 16.03.09.14* covering medical necessity:

“Contact lenses will be covered only with documentation that an extreme myopic condition requiring a correction equal to or greater than minus four (-4) diopters, cataract surgery, keratoconus, or other extreme conditions as defined by the Department that preclude the use of conventional lenses. Prior authorization is required by the Department.”

“A service is medically necessary if: **a.** It is reasonably calculated to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functionally significant deformity or malfunction; and **b.** There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly.”