Idaho Medicaid Contact Lens Approved List 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. Request V2599, miscellaneous code if not listed below. For keratoconus, see "Process for Provider" posted on the Vision web page.

HCPCS	Description	Manufacturer	Brand(s) provided	Diameter	Base Curve	Power	
V2500	PMMA						
V2501	Toric PMMA						
V2502	Bifocal PMMA	Lagado PMMA As specified			cified by pr	ied by provider	
V2503	Color vision deficiency correction, PMMA						
V2510	Gas Permeable		SA18 SA32	As specified by provider			
V2511	Toric Gas Permeable						
V2512	Bifocal Gas Permeable	Lagado					
V2513	Extended Wear Gas Permeable		0,102				
V2520	Soft (Hydrophilic)	Johnson and Johnson (Vistakon)	Acuvue Advance	14.0 mm	8.3 or 8.7 mm	-12.00 to +8.00	
			Acuvue Oasys	14.0 mm	8.4 or 8.8 mm		
			Acuvue 2	14.0 mm	8.3 or 8.7 mm		
		Coopervision	Frequency 55	14.2 mm	8.4 or 9.0 mm	-0.25 to -8.00	
					8.7 mm	-10.00 to +8.00	
		Ciba Vision	O2 Optix	14.2 mm	8.6 mm	-10.00 to +6.00	
V2521	Toric Soft (Hydrophilic)	Johnson and Johnson (Vistakon)	Acuvue Oasys for Astigmatism	14.5 mm	8.6 mm	-9.00 to +6.00	
		Bausch and Lomb	Purevision Toric	14.0 mm	8.7 mm		
			Soflens Toric	14.5 mm	8.5 mm		
V2522	Bifocal Soft (Hydrophilic)	Ciba Vision	Focus Progressive	14.0 mm	8.6 or 8.9 mm	-7.00 to +6.00	
V2523	Extended Wear Soft (Hydrophilic)	Ciba Vision	Ciba Soft Visitint	14.0 mm	8.6 or 8.9 mm	-15.00 to +6.00	
V2530	Scleral	Wesley Jessen (Ciba Vision)	Scleral	As specified by provider			
V2531	Scleral Gas Permeable	Wesley Jessen (Ciba Vision)	Scleral Gas Permeable	As specified by provider			

EFFECTIVE 7/1/11: For those under 21 years of age contact lenses will be covered only with documentation that there is an extreme myopic condition requiring a correction equal to or greater than plus or minus ten (10) diopters, for anisometropia, or for ketatoconus. For 21 years and older, lenses are covered for keratoconus. Contacts will only be approved for adults in other cases if they prevent further degradation of vision. (revised 9/12/11)