Idaho Medicaid Contact Lens Prior Authorization Request

Idaho Medicaid Medical Care
PO Box 83720
Boise, ID 83720-0036
Phone: **(208) 364-1904**
Fax: **(877) 314-8779**

For departmental use only
PA Number: _____
Reviewed by: _____
Review date: _____

ALL information is required

Provider Name: _____

Provider NPI Number: _____ Phone: _____ Fax: _____

Participant Name: _____ Date of Birth: _____

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

Contacts Requested for Review:

HCPCS Code (choose among V2500-V2531 or V2599 other): _____(PA'ed to Medicaid's contracted vision supplier. There will be a second AUTH to the vision provider for fitting fee. See both at www.idmedicaid.com, Authorization Status.)

Total number of lenses (not boxes): _____If adult, note diagnosis code:_____

Type of Lens: _____

Manufacturer: _____ Brand: _____

Contact Lens Fitting Fee Code:_____Effective 12/1/12: Contact Lens Fitting Fee will be authorized to vision provider if contact lens criteria is met. Please note the correct code. Options are 92071,92072, 92311-92317. PA is replacing billing with a KX modifier.

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

EFFECTIVE 7/1/11:
For Participants age 21 and older: Contact lenses will be covered only when necessary to treat a chronic condition that impacts overall health or that progressively degrades vision. Examples include contact lenses following cataract surgery or for treatment of keratoconus. A letter of medical necessity to treat a chronic condition is now required for all contact lenses prior authorization requests for adults age 21 and over. Please note the diagnosis code in the letter, in additional to rationale for CL request.

Participants under 21 years of age: Contract lenses will be covered for extreme myopia or hyperopia requiring a correction equal to, or greater than, minus or plus ten (10.0) diopters in at least one eye, cataract surgery, keratoconus, anisometropia, or other extreme medical conditions precluding the use of eyeglasses as defined by the Department.

For more information, visit www.medunit.dhw.idaho.gov and click on Vision.
To check authorization status or to access the Medicaid Eye and Vision Services Provider Handbook, see www.idmedicaid.com.