

**INSURANCE REIMBURSEMENT REQUEST FOR KERATOCONUS PROCEDURES  
AND MATERIALS**

Patient: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Date of Birth: \_\_\_\_\_

Policy #: \_\_\_\_\_

I examined the above named patient on \_\_\_ / \_\_\_ / \_\_\_. Based on the following information, this patient was diagnosed with \_\_\_\_\_, an unusual ocular disease of the cornea \_\_\_\_\_ as verified corneal topography.

Clinical history and measurements demonstrated the following:

Best Spectacle VA OD \_\_\_\_\_ / \_\_\_\_\_. OS \_\_\_\_\_ / \_\_\_\_\_

Best Contact Lens VA OD \_\_\_\_\_ / \_\_\_\_\_, OS \_\_\_\_\_ / \_\_\_\_\_

- Keratoconus (371.60)
- Keratoconus Stable (371.61)
- Keratoconus Unstable/Hydrops (371.62)
- Blurred Vision (368.8)
- Monocular Diplopia (368.15)
- Irregular Astigmatism (367.22)
- Hydrops (371.62)
- Photophobia (368.13)
- Corneal Scar unspecified (371.00)
- Corneal Striae (371.32)
- Corneal Fleischer's Ring (371.10) (Iron Deposits Cornea)
- Corneal Thinning
- Distorted Keratometry Mires
- Cone-like corneal steepening measured by topographic mapping
- Keratometry Readings OD: \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_  
OS: \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Keratoconus is an ocular disease in which progressive, degenerative thinning of the cornea (the main refractive surface of the eye) results in a complex, irregular steepening of the corneal surface.

Vision is affected by progressively reduced and distorted visual acuity that is not correctable with spectacle. The use of rigid gas permeable contact lenses is the primary accepted management to aid vision. The unique designs help create a regular optical surface in place of the irregular cornea. Often rigid contact lenses, unlike spectacles, can help to correct the vision of a keratoconic eye and provide the required visual acuity to legally drive a car and perform most job related tasks.

Keratoconus, along with unilateral aphakia, post-corneal transplant, and very high myopia, is one of the conditions that make contact lenses medically necessary according to the 1999 AMA Definition of Medical Necessity.

I have recommended that this patient be fitted with contact lenses to achieve the best vision possible. Based on this information provided above supporting a definitive diagnosis of Keratoconus, these devices and associated services are a medical necessity. The only non-surgical method to provide adequate vision for the Keratoconus patient is adjusting the deformed cornea to a regular front surface for the eye; this is accomplished by the fitting of a special rigid contact lens. If contact lenses cannot be worn, then the only alternative is corneal transplant surgery.

I am requesting patient reimbursement for the following services:

Corneal Topography, unilateral or Bilateral (92025)	\$ _____
Contact Lens Fitting (92072)	\$ _____
Contact Lens, gas permeable, spherical, per lens (V2510)	\$ _____
Contact Lens, gas permeable, scleral, per lens (V2531)	\$ _____
Contact Lens, gas permeable, toric, prism ballast, per lens (V2511)	\$ _____
Contact Lens, hydrophilic, spherical, per lens (V2520) Contact Lens	\$ _____
Supply of material (99070)	\$ _____

Your time and effort on behalf of our patients is sincerely appreciated. I am available for further information, if needed.

Sincerely,

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Doctor's name

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

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