

CLINICIAN CHECKLIST FOR REFRACTIVE LENSES

Policy References:

- [Local Coverage Determination \(LCD\) \(L33793\)](#)
- [Policy Article \(A52499\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

Documentation to support that refractive lenses are necessary to restore vision normally provided by the natural lens of the eye because the beneficiary has one of the following:

Pseudophakia (natural lens has been replaced with an artificial intraocular lens (IOL), in which case coverage is limited to one pair of eyeglasses or contact lenses after cataract surgery with insertion of IOL); **or**

Aphakia (natural lens removed but do not have an implanted); **or**

Congenital aphakia (congenital absence of the lens).

For beneficiaries who are **aphakic or have congenital aphakia**, documentation to support the medical necessity of the following covered lenses or combinations of lenses:

Bifocal lenses in frames; **or**

Lenses in frames for far vision and lenses in frames for near vision; **or**

Contact lenses for far vision and lenses in frames for near vision worn simultaneously and lens(es) in frames worn when the contacts have been removed.

Special Items

Explanation of the medical necessity for anti-reflective coating, tints or oversize lenses

Documentation that the beneficiary only has functional vision in one eye when ordering lenses made of polycarbonate or other impact-resistant materials