Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

<table>
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<tr>
<th>Therapeutic Contact Lens</th>
<th>MP9201</th>
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<tr>
<td><strong>Covered Service:</strong></td>
<td>Yes—when meets criteria below</td>
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<tr>
<td><strong>Prior Authorization Required:</strong></td>
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<td><strong>Additional Information:</strong></td>
<td>Documentation must be present in the medical record supporting the medical necessity of therapeutic contact lenses for each eye requested.</td>
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<tr>
<td><strong>Medicare Policy:</strong></td>
<td>Dean Health Plan covers when Medicare also covers the benefit.</td>
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<tr>
<td><strong>BadgerCare Plus Policy:</strong></td>
<td>Dean Health Plan covers when BadgerCare Plus also covers the benefit.</td>
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**Dean Health Plan Medical Policy:**

1.0 A therapeutic contact lens is considered medically necessary for the treatment of diseases of the ocular surface such as:

1.1 Keratoconus; OR
1.2 Aphakia; OR
1.3 Anterior corneal dystrophy; OR
1.4 Bullous keratopathy; OR
1.5 Corneal ectasia; OR
1.6 Corneal edema; OR
1.7 Corneal scarring and/or vascularization; OR
1.8 Corneal ulcers or erosions; OR
1.9 Descemetocoele; OR
1.10 Severe dry eye; OR
1.11 Keratitis; OR
1.12 Mooren’s ulcer; OR
1.13 Neurotrophic keratoconjunctivitis; OR
1.14 Disorders associated with systemic autoimmune diseases; OR
1.15 Epidermal ocular disorders; OR
1.16 Corneal stem cell deficiency such as Stevens-Johnson Syndrome/TEN; OR
1.17 Chemical or thermal eye injuries; OR
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1.18 Corneal exposure

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<tr>
<td>Revised:</td>
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<tr>
<td>Reviewed:</td>
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Effective: 09/01/2017