D. Services Requiring Prior Approval (PA)

Although the majority of Covered Services are provided with no formal prior-approval, certain services require pre-approval to establish medical necessity. The specific services requiring Prior Approval, for this program, are detailed below.

Service Code	Description	Authorization Required	Notes
68020	Incision; conj; drainage of cyst	Pending state approval	
68040	Expression of conj follicle; e.g. for trachoma	Pending state approval	
66030	Injection of Medication; Ant. Chamber or eye	Pending state approval	
J7351	Intracameral Implant of Bimatoprost (Durysta)	Pending state approval	
65778	Placement of amniotic membrane; w/out suture	Y	All non-emergency cases
65855	Select Laser Trabeculoplasty	Y	All cases
66821	YAG Capsulotomy	Y	All cases
92065	Orthoptic/Pleoptic Training	Y	All cases
92072	Fitting of contact lens for the correction of keratoconus	Y	All cases
92250	Fundus Photography	Y	Only when exceeding two per 365 days
92083	Visual Field; threshold	Y	Only when exceeding two per 365 days
92133	OCT; optic nerve	Y	Only when exceeding two per 365 days
92134	OCT; retina	Y	Only when exceeding two per 365 days
92310	Fitting of contact lenses	Y	
92313	Fitting of contact lenses	Y	
92499	Unlisted Ophthalmological Service or Procedure	Y	All cases
95930	Visual Evoked Potential	Y	All cases
96110	Development Testing; Limited	Y	All cases
96112	Neurobehavioral status exam; additional hour	Y	All cases
96116	Neurobehavioral Status exam	Y	All cases
96121	Neurobehavioral status exam	Y	All cases
97110	Therapeutic procedure	Y	All cases

97112	Therapeutic procedure	Y	All cases
97530	Therapeutic activities; one-on-one contact	Y	All cases
V2410	Aspheric; single vision	Y	All cases
V2430	Aspheric; multifocal	Y	All cases
V2500	Contact Lens Pmma; Spherical	Y	All cases when requested for medical necessity
V2501	Contact Lens Pmma; Toric/Prism	Y	All cases when requested for medical necessity
V2502	Contact Lens Pmma; Bifocal	Y	All cases when requested for medical necessity
V2503	Contact Lens Pmma; for correction of color deficiency	Y	All cases when requested for medical necessity
V2510	Contact Lens; Gas Permeable; Spherical	Y	All cases when requested for medical necessity
V2511	Contact Lens; Gas Permeable; Toric Prism Ballast	Y	All cases when requested for medical necessity
V2512	Contact Lens; Gas Permeable; Bifocal	Y	All cases when requested for medical necessity
V2513	Contact Lens; Gas Permeable; Extended Wear	Y	All cases when requested for medical necessity
V2520	Contact Lens; Hydrophilic Spherical	Y	All cases when requested for medical necessity
V2521	Contact Lens; Hydrophilic Toric	Y	All cases when requested for medical necessity
V2522	Contact Lens; Hydrophilic Bifocal	Y	All cases when requested for medical necessity
V2523	Contact Lens; Hydrophilic Extended Wear	Y	All cases when requested for medical necessity
V2530	Contact Lens; Hybrid-Scleral Gas Impermeable (per lens)	Y	All cases when requested for medical necessity
V2531	Contact Lens; RGP Scleral Lens	Y	All cases when requested for medical necessity
V2744	Photochromatic add-on	Y	All cases
V2755	UV Filtration	Y	All cases
V2782/ V2783	High Index	Y	All cases

* Other conditions may be applicable in rare circumstances. Providers requesting coverage for nonstandard features should submit narrative request and full medical records for review .