

**Clinical Criteria – CPT® 92072 Fitting of contact lens for management of keratoconus —  
initial fitting**

<b>Subject: 92072 Fitting of contact lens for management of keratoconus — initial fitting</b>	<b>Renewed Effective: 10/31/2025</b>
	<b>Review Schedule: Annual</b>

**Medical necessity statement (summary)**

CPT 92072 is *medically necessary* for members when there is a documented diagnosis of keratoconus and objective clinical findings demonstrating that a specialty contact lens is required to improve visual function and/or prevent vision loss (including risk of amblyopia in children), and conservative spectacle or standard soft contact lens correction is inadequate or not tolerated. Documentation must support the diagnosis, show the reason spectacles/standard lenses are inadequate, and include corneal imaging or slit-lamp findings.

**Required criteria (all of the following must be satisfied)**

1. Diagnosis: Keratoconus documented in the medical record (use appropriate ICD-10 code such as H18.6 / H18.61 / H18.62 with laterality as applicable).
2. Objective evidence of keratoconus: one or more of the following in the chart within a reasonable time frame before the fitting (preferred within 6 months):
  - Corneal topography/tomography report and images showing characteristic keratoconic changes (inferior steepening, focal steep K values, abnormal indices), or
  - Slit-lamp findings consistent with keratoconus (e.g., corneal thinning, Fleischer ring, Vogt’s striae), or
  - Pachymetry showing focal corneal thinning.
3. Functional impact or insufficiency of standard correction: documented reduced best-corrected visual acuity or visual distortion that is not adequately corrected with spectacles or conventional soft contact lenses, and one or more of the following:
  - Member is intolerant of standard soft contact lenses or spectacles, or
  - Spectacle/soft-lens correction provides inadequate visual acuity or quality (e.g., persistent irregular astigmatism), or
  - Member is at demonstrable risk of amblyopia (younger children) without improved optical correction.
4. Treatment plan: clear clinician plan to fit a specialty contact lens (rigid gas permeable, scleral, hybrid, or other therapeutic lens) for keratoconus management, with parameters to be established and lens material ordered as appropriate.
5. Documentation to be submitted with prior authorization: recent corneal topography/tomography images and report, most recent manifest/cycloplegic refraction, BCVA, slit-lamp notes, prior trial of spectacles/standard soft lenses (if performed), and clinician rationale for specialty lens fitting.

**Exclusions / not medically necessary**

- Routine contact lens fitting for simple refractive correction (myopia, hyperopia, routine astigmatism) without objective evidence of keratoconus.
- Cosmetic or decorative lenses without documented medical necessity.

- Reimbursement for specialty lens materials without prior documentation supporting medical necessity and appropriate diagnosis.
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**Rationale / evidence summary**

- CPT 92072 specifically describes the initial fitting of contact lenses for management of keratoconus (selection/parameter establishment and ordering). Documentation and billing guidance recommend separate reporting of follow-up visits and supplies.
- Diagnosis and decision to fit a specialty lens should be based on corneal imaging/topography/tomography and slit-lamp findings, which are the standard for diagnosing and staging keratoconus. Pediatric keratoconus often progresses more rapidly, increasing the clinical urgency of obtaining effective optical correction to prevent amblyopia.