## Crosslinking (CXL) Medical Necessity Checklist



Patient Name			
DOBDate of Exam			
Surgeon			
<b>Keratoconus</b> (Unstable) <b>Ectasia</b> (from Refractive Surgery)	□ od □ od	□ os □ os	☐ Both ☐ Both
<b>ALL</b> insurance companies require that the me <b>24 months of medical records are required</b> , e referring doctor and ECNC doctor(s).			
Medical records must show <b>ALL of the follow</b> Conservative treatments tried and failed (e)  At least 2 MRs with BCVAs spaced apart en  Slit lamp exam  At least 2 sets of Keratometry values (from apart enough to show progression  Contact lens measurements (back optical and sets)	e.g., spectacles and lough to show pro similar sources, p	gression	
ALL insurance companies that cover CXL required Failed conservative treatment (e.g., spectar Patient is 14-65 years of age		ontact lens)	
MOST insurance companies that cover CXL re to patient having best corrected vision less th Patient can no longer be correct to 20/20 A An increase of 1 D in steepest keratometry An increase of 1 D in regular astigmatism e A myopic shift (decrease in the spherical ed A decrease greater than or equal to 0.1 mm where other information was not available	an 20/20 (Check of AND value, OR valuated by subje quivalent) of 0.50 n in the back optic	ll that apply): ctive MR, <b>OR</b> D on subjective MR, <b>O</b>	PR
Reviewer Name (Print)		Date_	
Reviewer Signature			