



**CHAPTER 525 - COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR
VISION CARE SERVICES
CHANGE LOG**

Replace	Title	Change Date	Effective Date
Section 525.2	Medicaid Enrollment Requirements	3/06/06	04/14/06
Section 525.4	Comprehensive Eye Examinations	3/06/06	04/14/06
Section 525.5	Eyeglasses	3/06/06	04/14/06
Section 525.5.2	Complete Replacements	2/28/06	Policy Clarification
Section 525.5.3	Replacement Frames or Lenses	2/28/06	04/14/06
Section 525.7	Covered Services	3/06/06	04/14/06
Introduction	Introduction	08/02/05	08/15/05
Section 525.5	Eyeglasses	08/02/05	08/15/05
Section 525.6	Artificial Eyes	08/02/05	08/15/05
Section 525.7	Covered Services	08/02/05	08/15/05
Section 525.7.1	Contact Lenses	08/02/05	08/15/05
Section 525.7.2	Orthoptics-Visual Training	08/02/05	08/15/05
Section 525.7.3	Photochromatic Lenses	08/02/05	08/15/05
Section 525.7.4	Unlisted Services, Procedure, or Appliances	08/02/05	08/15/05



Section 525.9	Eye Appliances/ Services That Are <u>Not Covered</u>	08/02/05	08/15/05
Section 525.10	Billing and Reimbursement	08/02/05	08/15/05
Attachment 1	Procedure Codes Covered by WV Medicaid	08/02/05	08/15/05
Attachment 2	Prior Authorization Form For Vision Care Services	08/02/05	08/15/05

March 06, 2006

Section 525.2

Introduction: Clarification of policy.

Change: Add the sentence, "Ophthalmologists performing medical services should refer to the Practitioner manual for additional information regarding services."

Directions: Replace old pages with new pages.

March 06, 2006

Section 525.4

Introduction: Clarification of policy.

Change: Remove the words "without prior authorization" from the first sentence. The sentence should now read "One comprehensive ophthalmologic examination per year is covered for members under 21 years of age."

Directions: Replace old pages with new pages.

March 06, 2006

Section 525.5

Introduction: Clarification of policy.

Change: Change the last sentence in the first paragraph to a bullet. Wording will stay the same.

Directions: Replace old pages with new pages.



February 28, 2006

Section 525.5.2

- Introduction:** Clarification of policy regarding replacement glasses.
- Change:** Bolded the sentence “A complete replacement includes both the lenses and the frame.”
- Directions:** Replace old pages with new pages.

February 28, 2006

Section 525.5.3

- Introduction:** Clarification of policy regarding replacement glasses.
- Change:** Added a bullet sentence “Replacement lenses due to breakage or loss of a lens or lenses. Added the sentence “Any replacement within this category is considered a repair, since a complete replacement is both lenses and the frame.”
- Directions:** Replace old pages with new pages.

March 06, 2006

Section 525.7

- Introduction:** Clarification of policy.
- Change:** Add the sentence “See section 525.7.4.” to the last bullet.
- Directions:** Replace old pages with new pages.

August 2, 2005

Introduction

- Introduction:** Discontinued prior authorization of eye care services.
- Change:** Removed the sentence “Certain vision care services and appliances are covered without any prior approval requirements: however, other services may require prior authorization for reimbursement of services rendered.” Delete the words “and authorized” in the first paragraph, 2nd sentence.
- Directions:** Replace old pages with new pages.

Section 525.5

- Introduction:** Discontinued prior authorization of eye care services.
- Change:** Removed the sentence “Prior authorization is not necessary.”
- Directions:** Replace old pages with new pages.



Section 525.6

Introduction: Discontinued prior authorization of eye care services.
Change: Removed the words “without prior authorization.”
Directions: Replace old pages with new pages.

Section 525.7

Introduction: Discontinued prior authorization of eye care services.
Change: Remove “REQUIRING PRIOR AUTHORIZATION” from the heading. Remove the sentence “However, prior approval is required for reimbursement.” Delete paragraphs 2,3, and 4.
Directions: Replace old pages with new pages.

Section 525.7.1

Introduction: Discontinued prior authorization of eye care services.
Change: Remove the sentence “The request for prior authorization must include a description of the member’s eye condition, reasons for recommending contact lenses, prognosis for successful contact lenses wear, and probable need for supplemental spectacle lenses.”
Directions: Replace old pages with new pages.

Section 525.7.2

Introduction: Discontinued prior authorization of eye care services.
Change: Remove the words “may be authorized” in the first sentence. Delete the 2nd sentence.
Directions: Replace old pages with new pages.

Section 525.7.3

Introduction: Discontinued prior authorization of eye care services.
Change: Delete first sentence. Remove the word “approval” in the second sentence, and replace it with the word “Coverage.”
Directions: Replace old pages with new pages.

Section 525.7.4

Introduction: Discontinued prior authorization of eye care services.



Change: Delete first sentence. Remove the words “Where approval is given” and replace with the words “When billing” in the second sentence. Add the word “procedure” to the second sentence after the word unlisted.

Directions: Replace old pages with new pages.

Section 525.9

Introduction: Discontinued prior authorization of eye care services.

Change: Delete “Note: There is no exception/prior authorization for non covered services.”

Directions: Replace old pages with new pages.

Section 525.10

Introduction: Discontinued prior authorization of eye care services.

Change: Remove the words “with prior authorization” from the third paragraph, second sentence.

Directions: Replace old pages with new pages.

Attachment 1

Introduction: Discontinued prior authorization of eye care services.

Change: Delete the sentence “All procedure codes which are followed by an asterisk (*) require prior approval by the Eye Care Consultant at The Bureau for Medical Services contracted agency. Remove all asterisks from the procedure code list. Remove the words “copy of the prior authorization form, a” from the sentence after procedure codes V2199, V2299, V2399, V2499, V2599, V2615, & V2799. Remove the words “also requires prior authorization under code 92499” from the sentence after procedure codes V2610 & V2629.

Directions: Replace old pages with new pages.

Attachment 2

Introduction: Discontinued prior authorization of eye care services.

Change: Delete attachment 2.

Directions: Replace old pages with new pages.



**CHAPTER 525—COVERED SERVICES, LIMITATIONS AND
EXCLUSIONS FOR VISION SERVICES
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CHAPTER 525—COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS FOR VISION CARE SERVICES

INTRODUCTION

The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Covered services must be rendered by enrolled providers within the scope of their license and in accordance with all State and Federal requirements. Any service, procedure, item, or situation not discussed in the manual must be presumed non-covered unless informed otherwise by the Bureau for Medical Services (BMS) in writing.

WV Medicaid covers eye examinations, optical fitting services, and eye appliances.

The WV Medicaid Program is administered pursuant to Title XIX of the Social Security Act and Chapter 9 of the Public Welfare Law of WV. The Bureau for Medical Services in the West Virginia Department of Health & Human Resources is the single state agency responsible for administering the WV Medicaid Program.

525.1 QUALIFIED EYE CARE PROVIDERS

A qualified eye care provider is an individual licensed to provide eye care services in the State in which he or she practices. Eye Care providers must comply with all applicable Federal and State laws, regulations, and licensing and certification requirements.

525.2 MEDICAID ENROLLMENT REQUIREMENTS

Qualified vision care providers (e.g., ophthalmologists, optometrists, opticians, ocularists, and appliance dispensers) who wish to participate in the WV Medicaid Program must meet the general requirements in **Chapter 300**, as well as the specific requirements outlined below.

An ophthalmologist or optometrist may provide professional services and eye examinations, optical fitting services, and eye appliances to Medicaid members, or they may provide professional services and eye examinations only. An optician or other qualified provider may furnish optical fittings and eye appliances only.

Ophthalmologists who dispense eye appliances require two Medicaid provider numbers for billing purposes. The first number is used to bill for eye examinations and all other covered medical services. The second number is used to bill for eyeglasses and contact lenses. Ophthalmologists performing medical services should refer to the **Practitioner Manual** for additional information regarding services.

Answers to questions about the enrollment application can be obtained by calling the Provider Enrollment Unit at 304-348-3360 or 888-483-0793. Providers must meet all of the provider requirements and their practices must be fully operational before they may enroll as Medicaid providers.

All eye care providers must be enrolled in the WV Medicaid Program in order to be paid for covered services furnished to Medicaid members.



525.3 COVERED SERVICES

WV Medicaid covers vision care services for the examination, diagnosis, treatment, and management of ocular and adnexal pathology. This includes diagnostic testing, treatment of eye disease or infection, specialist consultation and referral, comprehensive ophthalmologic evaluations, and eye surgery (but not cosmetic surgery). Visual examinations to determine the need for eyeglasses are covered for children only.

Full vision care benefits are available for Medicaid members under 21 years of age. Limited vision care benefits are available for members 21 years and older. There is no coverage for cosmetic purposes.

All covered services for members under 21 years must be started before the twenty-first birthday. Vision care services provided on or after the birth date are not covered even if eligibility extends to the end of the month in which the birth date occurs.

Attachment 1 lists the procedure codes for eye care.

- *IMPORTANT: The fact that a provider prescribes, recommends, or approves medical care does not in itself make the care medically necessary or a covered service. Nor does it mean that the patient is eligible for Medicaid benefits. It is the provider's responsibility to verify Medicaid eligibility before services are provided.*

525.4 COMPREHENSIVE EYE EXAMINATIONS

One comprehensive ophthalmologic examination per year is covered for members under 21 years of age. If a member needs an additional eye examination, the provider may bill other appropriate service codes.

West Virginia Medicaid does not reimburse for both an evaluation and management visit and a comprehensive or intermediate ophthalmologic eye exam on the same day for the same member.

525.5 EYEGLASSES

One of the following criteria must be met for WV Medicaid to cover eyeglasses for members who are under 21 years of age and have never worn eyeglasses previously.

- There is a .50 diopter sphere and/or cylinder and the beneficiary's visual acuity is decreased more than 20/25 and will improve to 20/20 with eyeglasses
- Bifocals are required
- Eyeglasses give at least one line improvement on standard visual acuity chart.

West Virginia Medicaid covers the first pair of eyeglasses an a visual examination after cataract surgery for adults age 21 years and older.

A participating ophthalmologist or an optometrist must prescribe eyeglasses. Both the prescribing and the supplying provider must keep a copy of the prescription in the member's medical record.

NOTE: Sometimes an eye appliance may not be dispensed on the prescribing date. In situations where Medicaid coverage ends before the appliance can be dispensed, the provider



should use the prescribing date to bill for the appliance. In all cases, a claim should not be submitted until the complete service has been provided.

525.5.1 FITTINGS

The fitting, adjustment, and dispensing of eyeglasses are included in the payment for the frames, lenses, and other materials that make up the eyeglasses. The fitting, adjustment, and dispensing include the measurement of the beneficiary's anatomical facial characteristics, preparation of the prescription form, the writing of laboratory specifications, ordering the prescription, and adjusting the visual axes and anatomical topography.

525.5.2 COMPLETE REPLACEMENTS

WV Medicaid covers one complete replacement pair of eyeglasses a year (between eye examinations) due to breakage, loss, etc for members less than 21 years of age. **A complete replacement includes both the lenses and the frame.**

525.5.3 REPLACEMENT FRAMES OR LENSES

WV Medicaid will replace frames only when the member's current frames can no longer be used. WV Medicaid covers new replacement lenses for members who are under 21 years of age and meet one of the following criteria:

- Vertical prism change of one prism diopter or greater
- Horizontal prism change of three prism diopters or greater
- A change of .50 in the spherical equivalent of the member's prescription
- There is a change of cylinder axis of at least:
 - 10 degrees for under 1.00D cylinder
 - 5 degrees for 1.00D to 2.00D cylinder
 - 2-1/2 degrees for 2.25D cylinder or greater.
- Any change which gives at least one line improvement on the standard visual acuity chart.
- Replacement lenses due to breakage or loss of a lens or lenses.

Any replacement within this category is considered a repair, since a complete replacement is both lenses and the frame.

525.5.4 REPAIRS

WV Medicaid covers repairs made to the eyeglasses of a member under 21 years of age. The repair must be cost efficient and not exceed the cost of purchasing new eyeglasses.

Repairs must be documented in the member's medical record.

WV Medicaid does not pay separately for simple, one-step adjustments or realignment of the frame or temples. The West Virginia Medicaid program will allow separate payment for procedure codes 92370, (repair and refitting spectacles; except for aphakia) and 92371, (repair and refitting spectacles; spectacle prosthesis for aphakia). The lenses and frames are sometimes mangled, scratched, bent, etc. but are able to be repaired and refitted, rather than require a complete replacement.



525.6 ARTIFICIAL EYES

WV Medicaid covers artificial (or prosthetic) eyes. Prescriptions for an artificial eye must identify the type of artificial eye required and summarize the member's need for such an eye. The member's medical record must contain written documentation of the provider's evaluation leading to a recommendation for an artificial eye.

525.7 COVERED SERVICES

WV Medicaid will consider coverage for the following medically necessary services and appliances, depending on a member's age.

- Contact lenses for the diagnosis of aphakia, keratoconus, aniseikonia, and anisometropia—members under 21 years
- Contact lenses for the diagnosis of aphakia and keratoconus—members 21 years and older
- Orthoptics-visual training—members under 21 years
- Photochromatic lenses for albinism only—members under 21 years
- Unlisted ophthalmologic services or procedure/appliances—members under 21 years. See section 525.7.4

525.7.1 CONTACT LENSES

Contact lenses (hard, soft, and gas-permeable) may be considered for authorization when they enable better vision than can be achieved with spectacle lenses. WV Medicaid does not provide reimbursement for contact lenses for cosmetic purposes.

Contact lenses for members 21 years of age and over are limited to a diagnosis of surgical aphakia, (unilateral or bilateral) or keratoconus (conical cornea). Not covered for Pseudo-aphakia.

A participating ophthalmologist or an optometrist must prescribe contact lenses; both the prescribing and supplying providers must retain a copy of the prescription in the member's medical record.

525.7.2 ORTHOPTICS–VISUAL TRAINING

Orthoptics-visual training is covered when the prognosis is for substantial improvement or correction of a member's ocular or visual condition.

525.7.3 PHOTOCROMATIC LENSES

Coverage is limited to the diagnosis of albinism only.

525.7.4 UNLISTED SERVICES, PROCEDURE, OR APPLIANCES

When billing for an unlisted procedure or appliance, the provider must submit a copy of the laboratory invoice with the claim for payment.

525.8 CATARACT SURGERY- POST OPERATIVE CARE ONLY

Optometrists billing for cataract postoperative care must bill the surgical code with a 55 modifier using the date of service of the surgery. Reimbursement will represent only the postoperative



portion of the global surgical fee or charge, whichever is less. Evaluation and management services related to the surgical procedure must not be billed during the global period.

525.9 EYE APPLIANCES/ SERVICES THAT ARE NOT COVERED

WV Medicaid does not cover the following:

- Plano sunglasses
- Prescription sunglasses
- Anti-reflective lenses
- Repair or replacement of glasses for members 21 years or older
- Designer frames
- Other optional/ deluxe features
- Conscious sedation, local anesthesia, regional anesthesia, and IV sedation with an optical/ophthalmic procedure. These are included in the procedure/service being provided.

A Medicaid member who chooses to receive vision care services or appliances that WV Medicaid does NOT cover is financially liable for the payment. Before services are rendered, the provider should make appropriate financial arrangements with the member for payment for such services and appliances.

525.10 BILLING AND REIMBURSEMENT

Reimbursement for eye care examinations, consultations, surgical and other procedures is based on WV Medicaid's RBRVS fee schedule. For surgical procedures, the Medicaid "global" fee amount covers a standard package of pre-operative, intra-operative, and post-operative services. The preoperative period is the day before the surgery and the day of the surgery. The postoperative period is 90 days for major surgery and 0 days or 10 days for minor surgery.

Reimbursement for an eye appliance is based on WV Medicaid's fee schedule.

Reimbursement for contact lenses covers all professional services, follow-up visits, contact lenses, and required care kits. Separate payment is available for contact lens fittings. In all cases, claims for payment should not be submitted until vision care services have been completed.

Providers must submit directly to the Medicare carrier on the appropriate claim form all charges for artificial eyes or eyeglasses following cataract surgery which have been furnished to members with both Medicare and Medicaid coverage. WV Medicaid limits coverage to the Medicare deductible and coinsurance, up to the Medicare fee schedule amount.

525.11 MANAGED CARE

Vision benefits are covered by the Health Maintenance Organizations (HMO's) for their members. Prior authorization rules must be followed for the respected member's HMO. General vision services, eye examinations and glasses, for PAAS members do not require PCP authorization for reimbursement, however, surgery and other more complicated procedures do require PCP authorization, but still may require prior authorization according to HMO guidelines.

CHAPTER 525
VISION CARE SERVICES
JULY 1, 2004

ATTACHMENT 1
PROCEDURE CODES COVERED BY
WEST VIRGINIA MEDICAID
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PROCEDURE CODE LIST EYE CARE

PROCEDURE CODES	DESCRIPTION
	EYE EXAMS
92002	Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	Comprehensive, new patient, one or more visits
92012	Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Comprehensive, established patient, one or more visits
	Evaluation and management codes may be used for lesser service examinations.
	SPECIAL OPHTHALMOLOGICAL SERVICES
92015	Determination of refractive state
92019	Limited
92020	Gonioscopy (separate procedure)
92060	Sensorimotor examination with medical diagnostic evaluation
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

92081	Visual field examination, unilateral or bilateral
92082	Intermediate examination
92083	Extended examination
92100	Serial tonometry with multiple measurements of intraocular pressure over an extended time period
92120	Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
92130	Tonography with water provocation
92135	Scanning computerized ophthalmic diagnostic imaging, unilateral
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140	Provocative tests for glaucoma, with interpretation
92225	Ophthalmoscopy, extended, with retinal drawing, initial
92226	Subsequent
92230	Fluorescein angiography with interpretation and report
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250	Fundus photography with interpretation and report
92260	Ophthalmodynamometry

- 92265 Needle oculoelectromyography, one or more extraocular muscles, one or both eyes
- 92275 Electroretinography with interpretation and report
- 92283 Color vision examination, extended, anomaloscope or equivalent
- 92284 Dark adaptation examination with interpretation and report
- 92285 External ocular photography with interpretation and report for documentation of medical progress

CONTACT LENS SERVICES

- 92310 Prescription of optical and physical characteristics of and fitting of contact lens with medical supervision of adaptation; corneal lens, both eyes, except for aphakia.
- 92311 Corneal lens for aphakia, one eye
- 92312 Corneal lens for aphakia, both eyes
- 92313 Corneoscleral lens
- 92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens both eyes except for aphakia.
- 92315 Corneal lens for aphakia, one eye
- 92316 Corneal lens for aphakia, both eyes
- 92317 Corneoscleral lens
- 92325 Modification of contact lens (separate procedure), with medical supervision of adaptation

92326 Replacement of contact lens

SPECTACLE SERVICES

92370 Repair and refitting spectacles; except for aphakia

92371 Spectacle prosthesis for aphakia

OTHER PROCEDURES

92499 Unlisted ophthalmological service or procedure

Optometrists may also bill for the following CPT codes

62505	65210	65220	65222	65430	65435	66761	66999
67820	68761	68801	68810	68840	99201	99202	99203
99204	99205	99211	99212	99213	99214	99215	99241
99242	99243	99244	99245				

The following procedure codes are payable to an optometrist with the modifier (55)

65855 55 66821 55 66983 55 66984 55 66985 55

SUPPLIES FOR VISION CARE SERVICES

FRAMES

V2020 Frames, purchases

SPECTACLE LENSES

Single Vision - Glass or Plastic

V2100 Sphere only; single vision, plano to plus or minus 4.00D - per lens

V2101 Plus or minus 4.12 to plus or minus 7.00D - per lens

V2102 Plus or minus 7.12 to plus or minus 20.00D - per lens

Sphero-cylinder; single vision, plano to plus or minus 4.00D sphere:

V2103 .12 to 2.00D cylinder, per lens

V2104 2.12 to 4.00D cylinder, per lens

V2105 4.25 to 6.00D cylinder, per lens

V2106 Over 6.00D cylinder, per lens

Sphero-cylinder; single vision, plus or minus 4.25 to plus or minus 7.00D sphere

V2107 .12 to 2.00D cylinder, per lens

V2108 2.12 to 4.00D cylinder, per lens

V2109 4.25 to 6.00D cylinder, per lens

V2110 Over 6.00D cylinder, per lens

Sphero-cylinder; single vision, plus or minus 7.25 to plus or minus 12.00D sphere:

V2111 .12 to 2.00D cylinder, per lens

V2112 2.12 to 4.00D cylinder, per lens

V2113 4.25 to 6.00D cylinder, per lens

Sphero-cylinder: single vision, over plus or minus 12.00D sphere:

- V2114 Over 6.00D cylinder, per lens
- V2115 Lenticular; (myodisc), per lens, single vision
- V2118 Aniseikonic: per lens, single vision
- V2121 Lenticular lens, per lens, single
- V2199 Not otherwise classified, single vision lens.

When billing for the above codes, please include a completed HFCA - 1500 form, and a copy of the lab invoice for the services.

Bifocal: glass or plastic (up to and including 28MM seg width, add power up to and including 3.25D)

SPECIAL NOTE: See V2219 and V2220 for "add ons" seg width over 28mm, add over 3.25D

- V2200 Sphere only: bifocal, plano to plus or minus 4.00D, per lens
- V2201 Plus or minus 4.12 to plus or minus 7.00D, per lens
- V2202 Plus or minus 7.12 to plus or minus 20.00D, per lens

Sphero-cylinder: bifocal, plano to plus or minus 4.00D sphere:

- V2203 .12 to 2.00D cylinder, per lens
- V2204 2.12 to 4.00D cylinder, per lens
- V2205 4.25 to 6.00D cylinder, per lens
- V2206 Over 6.00D cylinder, per lens

Sphero-cylinder: bifocal, plus or minus 4.25 to plus or minus 7.00D sphere:

- V2207 .12 to 2.00D cylinder, per lens
- V2208 2.12 to 4.00D cylinder, per lens
- V2209 4.25 to 6.00D cylinder, per lens
- V2210 Over 6.00D cylinder, per lens

Sphero-cylinder: bifocal, plus or minus 7.25 to plus or minus 12.00D sphere:

- V2211 .12 to 2.00D cylinder, per lens
- V2212 2.12 to 4.00D cylinder, per lens
- V2213 4.25 to 6.00D cylinder, per lens

Sphero-cylinder: bifocal, over plus or minus 12.00D sphere:

- V2214 Over 6.00D cylinder, per lens
- V2215 Lenticular: (myodisc), per lens, bifocal
- V2218 Aniseikonic: per lens, bifocal
- V2219 Bifocal: seg width over 28mm
- V2220 Add over 3.25D
- V2221 Lenticular lens, per lens, bifocal
- V2299 Special bifocal

When billing for the above code, please include a completed HFCA - 1500 form, and a copy of the lab invoice for the services.

Trifocal: glass or plastic (up to and including 28mm seg width, add power up to and including 3.25D)

SPECIAL NOTE: See V2319 and V2320 for "add ons" seg width over 28mm, add over 3.25D

V2300 Sphere only: trifocal, plano to plus or minus 4.00D per lens

V2301 Plus or minus 4.12 to plus or minus 7.00D, per lens

V2302 Plus or minus 7.12 to plus or minus 20.00D, per lens

Spherocylinder: trifocal, plano to plus or minus 4.00D, sphere:

V2303 .12 to 2.00D cylinder, per lens

V2304 2.12 to 4.00D cylinder, per lens

V2305 4.25 to 6.00D cylinder, per lens

V2306 Over 6.00D cylinder, per lens

Spherocylinder: trifocal, plus or minus 4.25 to plus or minus 7.00D, sphere:

V2307 .12 to 2.00D cylinder, per lens

V2308 2.12 to 4.00D cylinder, per lens

V2309 4.25 to 6.00D cylinder, per lens

V2310 Over 6.00D cylinder, per lens

Spherocylinder: trifocal, plus or minus 7.25 to plus or minus 12.00D sphere:

V2311 .12 to 2.00D cylinder, per lens

V2312 2.12 to 4.00D cylinder, per lens

V2313 4.25 to 6.00D cylinder, per lens

Sphero-cylinder: trifocal, over plus or minus 12.00D sphere:

V2314 Over 6.00D cylinder; per lens

V2315 Lenticular; (myodisc), per lens, trifocal

V2318 Aniseikonic; per lens, trifocal

V2319 Trifocal; seg width over 28mm

V2320 Add over 3.25D

V2321 Lenticular lens, per lens, trifocal

V2399 Special trifocal

When billing for the above codes, please include a completed HFCA - 1500 form, and a copy of the lab invoice for the services.

Variable sphericity (Welsh 4-drop, hyperaspheric, double drop, etc.)

V2410 Variable asphericity lens; single vision, full field, glass or plastic, per lens

V2430 Bifocal, full field, glass or plastic, per lens

V2499 Not otherwise classified, variable asphericity lens.

When billing for the above codes, please include a completed HFCA - 1500 form, and a copy of the lab invoice for the services.

MISCELLANEOUS

V2700	Balance lens, per lens
V2710	Slab off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, fresnell prism, per lens
V2730	Special base curve, glass, or plastic per lens
V2744	Photochromatic, per lens, (covered for albinism only)
V2755	U-V lens: per lens (covered for children only for the diagnosis of aphakia)
V2770	Occluder lens; per lens
V2780	Oversize lens, per lens
V2799	Not otherwise classified miscellaneous "add ons"
	When billing for the above codes, please include a completed HFCA - 1500 form, and a copy of the lab invoice for the services.
S0580	Polycarbonate "add-on" per lens
S0590	Integral lens service, misc.

SUPPLY OF CONTACT LENSES

Coverage limitations:

ADULTS: Contact lenses are covered only for the diagnosis of aphakia and keratoconus.

CHILDREN: Contact lenses are covered only for the diagnosis of aphakia, keratoconus, aniseikonia, or anisometropia.

V2500	Contact lens, PMMA: spherical, per lens
V2501	Toric or prism ballast, per lens
V2502	Bifocal, per lens
V2503	Color vision deficiency, per lens
V2510	Contact lens, gas permeable; spherical, per lens
V2511	Toric or prism ballast, per lens
V2512	Bifocal, per lens
V2513	Extended wear, per lens
V2520	Contact lens, hydrophilic; spherical, per lens
V2521	Toric or prism ballast, per lens
V2522	Bifocal, per lens
V2523	Extended wear, per lens
V2530	Contact lens, scleral; per lens
V2599	Not otherwise classified, contact lens.

When billing for the above code, please include a completed HFCA - 1500 form, and a copy of the lab invoice for the services.

SUPPLY OF LOW VISION AIDS

(NO COVERAGE FOR ADULTS)

V2600	Hand held low vision aids and other nonspectacle mounted aids
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V2610 Single lens spectacle mounted low vision aids

Prescribing and fitting of low vision aids must be billed using CPT code 92499.

V2615 Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system.

When billing for the above code, please include a completed HFCA - 1500 form, and a copy of the lab invoice for the services.

SUPPLY OF PROSTHETIC EYE

V2623 Prosthetic eye, plastic, custom

V2624 Polishing/resurfacing of ocular prosthesis

V2625 Enlargement of ocular prosthesis

V2626 Reduction of ocular prosthesis

V2627 Scleral cover shell

V2628 Fabrication and fitting of ocular conformer

V2629 Not otherwise classified prosthetic eye.

When billing for the above code, send a completed HCFA - 1500 form, and a copy of the lab invoice.

Prescribing and fitting of an ocular prosthesis must be billed using CPT code 92499.

92499 Unlisted eye care code. Please give complete description of service required.