

Clinical Policy: Preventive (Routine) Eye Examination

Attachment A: Refractive Hardware

Reference Number: OC.UM.CP.0013: Attachment A

For the purposes of this policy, the term “refractive hardware” excludes medically necessary hardware.

For clinical guidance on medically necessary hardware, reference policy OC.UM.CP.0006 Medically Necessary Hardware.

Codes listed in this policy do not indicate coverage.

Documentation that the patient has received refractive hardware must be maintained. There are three methods of delivery for glasses and contact lenses:

- Member or authorized representative is directly receiving the Item(s) at the optical shop
- The Item(s) are being delivered by either mail service or delivery service
- The Item(s) are being delivered to a nursing facility on behalf of the member

The delivery date is the date that the beneficiary or an authorized representative actually picks up the refractive hardware, or the date that the package was shipped in the event of having to mail or use a delivery service. The delivery date is used as the date of service on the claim form.

Glasses

Coverage and frequency of frames and lenses is detailed in the member’s plan specifics. Reference plan specifics for coverage and applicability of codes listed below.

Frame: Bill one frame code per dispensed frame. Do not bill for a frame that is supplied by the member.

HCPCS Codes	Description
V2020	Standard Frame
V2025	Deluxe Frame

Base Lens: Use modifier RT for the right lens and modifier LT for the left lens. Only one of these codes may be billed for each lens provided.

HCPCS Codes	Description
V2100	Lens sphere single plano - 4.00
V2101	Single vision sphere 4.12-7.00
V2102	Single vision sphere 7.12-20.00
V2103	Spherocylinder 4.00d/12-2.00d
V2104	Spherocylinder 4.00d/2.12-4d
V2105	Spherocylinder 4.00d/4.25-6d

CLINICAL POLICY

Preventive (Routine) Examination: Refractive Hardware

HCPCS Codes	Description
V2106	Spherocylinder 4.00d/>6.00d
V2107	Spherocylinder 4.25d/12-2d
V2108	Spherocylinder 4.25d/2.12-4d
V2109	Spherocylinder 4.25d/4.25-6d
V2110	Spherocylinder 4.25d/over 6d
V2111	Spherocylinder 7.25d/.25-2.25
V2112	Spherocylinder 7.25d/2.25-4d
V2113	Spherocylinder 7.25d/4.25-6d
V2114	Spherocylinder over 12.00d
V2115	Lens lenticular bifocal
V2118	Lens aniseikonic single
V2121	Lenticular lens, single
V2200	Lens sphere bifocal plano - 4.00d
V2201	Lens sphere bifocal 4.12-7.0
V2202	Lens sphere bifocal 7.12-20.
V2203	Lens Spherocylinder bifocal 4.00d/.1
V2204	Lens Spherocylinder bifocal 4.00d/2.1
V2205	Lens Spherocylinder bifocal 4.00d/4.2
V2206	Lens Spherocylinder bifocal 4.00d/over
V2207	Lens Spherocylinder bifocal 4.25-7d/.
V2208	Lens Spherocylinder bifocal 4.25-7/2.
V2209	Lens Spherocylinder bifocal 4.25-7/4.
V2210	Lens Spherocylinder bifocal 4.25-7/over
V2211	Lens Spherocylinder bifocal 7.25-12/.25-
V2212	Lens Spherocylinder bifocal 7.25-12/2.2
V2213	Lens Spherocylinder bifocal 7.25-12/4.2
V2214	Lens Spherocylinder bifocal over 12.
V2215	Lens lenticular bifocal
V2218	Lens aniseikonic bifocal
V2221	Lenticular lens, bifocal
V2300	Lens sphere trifocal 4.00d
V2301	Lens sphere trifocal 4.12-7.
V2302	Lens sphere trifocal 7.12-20
V2303	Lens Spherocylinder trifocal 4.0/.12-
V2304	Lens Spherocylinder trifocal 4.0/2.25
V2305	Lens Spherocylinder trifocal 4.0/4.25
V2306	Lens Spherocylinder trifocal 4.00/>6
V2307	Lens Spherocylinder trifocal 4.25-7/.
V2308	Lens Spherocylinder trifocal 4.25-7/2.
V2309	Lens Spherocylinder trifocal 4.25-7/4.
V2310	Lens Spherocylinder trifocal 4.25-7/>6
V2311	Lens Spherocylinder trifocal 7.25-12/.25-
V2312	Lens Spherocylinder trifocal 7.25-12/2.25

CLINICAL POLICY

Preventive (Routine) Examination: Refractive Hardware

HCPCS Codes	Description
V2313	Lens Spherocylinder trifocal 7.25-12/4.25
V2314	Lens Spherocylinder trifocal over 12
V2315	Lens lenticular trifocal
V2318	Lens aniseikonic trifocal
V2321	Lenticular lens, trifocal
V2410	Lens variable asphericity single vision
V2430	Lens variable asphericity bifocal
V2499	Lens variable asphericity, other type

Lens add-ons: Reference plan specifics for coverage applicability of codes listed below. Use modifier RT for the right lens and modifier LT for the left lens.

HCPCS Codes	Description
V2219	Lens bifocal seg width over
V2220	Lens bifocal add over 3.25d
V2319	Trifocal seg width over 28 mm
V2320	Trifocal add over 3.25d
V2700	Balance lens
V2702	Deluxe lens feature
V2710	Slab off prism, glass or plastic
V2715	Prism
V2718	Fresnel prism, press-on lens
V2730	Special base curve, glass or plastic
V2744	Tint photochromatic lens
V2745	Tint, any color, solid, gradient or equal
V2750	Anti-reflective coating
V2755	UV lens
V2760	Scratch resistant coating
V2761	Mirror coating
V2762	Polarization
V2770	Occluder lens
V2780	Oversize lens
V2781	Progressive lens
V2782	High Index Lens, 1.54-1.65 p/1.60-1.79 g
V2783	High Index Lens, >= 1.66 p/>=1.80 g
V2784	Polycarbonate or equal lens
V2786	Occupational multifocal lens

Fitting and Dispensing of Glasses: Fitting includes measurement of anatomical facial characteristics, writing of laboratory specifications, and final adjustment of the spectacles to the visual axis and anatomical topography. Bill one code per dispensed complete set of glasses (frame and two lenses).

CLINICAL POLICY

Preventive (Routine) Examination: Refractive Hardware

CPT® Codes	Description
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92370 ¹	Repair and refitting spectacles; except for aphakia

Contact Lenses

Coverage and limitations for contact lenses is detailed in the member's plan specifics. Reference plan specifics for coverage and applicability of codes listed below.

Hard/Rigid Contact Lenses:

HCPCS Codes	Description
V2500	Contact lens PMMA, spherical
V2501	Contact lens PMMA, toric/prism ballast
V2502	Contact lens PMMA, bifocal
V2503	Contact lens PMMA, color vision deficiency
V2510	Contact lens gas permeable, spherical
V2511	Contact lens gas permeable, toric/prism ballast
V2512	Contact lens gas permeable, bifocal
V2513	Contact lens gas permeable, extended wear
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2599	Contact lens, other type

Soft Contact Lenses:

HCPCS Codes	Description
S0500	Disposable contact lens
V2520	Contact lens hydrophilic
V2521	Contact lens hydrophilic, toric
V2522	Contact lens hydrophilic, bifocal
V2523	Contact lens hydrophilic, extended wear

¹ 92370 cannot be billed in conjunction with 92340-92342.

CLINICAL POLICY
Preventive (Routine) Examination: Refractive Hardware

Fitting and Dispensing of Contact Lenses:

CPT® Codes	Description
92310 ²	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	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; 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	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92325 ³	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	Replacement of contact lens

ICD-10-CM Diagnosis Codes that Support Coverage Criteria for Refractive Hardware

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H52.00	Hypermetropia, unspecified eye
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye

² Use modifier -52 for reduced services if fitting only one eye. The contact lens prescription includes specifications of the contact lens including base curve, power, diameter and polymer and instruction concerning lens care and training on lens insertion and removal.

³ Polishing or modifying the parameters of an RGP lens using a modification instrument.

CLINICAL POLICY

Preventive (Routine) Examination: Refractive Hardware

ICD-10-CM Code	Description
H52.13	Myopia, bilateral
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.209	Unspecified astigmatism, unspecified eye
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.219	Irregular astigmatism, unspecified eye
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.229	Regular astigmatism, unspecified eye
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.529	Paresis of accommodation, unspecified eye
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.539	Spasm of accommodation, unspecified eye
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.019	Deprivation amblyopia, unspecified eye
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.029	Refractive amblyopia, unspecified eye
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.039	Strabismic amblyopia, unspecified eye
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses

CLINICAL POLICY
Preventive (Routine) Examination: Refractive Hardware

References

1. Learn to Code Optical Dispensing, American Academy of Ophthalmology, November, 2019.