

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 |

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| 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 |

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| 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).

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| 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.

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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; corneal scleral 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; corneal scleral 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.

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| 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 |

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References

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