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**To: All Indiana Medicaid Ophthalmologists, Optometrists,
 Opticians**

Subject: Changes in Policy and Billing of Vision Services

Overview

This bulletin has been prepared in consultation and collaboration with a representative from the Indiana Academy of Ophthalmology and a representative from the Indiana Optometric Association. The purpose of this bulletin is to notify providers regarding the following changes for billing vision services:

Elimination of Local Codes

Effective November 1, 1999, the following local vision codes will be eliminated:

- Y5100-Y5107
- Y7603
- Z0105-Z0209
- Z0401-Z0404
- Z0603-Z0614
- Z0621-Z0912
- Z4807
- Z5000-Z5011

Effective November 1, 1999, providers must use the appropriate Physicians' Current Procedural Terminology (CPT) codes or Health Care Financing Administration Common Procedure Coding System (HCPCS) codes when submitting claims for vision services to Indiana Medicaid.

Effective with this change, providers may no longer bill separately for eyeglass cases, neutralization of lenses, verification of prescription, or fitting of eyeglasses. Reimbursement for these services is bundled.

Providers will no longer be required to routinely submit a copy of the materials invoice when submitting claims for most services. An invoice will only be required when submitting charges for “unlisted” procedures, such as for codes V2199, V2299, V2499, V2599, V2799, or V2025 (frames provided only when medically necessary), or any code that is manually priced. If the frames or lenses are purchased from a manufacturer, a valid copy of the manufacturer’s invoice must be submitted with the claim. The claim should reflect the provider’s usual and customary charge for the item. The manufacturer’s invoice should reflect the provider’s actual acquisition cost less discounts and rebates. Reimbursement for the claim will be based on the lesser of 130 percent of the provider’s actual acquisition cost, which must be on the manufacturer’s invoice, or 100 percent of the provider’s usual and customary charge. If the provider also is the item’s supplier, a valid copy of the retail invoice or bill must be submitted with the claim. The claim should reflect the provider’s usual and customary charge for the item. Reimbursement for the claim will be based on the lesser of 90 percent of the invoice price of the item or 100 percent of the usual and customary charge.

When submitting claims to Medicaid for all other HCPCS or CPT codes, providers should bill their usual and customary charge. Payment for these codes is based on the lower of the Medicaid rate on file or the provider’s charge.

Adoption of Modifiers for Replacement Eyeglasses

Effective immediately, Modifier XQ has been identified for use when billing claims for replacement lenses or frames for recipients whose glasses have been lost, stolen or broken beyond repair.

Effective immediately, Modifier XP has been identified for use when billing claims for recipients who have had a diopter change as specified in 405 IAC 5-23-4 as follows: a minimum prescription change of .75 diopters and/or an axis change of at least 15 degrees for patients aged 6 to 42 years of age and a change of .50 diopters and/or an axis change of at least 15 degrees for patients over 42 years of age.

Recipients 18 years and younger are limited to one pair of glasses per year. Recipients 19 years and older are limited to one pair of glasses every two years. Use of either modifier will indicate that the

appropriate documentation is on file in the patient's record to substantiate the need to replace lenses or frames. Replacement of glasses beyond the one to two year time frame must be for medical necessity. Modifiers are only needed for claims for replacement of frames or lenses within the one or two year time period. All claims will be subject to post payment review. If documentation is not present or does not substantiate the need for replacement of frames or lenses, payment will be recouped from the provider. Documentation that glasses have been lost, stolen, or broken beyond repair must include a signed statement by the recipient detailing how glasses were lost, stolen or broken. Recipient use will be monitored by post payment review.

Benefit Limitation Available on AVR

Benefit limitation information regarding frames, lenses, and medical visits will be available on the Automated Voice Response (AVR) system in June 2000.

Replacement Codes for Low Vision Services		
<i>Indiana Optometric Association and the Indiana Low Vision Rehabilitation Society</i>		
Local codes Z0401 and Z0402 to be end-dated November 1, 1999	Supplemental Partially-Sighted Evaluation to be replaced by the appropriate E/M codes listed in column three.	E/M Office Visits 99201-99205, 99211-99215 Hospital Initial Inpatient 99221-99225, 99231-99235 Consultations 99241-99245 Hospital Inpatient Consultations 99251-99255, 99261-99265 Nursing Homes 99311-99313 Comprehensive and Intermediate 92002 and 92012, 92004 and 92014
Local code Z0403 to be end-dated November 1, 1999	Training, Therapy Procedures to be replaced by the appropriate E/M codes listed in column three	97112 per 15 minutes* 97530 per 15 minutes* 97535 per 15 minutes* 97537 per 15 minutes
<p>*These codes are part of a national agreement developed jointly by the low vision committees of both the American Optometric Association and the American Academy of Ophthalmology. These codes cover the physical medicine aspect of low vision. The term physician in the agreement uses the Medicare definition which includes optometrists as physician by the statute definition. Services may be provided by the physician/optometrist, by a nonphysician/nonoptometrist under direct supervision with the physician/optometrist available in the same facility or by an occupational therapist by order of the physician/optometrist.</p>		
Local code Z0404 to be end-dated November 1, 1999	Fitting/Prescription Services to be replaced by the appropriate E/M codes listed in column three	92354 – Fitting of spectacle mounted low vision aid, single element system 92355 – Fitting of telescopic or other compound lens system
<p>The design and fitting of low vision systems require a complex set of professional task beyond the simple adjustment of eyewear included in the V-code. The above codes cover the procedures involved in fitting the more complex low vision systems including bioptic telescopic eyewear and microscopic corrections. The fitting of simple low vision aids such as magnifiers would be filed only with the V2600 (hand-held low vision aids and other non-spectacle-mounted aids) code. Complex telescopic and microscopic systems would be filed with the above fitting code [92354 or 92355 and V2610 (single lens spectacle-mounted low vision aids) or V2615 (telescopic and other compound lens system, including distance vision telescope, near vision telescopes, and compound microscopic lens system) code].</p>		
LV materials Z0404 to be end-dated November 1, 1999	To be replaced by the appropriate E/M codes listed in column three	V2600 – Handheld low vision aids and other non spectacle mounted aids V2610 – SV Spectacle Mounted low vision aid V2615 – Telescopic and other compound lens System including distance vision telescope, near vision telescopes and compound microscopic system. It would also include visual field awareness prisms systems
<p>Since codes V2600, V2610, and V2625 are manually priced, providers must submit an invoice with the claim, as previously instructed in this bulletin. Low vision aids cover a wide range of visual rehabilitation devices including telescopic systems, microscopic systems, bioptic systems, electronic magnification systems, infrared autofocus systems, magnifiers, filters and visual field awareness systems. Thus the expense will vary across a wide range of low vision products.</p>		

Figure 1.1 - Replacement Codes for Low Vision Services

Policy and Billing Information

Eye examinations should be reported using the CPT code that best describes the examination, 99201-99215, 99241-99245, 99251-99255, 99261-99263, 99271-99275, or 92002-92014. The following services are included in the eye examination and are not separately billable: visual acuity determination, external eye examination, biocular measurement, routine ophthalmoscopy, tonometry, and gross visual field testing including color vision, depth perception, or stereopsis. Examinations where counseling and coordination of care are the dominant services may be coded with the appropriate evaluation and management (E/M) code (99201-99215, 99241-99245, 99251-99255, 99261-99263, or 99271-99275) using the time factor associated with the code. Documentation in the patient's record must include the total time of the encounter and a synopsis of the counseling topics and coordination of care efforts.

The following diagnostic services, if medically necessary, may be submitted in addition to the eye examination: determination of a refractive state, gonioscopy, sensorimotor examination, orthoptic or pleoptic training, fitting of contact lens for treatment of disease, limited visual field, intermediate visual field, extended visual field, serial tonometry, tonography, scanning computerized ophthalmic diagnostic imaging, provocative tests for glaucoma, extended ophthalmoscopy, fluorescein angiography, indocyanine-green angiography, fundus photography, ophthalmodynamometry, needle oculoelectromyography, electroretinography, extended color vision examination, dark adaptation examination, external ocular photography, and special anterior segment photography.

The Indiana Medicaid program does not cover any portion of a deluxe or fancy frame purchase, except when medically necessary. If a patient chooses to upgrade to a deluxe frame, the entire frame is considered non-covered and may be billed to the patient, if proper advance notice of non-coverage was obtained. In these situations, a claim may be submitted for the lenses only.

Deluxe frames may be provided and billed to Medicaid when they are medically necessary. Situations include, but are not limited to, special frames to accommodate a facial deformity or anomaly, allergic reaction to standard frame material, or infant and child frames. Charges for medically necessary deluxe frames must be submitted with procedure code V2025. Documentation outlining the medical necessity is required when submitting the claim. An invoice for the frames must be submitted with the claim, as previously instructed in

this bulletin. Reimbursement will be made at 90 percent of the retail price, as indicated on the invoice.

Contact lenses are covered when medically necessary. Documentation is not required with the claim, but must be maintained in the patient's medical record for post payment review purposes. Examples of medically necessary contact lenses include, but are not limited to, patients with severe facial deformity who are physically unable to wear eyeglasses or who have severe allergy to all frame materials. The prescription of the contact lens includes the specification of optical and physical characteristics such as power, size, curvature, flexibility, and gas permeability and may be billed with CPT codes 92310-92326. This is not part of the general ophthalmological services. The fitting of contact lenses includes instruction and training of the wearer and incidental revision of the lenses during the training period. Follow-up of successfully fitted extended wear lenses is reported as part of the general ophthalmological service.

Prescription of lenses, when required, is included in 92015, determination of refractive state. It includes specification of lens type (monofocal, bifocal, or other) lens power, axis, prism, absorptive factor, impact resistance, and other factors.

Medicaid does not provide coverage for progressive lenses (V2781), transitional lenses (V2744), antireflective coating (V2750), fashion tints, gradient tints, or sunglasses (V2741, V2743, V2744). If a recipient chooses to upgrade to progressive lenses, transitional lenses, antireflective coating, or tint numbers other than tints 1 and 2, the basic lens V code may be billed to Medicaid. The upgrade portion (V2781, V2744, V2750, V2741, V2743, or V2744) may be billed to the recipient, only if the recipient was given appropriate advance notification of non-coverage.

Table 1.1 lists the HCPCS V codes and CPT codes used to bill for optical services and supplies. The table also lists the current fee on file for each code. All of the codes listed are paid on a per lens basis, unless otherwise noted.

Table 1.1 – Codes for Billing Optical Services and Supplies

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
Frames	V2020	Frames, purchases	\$20.00/max
	V2025 *	Deluxe frame	Manual pricing – Medical necessity applies
Lenses, Single Vision, Glass or Plastic	V2100	Sphere, single vision, plano to plus or minus 4.00	\$24.42/max
	V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	\$31.56/max
	V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	\$48.91/max
	V2103	Spherocylinder, single vision, plano to plus or minus 4.00 sphere, .12 to 2.00d cylinder, per lens	\$26.04/max
	V2104	Spherocylinder, single vision, plano to plus or minus 4.00 sphere, 2.12 to 4.00d cylinder, per lens	\$27.99/max
	V2105	Spherocylinder, single vision, plano to plus or minus 4.00 sphere, 4.25 to 6.00d cylinder, per lens	\$35.13/max
	V2106	Spherocylinder, single vision, plano to plus or minus 4.00 sphere, over 6.00d cylinder, per lens	\$37.68/max
	V2107	Spherocylinder, single vision, plus or minus 4.25 sphere to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	\$33.47/max
	V2108	Spherocylinder, single vision, plus or minus 4.25 sphere to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$34.62/max
	V2109	Spherocylinder, single vision, plus or minus 4.25 sphere to plus or minus 7.00d sphere, 4.25to 6.00d cylinder, per lens	\$42.35/max
	V2110	Spherocylinder, single vision, plus or minus 4.25 sphere to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$38.16/max
	V2111	Spherocylinder, single vision, plus or minus 7.25 sphere to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	\$43.96/max
	V2112	Spherocylinder, single vision, plus or minus 7.25 sphere to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	\$48.01/max

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	V2113	Spherocylinder, single vision, plus or minus 7.25 sphere to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$48.08/max
	V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	\$58.98/max
	V2115	Lenticular, (myodisc), per lens, single vision	\$58.68/max
	V2116	Lenticular lens, nonapsheric, per lens, single vision	\$56.42/max
	V2117	Lenticular, aspheric, per lens, single vision	\$64.00/max
	V2118	Aniseikonic lens, single vision	\$63.54/max
	V2119*	Not otherwise classified, single vision lens	Manual pricing
Lens, Bifocal, Glass or Plastic	V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	\$32.49/max
	V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	\$35.27/max
	V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	\$41.82/max
	V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d, .12 to 2.00d cylinder, per lens	\$32.72/max
	V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d, 2.12 to 4.00d cylinder, per lens	\$34.35/max
	V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d, 4.25 to 6.00d cylinder, per lens	\$37.36/max
	V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d, over 6.00d cylinder, per lens	\$42.54/max
	V2207	Spherocylinder, bifocal, plus or minus 4.25d to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	\$36.16/max
	V2208	Spherocylinder, bifocal, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$38.35/max
	V2209	Spherocylinder, bifocal, plus or minus 4.25d to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$50.13/max
	V2210	Spherocylinder, bifocal, plus or minus 4.25d to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$53.42/max
	V2211	Spherocylinder, bifocal, plus or minus 7.25d to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	\$47.01/max

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	V2212	Spherocylinder, bifocal, plus or minus 7.25d to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	\$49.02/max
	V2213	Spherocylinder, bifocal, plus or minus 7.25d to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$49.99/max
	V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	\$55.00/max
	V2215	Lenticular, (myodisc), per lens, bifocal	\$71.85/max
	V2216	Lenticular lens, nonapsheric, per lens, bifocal	\$73.10/max
	V2217	Lenticular, aspheric, per lens, bifocal	\$57.43/max
	V2218	Aniseikonic lens, bifocal	\$76.38/max
	V2219	Bifocal seg width over 28mm	\$33.43/max
	V2220	Bifocal add over 3.25d	\$26.23/max
	V2299*	Specialty bifocal (by report)	Manual pricing
Lens, Trifocal, Glass or Plastic	V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	\$41.83/max
	V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	\$62.10/max
	V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	\$60.98/max
	V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	\$41.93/max
	V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	\$43.21/max
	V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	\$50.34/max
	V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	\$57.91/max
	V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	\$48.36/max
	V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$59.66/max
	V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$61.13/max

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$64.25/max
	V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	\$72.56/max
	V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	\$66.13/max
	V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$69.79/max
	V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	\$73.00/max
	V2315	Lenticular, (mysodisc), per lens, trifocal	\$80.98/max
	V2316	Lenticular lens, nonaspheric, per lens, trifocal	\$80.73/max
	V2317	Lenticular, aspheric, per lens, trifocal	\$76.32/max
	V2318	Aniseikonic lens, trifocal	\$95.32/max
	V2319	Trifocal seg width over 28mm	\$35.99/max
	V2320	Trifocal add over 3.25d	\$43.67/max
	V2399	Specialty trifocal (by report)	\$51.75/max
Variable Asphericity	V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	\$61.55/max
	V2430	Variable asphericity lens, bifocal, full field, glass or plastic	\$70.96/max
	V2499*	Variable sphericity lens, other type	Manual pricing
Contact Lens	V2500	Contact lens, PMMA, spherical, per lens	\$63.28
	V2501	Contact lens, PMMA, toric or prism ballast, per lens	\$92.05
	V2502	Contact lens, PMMA, bifocal, per lens	\$119.80
	V2503	Contact lens, PMMA, color vision deficiency, per lens	\$115.83
	V2510	Contact lens, gas permeable, spherical, per lens	\$85.99
	V2511	Contact lens, gas permeable, toric, prism ballast, per lens	\$126.38
	V2512	Contact lens, gas permeable, bifocal, per lens	\$147.40
	V2513	Contact lens, gas permeable, extended wear, per lens	\$135.13
	V2520	Contact lens, hydrophilic, spherical, per lens	\$70.60

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	V2521	Contact lens, hydrophilic, toric, prism ballast, per lens	\$156.74
	V2522	Contact lens, hydrophilic, bifocal, per lens	\$126.90
	V2523	Contact lens, hydrophilic, extended wear, per lens	\$105.28
	V2530*	Contact lens, scleral, gas impermeable, per lens	Manual Pricing
	V2531*	Contact lens, scleral, gas permeable, per lens	Manual Pricing
	V2599*	Contact lens, other type	Manual pricing
Low Vision Aids	V2600*	Hand-held low vision aids and other non-spectacle mounted aids	Manual pricing
	V2610*	Single lens spectacle-mounted low vision aids	Manual pricing
	V2615*	Telescopic and other compound lens system, including distance vision telescope, near vision telescopes and compound microscopic lens system	Manual pricing
Eye Prosthesis and Vision Services	V2623	Prosthetic eye, plastic, custom	\$696.09
	V2624	Polishing/resurfacing of ocular prosthesis	\$12.50
	V2625	Enlargement of ocular prosthesis	\$100.00
	V2627	Scleral cover shell	\$250.00
	V2628	Fabrication and fitting of ocular conformer	\$75.00
	V2629*	Prosthetic eye, other type	Manual pricing
Intraocular Lens	V2630	Anterior chamber intraocular lens	\$385.00
	V2631	Iris supported intraocular lens	\$350.00
	V2632	Posterior chamber intraocular lens	\$360.00
Miscellaneous Vision Services	V2700	Balance lens, per lens	\$31.64
	V2710	Slab off prism, glass or plastic, per lens	\$43.28
	V2715	Prism, per lens	\$9.15
	V2718	Press-on lens, Fresnell prism, per lens	\$21.33
	V2730	Special base curve, glass or plastic, per lens	\$17.29
	V2740	Tint, plastic, rose 1 or 2 per lens	\$7.18
	V2741	Tint, plastic, other than rose 1-2, per lens	Non-covered
	V2742	Tint, glass, rose 1 or 2, per lens	\$6.90
	V2743	Tint, glass, other than rose 1-2, per lens	Non-covered
	V2744	Tint, photochromatic, per lens	Non-covered

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	V2750	Anti-reflective coating, per lens	Non-covered
	V2755	U-V lens, per lens	\$11.13
	V2760	Scratch-resistant coating, per lens	\$11.32
	V2770	Occluder lens, per lens	\$12.93
	V2780	Oversize lens, per lens	\$8.23
	V2781	Progressive lens, per lens	Non-covered
	V2785*	Processing, preserving and transporting corneal tissue	Manual Pricing
	V2799*	Vision service, miscellaneous	Manual Pricing
Evaluation and Management (E/M) Service Codes	99201	New patient E/M service – refer to CPT for criteria	\$20.82/RBRVS
	99202	New patient E/M service – refer to CPT for criteria	\$33.96/RBRVS
	99203	New patient E/M service – refer to CPT for criteria	\$46.85/RBRVS
	99204	New patient E/M service – refer to CPT for criteria	\$70.14 RBRVS
	99205	New patient E/M service – refer to CPT for criteria	\$88.36 RBRVS
	99211	Established patient E/M service – refer to CPT for criteria	\$9.98 RBRVS
	99212	Established patient E/M service – refer to CPT for criteria	\$18.20 RBRVS
	99213	Established patient E/M service – refer to CPT for criteria	\$25.98 RBRVS
	99214	Established patient E/M service – refer to CPT for criteria	\$40.43 RBRVS
	99215	Established patient E/M service – refer to CPT for criteria	\$63.87 RBRVS
	99241	New or Established Consultation – refer to CPT for criteria	\$33.43/RBRVS
	99242	New or Established Consultation – refer to CPT for criteria	\$52.93/RBRVS
	99243	New or Established Consultation – refer to CPT for criteria	\$68.63/RBRVS
	99244	New or Established Consultation – refer to CPT for criteria	\$96.82/RBRVS
	99245	New or Established Consultation – refer to CPT for criteria	\$130.47/RBRVS

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	99251	Inpatient consultation – refer to CPT for criteria	\$34.21/RBRVS
	99252	Inpatient consultation – refer to CPT for criteria	\$53.23/RBRVS
	99253	Inpatient consultation – refer to CPT for criteria	\$70.63/RBRVS
	99254	Inpatient consultation – refer to CPT for criteria	\$97.44/RBRVS
	99255	Inpatient consultation – refer to CPT for criteria	\$132.11/RBRVS
	99261	Follow-up inpatient consultation – refer to CPT for criteria	\$19.08/RBRVS
	99262	Follow-up inpatient consultation – refer to CPT for criteria	\$33.79/RBRVS
	99263	Follow-up inpatient consultation – refer to CPT for criteria	\$51.00/RBRVS
	99271	Confirmatory consultation – refer to CPT for criteria	\$29.21/RBRVS
	99272	Confirmatory consultation – refer to CPT for criteria	\$43.80/RBRVS
	99273	Confirmatory consultation – refer to CPT for criteria	\$61.94/RBRVS
	99274	Confirmatory consultation – refer to CPT for criteria	\$82.54/RBRVS
	99275	Confirmatory consultation – refer to CPT for criteria	\$113.69/RBRVS
General Ophthalmological Services	92002	New patient, ophthalmological examination and evaluation with initiation of diagnostic and treatment program; Intermediate,	\$41.84/RBRVS
	92004	New patient, ophthalmological examination and evaluation with initiation of diagnostic and treatment program; comprehensive, one or more visits	\$61.01/RBRVS
	92012	Established patient, ophthalmological examination and evaluation with initiation of diagnostic and treatment program;_intermediate	\$34.96/RBRVS
	92014	Established patient, ophthalmological examination and evaluation with initiation of diagnostic and treatment program; Comprehensive, one or more visits	\$44.54/RBRVS
	92015	Determination of refractive state	\$10.47/max
	92018	Ophthalmological examination and evaluation under general anesthesia...complete	\$55.77 RBRVS
	29019	Ophthalmological examination and evaluation under general anesthesia...limited	\$49.88 RBRVS
	92020	Gonioscopy	\$18.03 RBRVS
	92060	Sensorimotor examination with multiple measurements	\$24.69 RBRVS (-26=\$19.88) (TC \$4.81)

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	92065	Orthoptic and/or pleoptic training...	\$19.84 RBRVS (-26=\$15.70) (TC \$4.14)
	92070	Fitting of contact lens for treatment of disease...	\$52.15 RBRVS
	92081	Visual field examination... limited	\$18.53 RBRVS (-26=\$14.64) (TC \$3.88)
	92082	Visual field examination... intermediate	\$25.32 RBRVS (-26=\$20.25) (TC \$5.07)
	92083	Visual field examination... extended	\$36.64 RBRVS (-26=\$29.24) (TC \$7.40)
	92100	Serial tonometry...	\$32.70 RBRVS
	92120	Tonography...	\$31.31 RBRVS
	92130	Tonography...	\$36.23 RBRVS
	92135	Scanning computerized ophthalmic diagnostic imaging...	
	92140	Provocative tests for glaucoma...	\$22.21 RBRVS
	92225	Ophthalmoscopy, extended...	\$28.75 RBRVS
	92226	Ophthalmoscopy, extended,..., subsequent...	\$24.95 RBRVS
	92230	Fluorescein angiography...	\$35.82 RBRVS
	92235	Fluorescein angiography...	\$65.75 RBRVS (-26=\$38.97) (TC \$26.78)
	92240	Indocyanine-green angiography...	\$73.08 RBRVS (-26=\$46.56) (TC \$26.52)
	92250	Fundus photography...	\$23.51 RBRVS (-26=\$18.96) (TC \$4.55)
	92260	Ophthalmodynamometry	\$28.98 RBRVS
	92265	Needle oculoelectromyography...	\$30.97 RBRVS (-26=\$24.80) (TC \$5.99)
	92270	Electro-oculography...	\$41.08 RBRVS (-26=\$33.01) (TC \$8.06)

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	92275	Electroretinography...	\$52.90 RBRVS (-26=\$42.51) (TC \$10.39)
	92283	Color vision examination...	\$14.95 RBRVS (-26=\$11.84) (TC \$3.11)
	92284	Dark adaption examination...	\$22.32 RBRVS (-26=\$17.77) (TC \$4.55)
	92285	External ocular photography...	\$13.26 RBRVS (-26=\$10.42) (TC \$2.85)
	92286	Special anterior segment photography...	\$51.67 RBRVS (-26=\$41.27) (TC \$10.39)
	92287	Special anterior segment photography...	\$64.05 RBRVS
	92310	Prescription of contact lens...Prescription of optical and physical characteristics of and fitting of contact lens, <u>with medical supervision</u> of adaptation; corneal lens, both eyes, except for aphakia (For prescription and fitting of one eye, add modifier -52).	\$33.27/max
	92311	Prescription of contact lens...Corneal lens for aphakia-one eye	\$54.57 RBRVS
	92312	Prescription of contact lens...Corneal lens for aphakia-both eyes	\$66.34 RBRVS
	92313	Prescription of contact lens...Corneoscleral lens	\$49.56 RBRVS
	92314*	Prescription of contact lens...Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and <u>direction of fitting by independent technician</u> ; corneal lens, both eyes except for aphakia	Manual pricing
	92315	Prescription of contact lens...Corneal lens for aphakia, one eye	\$30.69 RBRVS
	92316	Prescription of contact lens...Corneal lens for aphakia, both eyes	\$44.79 RBRVS
	92317	Prescription of contact lens...	\$23.29 RBRVS
	92325	Replacement of contact lens...	\$9.99 RBRVS
	92326	Replacement of contact lens	\$41.80 RBRVS
	92330	Prescription, fitting, and supply of ocular prosthesis...	\$61.41 RBRVS

Category	HCPCS/ CPT Code	Description	Reimbursement Rate/Pricing Segment
	92335	Prescription, fitting, and supply of ocular prosthesis...	\$66.05 RBRVS
	92340	Fitting of spectacles...	Bundled
	92341	Fitting of spectacles...	Bundled
	92342	Fitting of spectacles...	Bundled
	92352	Fitting of spectacles...	Bundled
	92353	Fitting of spectacles...	Bundled
	92354	Fitting of spectacle mounted low vision aid...	\$222.34 RBRVS
	92355	Fitting of spectacle mounted low vision aid...	\$108.38 RBRVS
	92358	Prosthesis services for aphakia...	\$24.82 RBRVS
	92370	Repair and refitting spectacles...	\$14.41/max
	92371	Repair and refitting spectacles...	\$15.83 RBRVS
	92390	Supply of spectacles	Use V codes
	92391	Supply of contact lenses	Use V codes
	92392	Supply of low vision aids...	\$106.16/max
	92393	Supply of ocular prosthesis...	\$339.68/max
	92395	Supply of permanent prosthesis...	\$39.16/max
	92396	Supply of permanent prosthesis...	\$68.62/max

**Codes with an asterisk are manually priced and require an invoice for pricing to be submitted with the claim*

More Information

If you have additional questions about billing for vision services, please contact EDS Customer Assistance at 1-800-577-1278 or the local number for Indianapolis, 317-655-3240.