Vision Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See IHCP Bulletins and IHCP Fee Schedules for updates to coding, coverage and benefit information.*

For information about using these code tables, see the Vision Services provider reference module.

Table 1 – Covered Procedure Codes for Opticians (Specialty 190)

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180)

Table 3 – ICD-10 Diagnosis Codes for Optometrist Billing of Visual Evoked Potential (VEP) Testing

Table 4 – Cataract Surgery Codes That Allow for Reimbursement of Intraocular Stents and Intraocular Lenses

Table 1 – Covered Procedure Codes for Opticians (Specialty 190)

Reviewed/Updated: February 6, 2025

Note: Services associated with codes listed with an asterisk (*) must be performed under direction or supervision of a physician or optometrist.

Procedure Code	Description
92065*	Eye training exercise performed by health care professional
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92137	Imaging of retina with optical coherence tomography angiography
92326	Replacement of contact lens
92370	Repair and refitting spectacles; except for aphakia
V2020	Frames, purchases
V2025	Deluxe frame
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens

Table 1 – Covered Procedure Codes for Opticians (Specialty 190)

Reviewed/Updated: February 6, 2025

Note: Services associated with codes listed with an asterisk (*) must be performed under direction or supervision of a physician or optometrist.

Procedure Code	Description
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2108	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00 cylinder, per lens
V2110	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25d to 2.25d cylinder, per lens
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2114	Spherocylinder, single vison, sphere over plus or minus 12.00d, per lens
V2115	Lenticular (myodisc), per lens, single vision
V2118	Aniseikonic lens, single vision
V2121	Lenticular lens, per lens, single
V2199	Not otherwise classified, single vision lens
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens

Table 1 – Covered Procedure Codes for Opticians (Specialty 190)

Reviewed/Updated: February 6, 2025

Note: Services associated with codes listed with an asterisk (*) must be performed under direction or supervision of a physician or optometrist.

Procedure Code	Description
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00 cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2218	Aniseikonic, per lens, bifocal
V2219	Bifocal seg width over 28mm
V2220	Bifocal add over 3.25d
V2221	Lenticular lens, per lens, bifocal
V2299	Specialty bifocal (by report)
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder , per lens
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens

Table 1 – Covered Procedure Codes for Opticians (Specialty 190)

Reviewed/Updated: February 6, 2025

Note: Services associated with codes listed with an asterisk (*) must be performed under direction or supervision of a physician or optometrist.

Procedure Code	Description
V2315	Lenticular, (myodisc), per lens, trifocal
V2318	Aniseikonic lens, trifocal
V2319	Trifocal seg width over. 28mm
V2320	Trifocal add over 3.25d
V2321	Lenticular lens, per lens, trifocal
V2399	Specialty trifocal (by report)
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens
V2499	Variable sphericity lens, other type
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens, PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2525	Contact lens, hydrophilic, dual focus, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2599	Contact lens, other type
V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
V2700	Balance lens, per lens
V2710	Slab off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, Fresnel prism, per lens
V2730	Special base curve, glass or plastic, per lens
V2745 U1	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens; plastic, rose 1 or 2,

Table 1 – Covered Procedure Codes for Opticians (Specialty 190)

Reviewed/Updated: February 6, 2025

Note: Services associated with codes listed with an asterisk (*) must be performed under direction or supervision of a physician or optometrist.

Procedure Code	Description
V2745 U2	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens; glass, rose 1 or 2
V2755	U-V lens, per lens
V2770	Occluder lens, per lens
V2780	Oversize lens, per lens
V2784	Lens, polycarbonate or equal, any index, per lens
V2799	Vision item or service, miscellaneous

Table 1 Revision History

February 6, 2025, update:
Added (effective January 1, 2025): 92137

January 1, 2023, update:
Updated description (effective January 1, 2023): 92065

April 1, 2022, update:
Added (effective April 1, 2022): V2525

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Removed (correction): V2623–V2629

April 9, 2019, update:
Removed (correction): 97112, 97530, 97533, 97535, 97537

January 1, 2018, update:
Removed (effective January 1, 2018): 97532

April 1, 2016, update:
Removed (effective August 1, 2012): 92354, 92355, 92358, 92371
Removed (effective January 1, 2006): 92390–92396
Removed (effective December 1, 2004): V2760, V2782, V2783, V2786

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180)

Reviewed/Updated: January 12, 2026

Procedure Code	Description
11900	Injection, intralesional; up to and including 7 lesions
11901	Injection, intralesional; more than 7 lesions
65205	Removal of foreign body, external eye; conjunctival superficial
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220	Removal of foreign body, external eye; corneal, without slit lamp
65222	Removal of foreign body, external eye; corneal, with slit lamp
65430	Scraping of cornea, diagnostic, for smear and/or culture
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
65770	Keratoprosthesis
65772	Corneal relaxing incision for correction of surgically induced astigmatism
65775	Corneal wedge resection for correction of surgically induced astigmatism
65778	Placement of amniotic membrane on the ocular surface; without sutures
65850	Trabeculotomy ab externo
65855	Trabeculoplasty by laser surgery
66500	Iridotomy by stab incision (separate procedure); except transfixion
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66700	Ciliary body destruction; diathermy
66710	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic
66720	Ciliary body destruction; cryotherapy
66740	Ciliary body destruction; cyclodialysis
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1-stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
66986	Exchange of intraocular lens
67101	Repair of detached retina, 1 or more sessions; cryotherapy
67105	Repair of detached retina, 1 or more sessions; photocoagulation
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	Repair of retinal detachment; by injection of air or other gas (eg pneumatic retinopexy)
67115	Release of encircling material (posterior segment)
67120	Removal of implanted material, posterior segment; extraocular
67121	Removal of implanted material, posterior segment; intraocular
67141	Preventive retinal detachment treatment by heat or freezing, 1 or more sessions
67145	Preventive retinal detachment treatment by heat or laser, 1 or more sessions
67208	Destruction of retinal growth by heat or freezing, 1 or more sessions
67210	Laser destruction of retinal growth, 1 or more sessions
67218	Destruction of retinal growth with implantation of radiation source, 1 or more sessions
67227	Destruction of leaking retinal blood vessels, 1 or more sessions
67228	Laser destruction of leaking retinal blood vessels, 1 or more sessions
67515	Injection of medication or substance into Tenon's capsule
67800	Removal of chronic growth of eyelid
67801	Removal of multiple chronic growths of same eyelid
67805	Removal of multiple chronic growths of different eyelids
67820	Correction of trichiasis; epilation, by forceps only
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67938	Removal of embedded foreign body, eyelid
68020	Incision of conjunctiva, drainage of cyst
68040	Expression of conjunctival follicles (eg, for trachoma)
68200	Subconjunctival injection
68761	Closure of the lacrimal punctum; by plug, each
68770	Closure of lacrimal fistula (separate procedure)
68801	Dilation of lacrimal punctum, with or without irrigation
68810	Probing of nasolacrimal duct, with or without irrigation
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68840	Probing lacrimal canaliculi, with or without irrigation
68841	Insertion of drug delivery implant into tear duct of eye

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	Ultrasound of eye disease, growth, or structure
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	Ophthalmic biometry by ultrasound echography, A-scan
76519	Ophthalmic biometry by ultrasound echography, A scan; with intraocular lens power calculation
76529	Ophthalmic ultrasonic foreign body localization
80048–89321	Ophthalmic and laboratory procedures as allowed by provider CLIA certification on file
92002	Eye and medical examination for diagnosis and treatment, new patient
92004	Eye and medical examination for diagnosis and treatment, new patient, 1 or more visits
92066	Eye training exercise under supervision of health care professional
92012	Eye and medical examination for diagnosis and treatment, established patient
92014	Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits
92015	Assessment for prescription eye wear using a range of lens powers
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	Gonioscopy (separate procedure)
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus programs G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	Multiple measurements of eye fluid pressure over an extended time period, same day
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92137	Imaging of retina with optical coherence tomography angiography
92201	Extended examination of eye with drawing of retina
92202	Extended examination of eye with drawing of optic nerve and surrounding area (macula)
92229	Imaging of retina for disease detection, with automated review and report at point of care
92230	Fluorescein angioscopy with interpretation and report
92235	Fluorescein angiography (includes multi-frame imaging) with interpretation and report, unilateral or bilateral
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92250	Fundus photography with interpretation and report
92260	Ophthalmodynamometry
92265	Needle oculoelectromygraphy, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270	Electro-oculography with interpretation and report
92273	Full field recording of retinal electrical responses to external stimuli with interpretation and report
92274	Multifocal recording of retinal electrical responses to external stimuli with interpretation and report
92284	Evaluation of eye adaptation to light and dark with interpretation and report
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography
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	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
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	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	Replacement of contact lens
92370	Repair and refitting spectacles; except for aphakia
92499	Unlisted ophthalmological service or procedure
95060	Ophthalmic mucus membrane tests
95930	Measurement and recording of nerve conduction patterns using visually-evoked stimulation
96372	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis
99202	New patient office or other outpatient visit with straightforward medical decision making, if using time, 15 minutes or more
99203	New patient office or other outpatient visit with low level of medical decision making, if using time, 30 minutes or more
99204	New patient office or other outpatient visit with moderate level of medical decision making, if using time, 45 minutes or more
99205	New patient office or other outpatient visit with a high level of medical decision making, if using time, 60 minutes or more
99211	Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional
99212	Established patient office or other outpatient visit with straightforward medical decision making, if using time, 10 minutes or more
99213	Established patient office or other outpatient visit with low level od decision making, if using time, 20 minutes or more
99214	Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more
99215	Established patient office or other outpatient visit with high level of medical decision making, if using time, 40 minutes or more
99221	Initial hospital care with straightforward or low level of medical decision making, per day, if using time, at least 40 minutes

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
99222	Initial hospital inpatient or observation care with moderate level of medical decision making, if using time, 55 minutes or more
99223	Initial hospital inpatient or observation care with high level of medical decision making, if using time, 75 minutes or more
99231	ubsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes
99232	Subsequent hospital care with moderate level of medical decision making, if using time, at least 35 minutes
99233	Subsequent hospital inpatient or observation care with high level of medical decision making, if using time, 50 minutes or more
99234	Hospital inpatient or observation care with admission and discharge on the same date with straightforward or low level of medical decision making, if using time, 45 minutes or more
99235	Hospital inpatient or observation care with admission and discharge on the same date with moderate level of medical decision making, if using time, 70 minutes or more
99236	Hospital inpatient or observation care with admission and discharge on the same date with high level of medical decision making, if using time, 85 minutes or more
99238	Hospital inpatient or observation discharge day management; 30 minutes or less
99239	Hospital inpatient or observation discharge day management; more than 30 minutes
99281	Emergency department visit for problem that may not require health care professional
99282	Emergency department visit with straightforward medical decision making
99283	Emergency department visit with low level of medical decision making
99284	Emergency department visit with moderate level of medical decision making
99285	Emergency department visit with high level of medical decision making
99307	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, at least 10 minutes
99308	Subsequent nursing facility care with straightforward level of medical decision making, per day, if using time, 20 minutes or more
99309	Subsequent nursing facility care with moderate level of medical decision making, per day, if using time, at least 30 minutes
99310	Subsequent nursing facility visit care with high level of medical decision making, per day, if using time, at least 45 minutes
99341	Residence visit for new patient with straightforward medical decision making, per day, if using time, at least 15 minutes
99342	Residence visit for new patient with low level of medical decision making, per day, if using time, at least 30 minutes
99344	Residence visit for new patient with moderate level of medical decision making, per day, if using time, at least 60 minutes
99345	Residence visit for new patient with high level of medical decision making, per day, if using time, at least 75 minutes
99347	Residence visit for established patient with straightforward medical decision making, per day, if using time, at least 15 minutes
99348	Residence visit for established patient with low level of medical decision making, per day, if using time, at least 30 minutes

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
99349	Residence visit for established patient with moderate level of medical decision making, per day, if using time, at least 40 minutes
99350	Residence visit for established patient with high level of medical decision making, per day, if using time, at least 60 minutes
99406	Smoking and tobacco use intensive counseling, 4-10 minutes
99407	Smoking and tobacco use intensive counseling, more than 10 minutes
G0108 U6	Diabetes outpatient self-management training services, individual, per 15 minutes
G0109 U6	Diabetes outpatient self-management training services, group session (2 or more), per 15 minutes
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (List separately in addition to code for preventive service.)
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code G0513 for additional 30 minutes of preventive service.)
J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml
J3301	Injection, triamcinolone acetonide, not otherwise classified, 10 mg
J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg
V2020	Frames, purchases
V2025	Deluxe frame
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2114	Spherocylinder, single vision sphere over plus or minus 12.00d, per lens
V2115	Lenticular (myodisc), per lens, single vision
V2118	Aniseikonic lens, single vision
V2121	Lenticular lens, per lens, single
V2199	Not otherwise classified, single vision lens
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2218	Aniseikonic, per lens, bifocal
V2219	Bifocal seg width over 28mm
V2220	Bifocal add over 3.25d
V2221	Lenticular lens, per lens, bifocal
V2299	Specialty bifocal (by report)
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180) ***Reviewed/Updated: January 12, 2026***	
Procedure Code	**Description**
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens
V2315	Lenticular, (myodisc), per lens, trifocal
V2318	Aniseikonic lens, trifocal
V2319	Trifocal seg width over 28mm
V2320	Trifocal add over 3.25d
V2321	Lenticular lens, per lens, trifocal
V2399	Specialty trifocal (by report)
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens
V2499	Variable sphericity lens, other type
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens, PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2525	Contact lens, hydrophilic, dual focus, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)

Table 2 – Covered Procedure Codes for Optometrists (Specialty 180)

Reviewed/Updated: January 12, 2026

Procedure Code	Description
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2599	Contact lens, other type
V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
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	Prosthetic eye, other type
V2700	Balance lens, per lens
V2710	Slab off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, Fresnel prism, per lens
V2730	Special base curve, glass or plastic, per lens
V2745 U1	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens; plastic, rose 1 or 2
V2745 U2	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens; glass, rose 1 or 2
V2755	U-V lens, per lens
V2770	Occluder lens, per lens
V2780	Oversize lens, per lens
V2784	Lens, polycarbonate or equal, any index, per lens
V2785	Processing, preserving and transporting corneal tissue
V2790	Amniotic membrane for surgical reconstruction, per procedure
V2799	Vision item or service, miscellaneous

Table 2 Revision History

January 12, 2026, update:
Added (effective January 12, 2026): 67800, 67801, 67805

May 29, 2025, update:
Added (effective May 29, 2025): 68841

February 6, 2025, update:
Added (effective January 1, 2025): 92137

February 29, 2024, update:
Updated description (effective January 1, 2024): 99202–99205, 99211–99215, 99222, 99223, 99233–99236, 99238, 99239, 99308

January 30, 2024, update:
Updated description (effective October 1, 2019): J7311

Table 2 Revision History

February 28, 2023, update:
Added (effective January 1, 2023): 92066
Removed (effective January 1, 2023): 99217–99220, 99343, 99354–99357, 0514T
Updated description (effective January 1, 2023): 92284, 99221–99223, 99231–99236, 99281–99285, 99307–99310, 99341, 99342, 99344, 99345, 99347–99350

April 1, 2022, update:
Added (effective April 1, 2022): V2525

December 16, 2021, update:
Added (effective December 16, 2021): 66821

July 1, 2021, update:
Added (effective July 1, 2021): 99406
Removed U6 modifier (effective July 1, 2021): 99407

March 23, 2021, update:
Updated description (effective January 1, 2021): 99202–99205, 99211–99215

February 9, 2021, update:
Added (effective January 1, 2021): 92229
Removed (effective January 1, 2021): 99201

May 1, 2020, update:
Added (effective May 1, 2020): 0514T

January 1, 2020, update:
Added (effective January 1, 2020): 92201, 92202
Removed (effective January 1, 2020): 92225, 92226

October 1, 2019, update:
Added (effective October 1, 2019): J1097

April 23, 2019, update:
Removed (correction): 66820, 66821

April 9, 2019, update:
Removed (correction): 92242, 92544, 97112, 97116, 97530, 97533, 97535, 97537, 97750

January 1, 2019, update:
Added (effective January 1, 2019): 92273, 92274
Removed (effective January 1, 2019): 92275
Updated description (effective January 1, 2019): 67101, 67105, 67141, 67145, 67208, 67210, 67218, 67227, 67228, 76512, 92002, 92004, 92012, 92014, 96372, 97112, 97116, 97530, 97535, 97537, 97750, 99201–99205, 99211–99215, 99218–99223, 99231–99236, 99281–99285, 99307–99310, 99341–99345, 99347–99350, 99407 U6

January 1, 2018, update:
Added (effective January 1, 2018): G0513, G0514
Removed (effective January 1, 2018): 97532
Updated description (effective January 1, 2018): 92015, 95930, 99217, 99218, 99219, 99220, 99235

November 17, 2017, update:
Added (effective July 1, 2017): G0108 U6, G0109 U6

March 9, 2017, update:
Added (effective March 9, 2017): J3301
Added (effective January 1, 2012): 95930

January 1, 2017, update:
Added (effective January 1, 2017): 92242, 99407 U6
Removed (effective January 1, 2017): 92140

April 1, 2016, update:
Removed (effective January 1, 2016): 67112
Removed (effective February 1, 2015): 99241–99245, 99251–99255
Removed (effective February 1, 2014): G0108, G0109
Removed (effective August 1, 2012): 92354, 92355, 92358, 92371, 92531, 99070, A4262, A4263
Removed (effective January 1, 2012): 92120, 92130

Table 3 – ICD-10 Diagnosis Codes for Optometrist Billing of Visual Evoked Potential (VEP) Testing

Reviewed/Updated: October 14, 2025

Note: VEP testing code (95930) is reimbursable only when billed with one of the diagnosis codes listed in this table.

Diagnosis Code	Description
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
G35.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G35.D	Multiple sclerosis, unspecified
H46.3	Toxic optic neuropathy
H46.9	Unspecified optic neuritis
H47.011	Ischemic optic neuropathy, right eye
H47.012	Ischemic optic neuropathy, left eye
H47.013	Ischemic optic neuropathy, bilateral
H47.019	Ischemic optic neuropathy, unspecified eye
H53.40	Unspecified visual field defects
Z82.0	Family history of epilepsy and other diseases of the nervous system

Table 3 Revision History

October 14, 2025, update:
Added (effective October 1, 2025): G35.A, G35.B0, G35.B1, G35.B2, G35.C0, G35.C, G35.C2, G35.D
Removed (effective October 1, 2025): G35

Table 4 – Cataract Surgery Codes That Allow for Reimbursement of Intraocular Stents and Intraocular Lenses

Reviewed/Updated: September 1, 2023

Note: Intraocular stent codes (0474T and 0671T) and new technology intraocular lens code (C1780) are reimbursable only when billed with one of the cataract surgery codes listed in this table.

Procedure Code	Description
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1-stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
66989	Complex extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye
66991	Extracapsular removal of cataract with insertion of artificial lens and insertion of drainage device in front chamber of eye

Table 4 Revision History

June 3, 2022, update:

Moved intraocular stent codes to the table note and added intraocular lens code:

Added (effective June 3, 2022): 0671T

Removed (effective January 1, 2022): 0191T, 0376T

Listed applicable surgical codes within the body of the table:

Added (effective June 3, 2022): 66989, 66991