

# Refractive Lenses

Regarding:

- Eye Care – following cataract surgery
- Eyeglasses and Contact Lenses
- Prosthetic Devices

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

<b>National Coverage Determination Policy</b>	None
<b>Local Coverage Determination Policy</b>	J- B/C
<b>Effective Date</b>	For service performed on or after 01/01/15
<b>Revision/Review Date</b>	01/19, 11/18, 06/06/18, 07/01/17, 09/01/16, 10/31/13
<b>The Health Plan</b>	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.  For Further information on West Virginia Medicaid coverage, refer to Chapter 525 Vision Services updated 09/01/16. Links can be found at the end of this policy.

## DESCRIPTION

A lens is a carefully ground or molded piece of transparent material that refracts/bends light rays in such a way as to form an image. Lenses serve to refract light at each boundary, entering and exiting the eye, depending on the prescription. This helps the eye to focus light onto the retina.

## COVERAGE GUIDELINES

For members who are aphakic (i.e., who have had a cataract removed but do not have an implanted intraocular lens (IOL) or who have congenital absence of the lens), the following lenses or combinations of lenses are covered when determined to be medically necessary:

1. Bifocal lenses in frames; or
2. Lenses in frames for far vision and lenses in frames for near vision; or
3. When a contact lens(es) for far vision is prescribed (including cases of binocular and monocular aphakia), payment will be made for the contact lens(es), and lens(es) in frames for near vision to be worn at the same time as the contact lens(es) and lenses in frames to be worn when the contacts have been removed.

For members who are pseudophakic (i.e., those who have an IOL).

For aphakic members (i.e., those who do not have an IOL), replacement lenses are covered when they are medically necessary.

Anti-reflective coating (V2750), tints (V2744, V2745) or oversize lenses (V2780) are covered only when they are medically necessary for the individual member and the treating physician documents the medical necessity. When these features are provided as a member preference item, they will be denied.

UV protection is considered reasonable and necessary following cataract extraction. Additional medical necessity justification by the treating physician beyond inclusion on the order is not necessary.

Refractive lenses are covered when they are used to restore the vision normally provided by the natural lens of the eye of an individual lacking the organic lens because of surgical removal or congenital absence. Covered diagnoses are limited to pseudophakia (condition in which the natural lens has been replaced with an artificial IOL), aphakia (condition in which the natural lens has been removed but there is no IOL), and congenital aphakia. Lenses provided for other diagnoses will be denied as non-covered.

Refractive lenses are covered even though the surgical removal of the natural lens occurred before enrollment.

For patients with pseudophakia, coverage is limited to one pair of eyeglasses or contact lenses after each cataract surgery with insertion of an IOL. Replacement frames, eyeglass lenses, and contact lenses are non-covered. If a member has a cataract extraction with IOL insertion in one eye, subsequently has a cataract extraction with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, Medicare covers only one pair of eyeglasses or contact lenses after the second surgery. If a member has a pair of eyeglasses, has a cataract extraction with IOL insertion, and receives only new lenses but not new frames after the surgery, the benefit would not cover new frames at a later date (unless it follows subsequent cataract extraction in the other eye).

**Other plans refer to the specific benefit document for that employer group or line of business.**

## NONCOVERAGE STATEMENT

The addition of UV coating (V2755) is not medically necessary for polycarbonate lenses (V2784). Claims for code V2755 billed in addition to code V2784 will be denied.

Tinted lenses (V2745), including photochromatic lenses (V2744), used as sunglasses, which are prescribed in addition to regular prosthetic lenses to an aphakic patient, will be denied.

Lenses made of polycarbonate or other impact-resistant materials (V2784) are covered only for patients with functional vision in only one eye. In this situation, an impact-resistant material is covered for both lenses, if eyeglasses are covered. Claims for code V2784 that do not meet this coverage criterion will be denied.

Low vision aids (V2600 - V2615) will be denied as noncovered because coverage under the prosthetic benefit is limited to persons with congenital absence or surgical removal of the lens of the eye.

Vision supplies, accessories, and/or service components of another HCPCS vision code (V2797) will be denied as not separately payable.

Because coverage of refractive lenses is based upon the prosthetic device benefit category, there is no coverage for frames or lens add-on codes unless there is a covered lens(es). Frames provided without a covered lens(es) will be denied as noncovered.

Tinted lenses (V2745), including photochromatic lenses (V2744), used as sunglasses, which are prescribed in addition to regular prosthetic lenses to a pseudophakic patient, will be denied.

Scratch resistant coating (V2760), mirror coating (V2761), polarization (V2762), deluxe lens feature (V2702) and progressive lenses (V2781) will be denied as noncovered.

Use of polycarbonate or similar material (V2784) or high index glass or plastic (V2782, V2783) for indications such as light weight or thinness will be denied as a noncovered deluxe feature.

Specialty occupational multifocal lenses (V2786) will be denied as noncovered.

Only standard frames (V2020) are covered. Additional charges for deluxe frames (V2025) will be denied as noncovered.

When hydrophilic soft contact lenses (V2520–V2523) are used as a corneal dressing, they are denied as noncovered because in this situation they do not meet the definition of a prosthetic device.

Eyeglass cases (V2756) will be denied as noncovered.

Contact lens cleaning solution and normal saline for contact lenses will be denied as noncovered.

**Please refer to the specific benefit document for that employer group or line of business for further information.**

### **REPLACEMENT, REPAIR, AND REASONABLE USEFUL LIFETIME**

Replacement will be per benefit design

Replacements and repairs require precertification. See Replacement and Repair policy.

Repairs are not separately payable during rental period.

Replacements are not covered due to neglect or misuse.

## CODING INFORMATION

**CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.**

### HCPCS MODIFIERS

<b>EY</b>	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
<b>GA</b>	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE.
<b>GZ</b>	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
<b>KX</b>	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
<b>LT</b>	LEFT SIDE
<b>RT</b>	RIGHT SIDE

### HCPCS CODES FRAMES

<b>V2020</b>	FRAMES, PURCHASES
<b>V2025</b>	DELUXE FRAME

### HCPCS CODES EYEGLOSS LENSES

<b>V2100</b>	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS
<b>V2101</b>	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
<b>V2102</b>	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS
<b>V2103</b>	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
<b>V2104</b>	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
<b>V2105</b>	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS

<b>V2106</b>	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
<b>V2107</b>	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS
<b>V2108</b>	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
<b>V2109</b>	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
<b>V2110</b>	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
<b>V2111</b>	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS
<b>V2112</b>	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS
<b>V2113</b>	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
<b>V2114</b>	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS
<b>V2115</b>	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION
<b>V2118</b>	ANISEIKONIC LENS, SINGLE VISION
<b>V2121</b>	LENTICULAR LENS, PER LENS, SINGLE
<b>V2199</b>	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS
<b>V2200</b>	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
<b>V2201</b>	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
<b>V2202</b>	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS
<b>V2203</b>	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
<b>V2204</b>	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
<b>V2205</b>	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
<b>V2206</b>	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
<b>V2207</b>	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS

<b>V2208</b>	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
<b>V2209</b>	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
<b>V2210</b>	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
<b>V2211</b>	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS
<b>V2212</b>	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS
<b>V2213</b>	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
<b>V2214</b>	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS
<b>V2215</b>	LENTICULAR (MYODISC), PER LENS, BIFOCAL
<b>V2218</b>	ANISEIKONIC, PER LENS, BIFOCAL
<b>V2219</b>	BIFOCAL SEG WIDTH OVER 28MM
<b>V2220</b>	BIFOCAL ADD OVER 3.25D
<b>V2221</b>	LENTICULAR LENS, PER LENS, BIFOCAL
<b>V2299</b>	SPECIALTY BIFOCAL (BY REPORT)
<b>V2300</b>	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
<b>V2301</b>	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
<b>V2302</b>	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS
<b>V2303</b>	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS
<b>V2304</b>	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS
<b>V2305</b>	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS
<b>V2306</b>	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
<b>V2307</b>	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
<b>V2308</b>	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS

<b>V2309</b>	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
<b>V2310</b>	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
<b>V2311</b>	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS
<b>V2312</b>	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS
<b>V2313</b>	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
<b>V2314</b>	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS
<b>V2315</b>	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL
<b>V2318</b>	ANISEIKONIC LENS, TRIFOCAL
<b>V2319</b>	TRIFOCAL SEG WIDTH OVER 28 MM
<b>V2320</b>	TRIFOCAL ADD OVER 3.25D
<b>V2321</b>	LENTICULAR LENS, PER LENS, TRIFOCAL
<b>V2399</b>	SPECIALTY TRIFOCAL (BY REPORT)
<b>V2410</b>	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS, OR PLASTIC, PER LENS
<b>V2430</b>	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS, OR PLASTIC, PER LENS
<b>V2499</b>	VARIABLE SPHERICITY LENS, OTHER TYPE

### Contact Lenses

<b>V2500</b>	<b>CONTACT LENS, PMMA, SPHERICAL, PER LENS</b>
<b>V2501</b>	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS
<b>V2502</b>	CONTACT LENS, PMMA, BIFOCAL, PER LENS
<b>V2503</b>	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS
<b>V2510</b>	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS
<b>V2511</b>	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS
<b>V2512</b>	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS
<b>V2513</b>	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS
<b>V2520</b>	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS

<b>V2521</b>	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS
<b>V2522</b>	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS
<b>V2523</b>	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS
<b>V2530</b>	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)
<b>V2531</b>	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)
<b>V2599</b>	CONTACT LENS, OTHER TYPE

### HCPCS CODES LOW VISION AIDS

<b>V2600</b>	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AID
<b>V2610</b>	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS
<b>V2615</b>	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM

### HCPCS CODES MISCELLANEOUS

<b>V2700</b>	BALANCE LENS, PER LENS
<b>V2702</b>	DELUXE LENS FEATURE
<b>V2710</b>	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS
<b>V2715</b>	PRISM, PER LENS
<b>V2718</b>	PRESS-ON LENS, FRESNELL PRISM, PER LENS
<b>V2730</b>	SPECIAL BASE CURVE, GLASS, OR PLASTIC, PER LENS
<b>V2744</b>	TINT, PHOTOCHROMATIC, PER LENS
<b>V2745</b>	ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER LENS
<b>V2750</b>	ANTI-REFLECTIVE COATING, PER LENS
<b>V2755</b>	U-V LENS, PER LENS
<b>V2756</b>	EYE GLASS CASE
<b>V2760</b>	SCRATCH RESISTANT COATING, PER LENS



<b>V2761</b>	MIRROR COATING, ANY TYPE, SOLID, GRADIENT, OR EQUAL, ANY LENS MATERIAL, PER LENS
<b>V2762</b>	POLARIZATION, ANY LENS MATERIAL, PER LENS
<b>V2770</b>	OCCLUDER LENS, PER LENS
<b>V2780</b>	OVERSIZE LENS, PER LENS
<b>V2781</b>	PROGRESSIVE LENS, PER LENS
<b>V2782</b>	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS
<b>V2783</b>	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS
<b>V2784</b>	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS
<b>V2786</b>	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS
<b>V2797</b>	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE
<b>V2799</b>	VISION ITEM OR SERVICE, MISCELLANEOUS

### ICD-10 CODES THAT ARE COVERED

<b>H27.00- H27.03</b>	APHAKIA, UNSPECIFIED EYE, RIGHT EYE, LEFT EYE, OR BILATERAL
<b>Q12.3</b>	CONGENITAL APHAKIA
<b>Z96.1</b>	PRESENCE OF INTRAOCULAR LENS

### DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
  - a. Member's name
  - b. Date

- c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
- d. Order must include diagnosis code
- e. Physician signature with date. Date stamps are not appropriate
- f. Quantity of items required and duration: A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

**Note:** If templates or forms are submitted, (e.g. a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

**Note:** Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

## BILLING GUIDELINES

Deluxe lens features (V2702) include services and features such as lens edge treatments and lens drilling.

Photochromatic lenses (V2744) are those in which the degree of tint changes in response to changes in ambient light. Code V2744 is used for any type of photochromatic lens, either glass or plastic.

Code V2745 is used for any type or color of lens tint, excluding photochromatic lenses.

Code V2755 must be used only if a UV coating is applied to a lens and not as an add-on code for the UV protection inherent in the lens material.

Anti-reflective coating (V2750) is a clear lens treatment used to decrease glare and internal/external reflections.

Mirror coatings (V2761) are colored, highly reflective lens treatments.

Progressive lens (V2781) is a multifocal lens that gradually changes in lens power from the top to the bottom of the lens, eliminating the line(s) that would otherwise be seen in a bifocal or trifocal lens.

Code V2784 is an add-on used for lenses made of impact-resistant material such as polycarbonate or Trivex TM. Codes V2782 and V2783 (high index) must not be billed in addition to code V2784.

Codes V2100 – V2114, V2199 – V2214, V2299 – V2314, V2399 - V2499, V2700, and V2770 describe specific eyeglass lenses. Only one of these codes may be billed for each lens provided. These codes include both aspheric and non aspheric lenses.

Codes V2115, V2118, V2121, V2215, V2218 – V2221, V2315, V2318 – V2321, V2710 - V2760, and V2780 – V2797 describe add-on features of lenses. They are billed in addition to codes for the basic lens.

When billing claims for deluxe frames, use code V2020 for the cost of standard frames and a second line item using code V2025 for the difference between the charges for the deluxe frames and the standard frames.

When billing claims for progressive lens, use the appropriate code for the standard bifocal (V2200 - V2299) or trifocal (V2300 - V2399) lens and a second line item using code V2781 for the difference between the charge for the progressive lens and the standard lens.

The RT and/or LT modifiers must be used with all HCPCS codes in this policy except codes V2020, V2025, and V2600. When lenses are provided bilaterally and the same code is used for both lenses, the provider should bill both on the same claim line using the RTLTL modifier and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

### **KX, GA, and GZ MODIFIERS**

For anti-reflective coating (V2750), tints (V2744, V2745) or oversized lenses (V2780), if the treating physician documents a medical necessity, the KX modifier must be added to the code. For polycarbonate or Trivex TM lenses (V2784), if they are for a patient with monocular vision, the KX modifier must be added to the code. The KX modifier may only be used when these requirements are met. When the KX modifier is billed, documentation to support the medical necessity of the lens feature must be available upon request.

For anti-reflective coating (V2750), polycarbonate or Trivex TM lenses (V2784), tints (V2744, V2745), or oversized lenses (V2780), if the coverage criteria have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claims lines for anti-reflective coating (V2750), tints (V2744, V2745), oversized lenses (V2780) or polycarbonate or Trivex TM lenses (V2784) billed without a KX, GA, or GZ modifier will be rejected as missing information.

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If the coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

### **ADVANCED BENEFICIARY NOTICE**

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

**NOTE:** Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

### PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. [dmepdac.com/](http://dmepdac.com/)

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### INTERNET LINKS AND SOURCES

National Government Services website. Medical Policy Center. Durable Medical Equipment. Local Coverage Determination Refractive Lenses LCD L33793 and Article A52499. Jurisdiction B. Last accessed 11/1/18. Retrieved from <https://ngsmedicare.com>

CGS Medicare: A Celerian Group Company. Local Coverage Determination Policy. Refractive Lenses. LCD L33793 and Article A52499. Jurisdiction C. Last accessed 11/1/18. Retrieved from [cgsmedicare.com/jc/coverage/lcdinfo.html](http://cgsmedicare.com/jc/coverage/lcdinfo.html)

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed: 11/1/18. Retrieved from [dhhr.wv.gov/bms/Pages/default.aspx](http://dhhr.wv.gov/bms/Pages/default.aspx)

West Virginia Medicaid Internet Manual Chapter 525. Vision Services. Last accessed 11/1/18. Retrieved from <http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx>.

<https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20525%20Vision%20Services.pdf>

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 11/1/18. Retrieved from <https://www.dmepdac.com/dmecsapp/>

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11