



RI Medicaid

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Provider Reference Manual

Vision

*Version 1.1*  
*November 2024*

## Revision History

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| Version | Date         | Sections Revised         | Reason for Revisions            |
|---------|--------------|--------------------------|---------------------------------|
| 1.0     | March 2020   | All sections             | New manual format, code updates |
| 1.1     | January 2023 | Initial Refraction Exams | Update                          |
|         |              |                          |                                 |
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## INTRODUCTION

The Rhode Island Executive Office of Health and Human Services (EOHHS), in conjunction with Gainwell Technologies developed provider manuals for all RI Medicaid Providers. The purpose of this guide is to assist Medicaid providers with Medicaid policy, coverage information and claim reimbursement for this program. General information is found in the [General Guidelines Reference Manual](#). The Gainwell Technologies Customer Service Help Desk is also available to answer questions not covered in these manuals.

Gainwell Technologies can be reached by calling:

- 1-401-784-8100 for local and long distance calls
- 1-800-964-6211 for in-state toll calls or border community calls

## Provider Participation Guidelines

To participate in the Medicaid Program, providers must be located and performing services in Rhode Island or in a [border community](#).

Consideration will be given to out-of-state providers if the covered service is not available in Rhode Island, the recipient is currently residing in another state or if the covered service was performed as an emergency service while the recipient was traveling through another state.

## Provider Enrollment

Providers who wish to enroll with RI Medicaid, should view the instructions in the [General Guidelines Reference Manual](#).

## Recertification

Optometrists are annually recertified by the Department of Health (DOH). The license expiration date for Optometrists is January 31. Providers obtain license renewal through DOH. Out of state providers must forward a copy of the renewal documentation to Gainwell Technologies. Gainwell Technologies should receive this information at least five business days prior to the expiration date of the license. Failure to do so will result in suspension from the program.

Opticians are recertified by the Department of Health (DOH) every two years. A provider may appeal to the DOH if they do not meet the recertification criteria. If the appeal to DOH is not successful, the provider may then appeal to the Centers for Medicare and Medicaid (CMS).

## REIMBURSEMENT OF CLAIMS

### Claims Billing Guidelines

Optometric services should be billed electronically. If a paper claim must be submitted, it should be billed on the CMS 1500 claim form. Instructions for completing the CMS 1500 claim form are located in [Claims Processing](#).

### Medicaid Reimbursement Guidelines

The reimbursement rates for Optometric services are listed in the [Fee Schedule](#). Providers must bill the Medicaid Program at the same usual and customary rate as charged to the general public and not at the published fee schedule rate. Rates discounted to specific groups (such as Senior Citizens) must be billed at the same discounted rate to the Medicaid Program. Payments to providers will not exceed the maximum reimbursement rate of the Medicaid Program.

### Modifiers

Modifiers must be used when billing for lenses or contact lenses.

- TC modifier — Technical component
- RT modifier — Right eye
- LT modifier — Left eye
- 26 modifier — Professional component
- 50 modifier — Bilateral procedure
- 51 modifier — Multiple procedures
- 52 modifier — Reduced services (use if billing for one eye only)

### Medicare/Medicaid Crossover

The Medicaid Program reimbursement for crossover claims is always capped by the established Medicaid Program allowed amount, regardless of coinsurance or deductible amounts. The standard calculation for crossover payments is as follows:

The Medicaid Program will pay the lesser of:

- The difference between the Medicaid Program allowed amount and the Medicare Payment (Medicaid Program allowed minus Medicare paid); or
- The Medicare coinsurance and deductible up to the Medicaid Program allowed amount, calculated as follows: (Medicare coinsurance/deductible plus Medicare paid) – (Medicaid Program allowed).

### Crossover Eyeglass Claims Requiring EOMB

Medicare/Medicaid crossover claims for eyeglasses containing diagnosis code Z96.1, H27.0-H27.03, Q12.3 must have the Medicare EOMB attached when submitted to The Medicaid Program for payment. If the EOMB is not attached, the claim will be returned to the provider.

Claims not containing one or more of the above diagnosis codes do not require attachment of the EOMB form.

### **Patient Liability**

Medicaid Program reimbursement is considered payment in full. The provider is not permitted to seek further payment from the recipient in excess of the Medicaid Program rate. A provider shall not bill Medicaid for eyeglass frames and receive payment from the member for the difference in cost.

## **Covered and Non-Covered Services**

### **Overview**

Effective August 16, 1993, a limitation was placed on Optometric Services covered by the Medicaid Program to recipients age 21 and older. The following services are covered for these recipients:

- One (1) refractive eye care examination
- One (1) pair of eyeglasses (lenses, frames and dispensing fee)
- One (1) pair of contact lenses

Claims for the above services provided after August 16, 1993 will not be paid when such services have been provided to the recipient within the previous twenty-four (24) month period. Medically necessary office visits for diagnosis and treatment of illness or injury of the eye will continue to be provided. Providers should use standard Evaluation and Management procedure codes for office visits related to diagnosis and treatment of illness or injury of the eye. Exam procedure codes should be used.

The Medicaid Program does not pay for:

- a spare pair of eyeglasses
- information provided over the telephone
- canceled office visits or appointments not kept
- lost or stolen frames or lenses

### **Replacement Items**

Frames or lenses for recipients age 21 and older are not covered.

### **Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)**

The limitations described above do not apply to recipients under the age of 21, to whom the Medicaid Program give special consideration under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

## Contact Lenses

Contact lenses require prior authorization and will be covered when such lenses provide better management of a visual or ocular condition that can be achieved with spectacle lenses, as well as for Unilateral Aphakia, Keratoconus, Corneal Transplant, and High Anisometropia. This determination will be done through the prior authorization process.

Two procedure codes should be used when billing for contact lenses; fitting/dispensing codes and actual lens code.

## Trifocals

Trifocals are only covered when the patient has a special need due to a job training program or extenuating circumstances.

## Oversized Lenses/Deluxe Frames

Oversized lenses and deluxe frames are covered only when deemed medically necessary, but not for cosmetic reasons.

## Polycarbonate Lenses

Lenses are covered for patients under 21 when it is considered medically necessary. Lenses will also be covered for patients over 21 for the following diagnoses: H54.40-H54.42A5.

## Tints

Tints or UV lenses are covered when the tints or UV lenses are necessary due to one of the following diagnoses: Other disturbances of aromatic amino-acid metabolism, Degeneration of macula and posterior pole, Cataracts, Keratitis, Corneal opacity and other disorders of cornea, Disorders of conjunctiva, Aphakia, Aniridia, and Pseudophakos and deemed medically necessary by the prescribing provider. The provider must indicate the diagnosis code on the written prescription and that a tint is medically necessary.

## Initial Refraction Exams

Payment will not be made for an initial refraction exam if a medical encounter visit was performed on the same date of service.

RI Medical Assistance will only consider a claim for Refractions, if the following criteria are met:

1. Medicare must have paid for a routine exam on the same date of service as the refraction. If no payment was made by Medicare, RI Medical Assistance will not pay for refractions. Acceptable routine exam codes are 92002, 92004, 92012 and 92014.
2. Refractions are not payable if the recipient has a Medicare Replacement product (BlueCHip, United Senior Care)



3. Refractions are not payable if the recipient has Medicaid only.

When billing for the refraction, only the 92015 procedure code should be listed on the CMS 1500 claim form. There should be no other insurance (Medicare) payment on the CMS 1500 claim form. The Medicare EOB reflecting payment of the routine exam must be included with the claim. The fee for procedure 92015 is \$20.00.

**Special Requirements**

Payment for any prior authorized services can only be made if the services are provided while the person remains eligible for the Rhode Island Medicaid Program.

**Unlisted Procedures**

Providers who perform an unlisted procedure code must obtain prior authorization for the service before submitting the claim for payment. Medical justification for the procedure must be included with the request for authorization.

## Optometric Procedure Codes

### Surgical Procedures

| Procedure Code | Modifier | Description   |
|----------------|----------|---|
| 65125          |          | Modification of Ocular Implant (e.g., Drilling Receptacle for Prosthesis Appendage) (Separate Procedure)                        |
| 65205          |          | Removal of Foreign Body, Externally; 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)   |
| 67820          |          | Correction of Trichiasis; Epilation, by Forceps Only  |
| 68761          | 50       | Closure of the Lacrimal Punctum; by Plug, each (Max. 4 Units) (Used in Conjunction with A4263)                                  |
| 68761          | 51       | Closure of the Lacrimal Punctum; by Plug, each (Max. 4 Units) (Used in Conjunction with A4263)                                  |
| A4263          | RT       | Lacrimal Duct Implant   |
| A4263          | LT       | Lacrimal Duct Implant   |

**Evaluation and Management Codes 92002-92284**

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>   |
|-----------------------|-----------------|--|
| 92002                 |                 | Ophthalmological Services: Medical Examination and Evaluation with Initiation of Diagnostic and Treatment Program; Intermediate, New Patient   |
| 92004                 |                 | Ophthalmological Services: Medical Examination and Evaluation with Initiation of Diagnostic and Treatment Program; Comprehensive, New Patient, One OR More Visits  |
| 92012                 |                 | Ophthalmological Services: Medical Examination and Evaluation with Initiation or Continuation of Diagnostic and Treatment Program; Intermediate, Established Patient   |
| 92014                 |                 | Ophthalmological Services: Medical Examination and Evaluation with Initiation or Continuation of Diagnostic and Treatment Program; Comprehensive, Established Patient, One OR More Visits  |
| 92020                 |                 | Gonioscopy with Medical Diagnostic Evaluation (Separate Procedure)   |
| 92060                 | 26              | Sensorimotor Examination with Multiple Measurements of Ocular Deviation and Medical Diagnostic Evaluation (e.g., Restrictive or Paretic Muscle with Diplopia) (Separate Procedure)   |
| 92060                 | TC              | Sensorimotor Examination with Multiple Measurements of Ocular Deviation and Medical Diagnostic Evaluation (e.g., Restrictive or Paretic Muscle with Diplopia) (Separate Procedure)   |
| 92065                 |                 | Orthoptic and/or Pleoptic Training, with Continuing Medical Direction and Evaluation   |
| 92065                 | 26              | Orthoptic and/or Pleoptic Training, with Continuing Medical Direction and Evaluation   |
| 92065                 | TC              | Orthoptic and/or Pleoptic Training, with Continuing Medical Direction and Evaluation   |
| 92081                 |                 | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Limited Examination (e.g., Tangent Screen, Autoplot, Arc Perimeter, or Single Stimulus Level Automated Test, such as Octopus 3 or 7 Equivalent) |
| 92081                 | 26              | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Limited Examination (e.g., Tangent Screen,  |

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
|                |          | Autoplot, Arc Perimeter, or Single Stimulus Level Automated Test, such as Octopus 3 or 7 Equivalent)   |
| 92081          | TC       | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Limited Examination (e.g., 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 Medical Diagnostic Evaluation; Intermediate Examination (e.g., At Least 2 Isopters on Goldmann Perimeter, or Semiquantative, Automated Suprathreshold Screening Program, Humprey Suprathreshold Automatic Diagnostic Test, Octopus Program 33)   |
| 92082          | 26       | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Intermediate Examination (e.g., At Least 2 Isopters on Goldmann Perimeter, or Semiquantative, Automated Suprathreshold Screening Program, Humprey Suprathreshold Automatic Diagnostic Test, Octopus Program 33)   |
| 92082          | TC       | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Intermediate Examination (e.g., At Least 2 Isopters on Goldmann Perimeter, or Semiquantative, Automated Suprathreshold Screening Program, Humprey Suprathreshold Automatic Diagnostic Test, Octopus Program 33)   |
| 92083          |          | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Extended Examination (e.g., Goldmann Visual Fields with at Least 3 Isopters Plotted and Static Determination within the Central 300, or Quantitative, Automated Threshold Perimetry, Octopus Program G-1, 32 or 42, Humprey Visual Field Analyzer Full Threshold Programs 30-2, 24-2, or 30/60-2) |
| 92083          | 26       | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Extended Examination (e.g., Goldmann Visual Fields with at Least 3 Isopters Plotted and Static Determination within the Central 300, or Quantitative, Automated Threshold Perimetry, Octopus Program G-1, 32 or 42, Humprey Visual Field Analyzer Full Threshold Programs 30-2, 24-2, or 30/60-2) |
| 92083          | TC       | Visual Field Examination, Unilateral or Bilateral, with Medical Diagnostic Evaluation; Extended Examination (e.g., Goldmann Visual Fields with at Least 3 Isopters Plotted and Static  |

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
|                |          | Determination within the Central 300, or Quantitative, Automated Threshold Perimetry, Octopus Program G-1, 32 or 42, Humphrey Visual Field Analyzer Full Threshold Programs 30-2, 24-2, or 30/60-2)  |
| 92100          |          | Serial Tonometry (Separate Procedure) with Multiple Measurements of Intraocular Pressure Over an Extended Time Period with Medical Diagnostic Evaluation, Same Day (e.g., Diurnal Curve or Medical Treatment of Acute Elevation of Intraocular Pressure) |
| 92120          |          | Tonography with Medical Diagnostic Evaluation, Recording Indentation Tonometer Method or Perilimbal Suction Method   |
| 92225          |          | Ophthalmoscopy, Extended as for Retinal Detachment (May Include Use of Contact Lens, Drawing or Sketch, and/or Fundus Biomicroscopy), with Medical Diagnostic Evaluation; Initial  |
| 92226          | RT       | Ophthalmoscopy, Extended as for Retinal Detachment (May Include Use of Contact Lens, Drawing or Sketch, and/or Fundus Biomicroscopy), with Medical Diagnostic Evaluation; Subsequent   |
| 92226          | LT       | Ophthalmoscopy, Extended as for Retinal Detachment (May Include Use of Contact Lens, Drawing or Sketch, and/or Fundus Biomicroscopy), with Medical Diagnostic Evaluation; Subsequent   |
| 92230          |          | Ophthalmoscopy, with Medical Diagnostic Evaluation; with Fluorescein Angioscopy (Observation Only)   |
| 92250          |          | Ophthalmoscopy, with Medical Diagnostic Evaluation; with Fundus Photography  |
| 92250          | 26       | Ophthalmoscopy, with Medical Diagnostic Evaluation; with Fundus Photography  |
| 92250          | TC       | Ophthalmoscopy, with Medical Diagnostic Evaluation; with Fundus Photography  |
| 92260          |          | Ophthalmoscopy, with Medical Diagnostic Evaluation; with Ophthalmodynamometry  |
| 92265          |          | Oculoelectromy, One or More Extraocular Muscles, One or Both Eyes, with Medical Diagnostic Evaluation  |
| 92265          | 26       | Oculoelectromy, One or More Extraocular Muscles, One or Both Eyes, with Medical Diagnostic Evaluation  |

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>  |
|-----------------------|-----------------|---|
| 92265                 | TC              | Oculoelectromy, One or More Extraocular Muscles, One or Both Eyes, with Medical Diagnostic Evaluation |
| 92270                 |                 | Electro-Oculography, with Medical Diagnostic Evaluation (PA Required)                                 |
| 92270                 | 26              | Electro-Oculography, with Medical Diagnostic Evaluation (PA Required)                                 |
| 92270                 | TC              | Electro-Oculography, with Medical Diagnostic Evaluation (PA Required)                                 |
| 92283                 |                 | Color Vision Examination, Extended, e.g., Anomaloscope or Equivalent                                  |
| 92283                 | 26              | Color Vision Examination, Extended, e.g., Anomaloscope or Equivalent                                  |
| 92283                 | TC              | Color Vision Examination, Extended, e.g., Anomaloscope or Equivalent                                  |
| 92284                 |                 | Dark Adaptation Examination, with Medical Diagnostic Evaluation                                       |
| 92284                 | 26              | Dark Adaptation Examination, with Medical Diagnostic Evaluation                                       |
| 92284                 | TC              | Dark Adaptation Examination, with Medical Diagnostic Evaluation                                       |

**Evaluation and Management Codes 92285 – 99215**

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>   |
|-----------------------|-----------------|--|
| 92285                 |                 | External Ocular Photography with Medical Diagnostic Evaluation for Documentation of Medical Progress (e.g., Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography) |
| 92285                 | 26              | External Ocular Photography with Medical Diagnostic Evaluation for Documentation of Medical Progress (e.g., Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography) |
| 92285                 | TC              | External Ocular Photography with Medical Diagnostic Evaluation for Documentation of Medical Progress (e.g., Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography) |
| 92286                 |                 | Special Anterior Segment Photography with Medical Diagnostic Evaluation; with Specular Endothelial Microscopy and Cell Count   |
| 92286                 | 26              | Special Anterior Segment Photography with Medical Diagnostic Evaluation; with Specular Endothelial Microscopy and Cell Count   |
| 92286                 | TC              | Special Anterior Segment Photography with Medical Diagnostic Evaluation; with Specular Endothelial Microscopy and Cell Count   |
| 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                       |
| 92310 *+              | 52              | 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, One Eye                                |
| 92312*                |                 | Prescription of Optical and Physical Characteristics of and Fitting of Contact Lens, with Medical Supervision of Adaptation; Corneal Lens, for Aphakia, Both Eyes                              |

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
| 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, One Eye, for Aphakia          |
| 92316 * +      |          | 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, for Aphakia        |
| 92317 * +      |          | Prescription of Optical and Physical Characteristics of Contact Lens, with Medical Supervision of Adaptation and Direction of Fitting by Independent Technician; Corneoscleral Lens                          |
| 92326 *        |          | Replacement of Contact Lens  |
| 92330          |          | Prescription, Fitting, and Supply of Ocular Prosthesis, with Medical Supervision of Adaptation   |
| 92335 * +      |          | Prescription of Ocular Prosthesis and Direction of Fitting and Supply by Independent Technician, with Medical Supervision of Adaptation  |
| 92340          |          | Fitting of Spectacles, Except for Aphakia; Monofocal   |
| 92341          |          | Fitting of Spectacles, Except for Aphakia; Bifocal   |
| 92342          |          | Fitting of Spectacles, Except for Aphakia; Multifocal, Other Than Bifocal  |
| 92352          |          | Fitting of Spectacle Prosthesis for Aphakia; Monofocal   |
| 92353          |          | Fitting of Spectacle Prosthesis for Aphakia; Multifocal  |
| 92371          |          | Repair and Refitting Spectacles; Special Prosthesis for Aphakia  |
| 99201          |          | Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These Three  |



| Procedure Code | Modifier | Description   |
|----------------|----------|---|
|                |          | Key Components: A Problem Focused History; A Problem Focused Examination; and Straightforward Medical Decision Making.  |
| 99202          |          | Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These Three Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; and Straightforward Medical Decision Making.      |
| 99203          |          | Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These Three Key Components: A Detailed History; A Detailed Examination; and Medical Decision Making of Low Complexity.                                      |
| 99204          |          | Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These Three Key Components: A Comprehensive History; A Comprehensive Examination; and Medical Decision Making of Moderate Complexity.                       |
| 99205          |          | Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These Three Key Components: A Comprehensive History; A Comprehensive Examination; and Medical Decision Making of High Complexity.                           |
| 99212          |          | Office or Other Outpatient Visit for the Evaluation and Management of an Established Patient, Which Requires at Least Two of These Three Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making      |
| 99213          |          | Office or Other Outpatient Visit for the Evaluation and Management of an Established Patient, Which Requires at Least Two of These Three Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making. |
| 99214          |          | Office or Other Outpatient Visit for the Evaluation and Management of an Established Patient, Which Requires at Least Two of These Three Key Components: A Detailed History; A Detailed Examination; and Medical Decision Making of Moderate Complexity.        |

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
| 99215          |          | Office or Other Outpatient Visit for the Evaluation and Management of An Established Patient, Which Requires at Least Two of These Three Key Components: A Comprehensive History; A Comprehensive Examination; and Medical Decision Making of High Complexity. |

\* Prior Authorization required for this procedure.

+ Massachusetts providers only may bill for this procedure.

### Frames

| Procedure Code | Modifier | Description       |
|----------------|----------|-------------------|
| V2020          |          | Frames, Purchases |
| V2025*         |          | Deluxe Frame      |

\* Prior Authorization required for this procedure.

### Single Vision

| Procedure Code | Modifier | Description   |
|----------------|----------|---|
| V2100          | RT       | Sphere, Single Vision, Plano to Plus or Minus 4.00, Per Lens                |
| V2100          | LT       | Sphere, Single Vision, Plano to Plus or Minus 4.00, Per Lens                |
| V2101          | RT       | Sphere, Single Vision, Plus or Minus 4.12 to Plus or Minus 7.00d, Per Lens  |
| V2101          | LT       | Sphere, Single Vision, Plus or Minus 4.12 to Plus or Minus 7.00d, Per Lens  |
| V2102          | RT       | Sphere, Single Vision, Plus or Minus 7.12 to Plus or Minus 20.00d, Per Lens |

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>   |
|-----------------------|-----------------|--|
| V2102                 | LT              | Sphere, Single Vision, Plus or Minus 7.12 to Plus or Minus 20.00d, Per Lens  |
| V2103                 | RT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, .12 to 2.00d Cylinder, Per Lens                |
| V2103                 | LT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, .12 to 2.00d Cylinder, Per Lens                |
| V2104                 | RT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens               |
| V2104                 | LT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens               |
| V2105                 | RT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens               |
| V2105                 | LT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens               |
| V2106                 | RT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens                  |
| V2106                 | LT              | Spherocylinder, Single Vision, Plano to Plus or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens                  |
| V2107                 | RT              | Spherocylinder, Single Vision, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, .12 to 2.00d Cylinder, Per Lens   |
| V2107                 | LT              | Spherocylinder, Single Vision, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, .12 to 2.00d Cylinder, Per Lens   |
| V2108                 | RT              | Spherocylinder, Single Vision, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, V2.12 to 4.00d Cylinder, Per Lens |
| V2108                 | LT              | Spherocylinder, Single Vision, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, V2.12 to 4.00d Cylinder, Per Lens |
| V2109                 | RT              | Spherocylinder, Single Vision, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens  |
| V2109                 | LT              | Spherocylinder, Single Vision, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens  |
| V2110                 | RT              | Spherocylinder, Single Vision, Plus or Minus 4.25 to 7.00d Sphere, Over 6.00d Cylinder, Per Lens                   |

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
| V2110          | LT       | Spherocylinder, Single Vision, Plus or Minus 4.25 to 7.00d Sphere, Over 6.00d Cylinder, Per Lens                   |
| V2111          | RT       | Spherocylinder, Single Vision, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, .25 to 2.25d Cylinder, Per Lens  |
| V2111          | LT       | Spherocylinder, Single Vision, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, .25 to 2.25d Cylinder, Per Lens  |
| V2112          | RT       | Spherocylinder, Single Vision, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens |
| V2112          | LT       | Spherocylinder, Single Vision, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens |
| V2113          | RT       | Spherocylinder, Single Vision, Plus or Minus 7.25to Plus or Minus 12.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens  |
| V2113          | LT       | Spherocylinder, Single Vision, Plus or Minus 7.25to Plus or Minus 12.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens  |
| V2114          | RT       | Spherocylinder, Single Vision, Sphere Over Plus or Minus 12.00d, Per Lens  |
| V2114          | LT       | Spherocylinder, Single Vision, Sphere Over Plus or Minus 12.00d, Per Lens  |
| V2115          | RT       | Lenticular, (Myodisc), Per Lens, Single Vision   |
| V2115          | LT       | Lenticular, (Myodisc), Per Lens, Single Vision   |
| V2118          | RT       | Aniseikonic Lens, Single Vision  |
| V2118          | LT       | Aniseikonic Lens, Single Vision  |
| V2199          | RT       | Not Otherwise Classified, Single Vision Lens   |
| V2199          | LT       | Not Otherwise Classified, Single Vision Lens   |
| V2410          | RT       | Variable Asphericity Lens, Single Vision, Full Field, Glass Or Plastic, Per Lens                                   |
| V2410          | LT       | Variable Asphericity Lens, Single Vision, Full Field, Glass Or Plastic, Per Lens                                   |

**Bifocals**

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>   |
|-----------------------|-----------------|--|
| V2200                 | RT              | Sphere, Bifocal, Plano to Plus or Minus 4.00d, Per Lens  |
| V2200                 | LT              | Sphere, Bifocal, Plano to Plus or Minus 4.00d, Per Lens  |
| V2201                 | RT              | Sphere, Bifocal, Plus or Minus 4.12 to Plus or Minus 7.00d, Per Lens                           |
| V2201                 | LT              | Sphere, Bifocal, Plus or Minus 4.12 to Plus or Minus 7.00d, Per Lens                           |
| V2202                 | RT              | Sphere, Bifocal, Plus or Minus 7.12 to Plus or Minus 20.00d, Per Lens                          |
| V2202                 | LT              | Sphere, Bifocal, Plus or Minus 7.12 to Plus or Minus 20.00d, Per Lens                          |
| V2203                 | RT              | Spherocylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, .12 to 2.00d Cylinder, Per Lens  |
| V2203                 | LT              | Spherocylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, .12 to 2.00d Cylinder, Per Lens  |
| V2204                 | RT              | Spherocylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens |
| V2204                 | LT              | Spherocylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens |
| V2205                 | RT              | Spherocylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |
| V2205                 | LT              | Spherocylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |
| V2206                 | RT              | Spherocylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens    |

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>  |
|-----------------------|-----------------|---|
| V2206                 | LT              | Sphero-cylinder, Bifocal, Plano to Plus or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens                  |
| V2207                 | RT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, .12 to 2.00d Cylinder, Per Lens   |
| V2207                 | LT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, .12 to 2.00d Cylinder, Per Lens   |
| V2208                 | RT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens  |
| V2208                 | LT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens  |
| V2209                 | RT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens  |
| V2209                 | LT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens  |
| V2210                 | RT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, Over 6.00d Cylinder, Per Lens     |
| V2210                 | LT              | Sphero-cylinder, Bifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, Over 6.00d Cylinder, Per Lens     |
| V2211                 | RT              | Sphero-cylinder, Bifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 25 to 2.25d Cylinder, Per Lens   |
| V2211                 | LT              | Sphero-cylinder, Bifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 25 to 2.25d Cylinder, Per Lens   |
| V2212                 | RT              | Sphero-cylinder, Bifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens |
| V2212                 | LT              | Sphero-cylinder, Bifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens |
| V2213                 | RT              | Sphero-cylinder, Bifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |
| V2213                 | LT              | Sphero-cylinder, Bifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |

| Procedure Code | Modifier | Description   |
|----------------|----------|---|
| V2214          | RT       | Spherocylinder, Bifocal, Sphere Over Plus or Minus 12.00d, Per Lens |
| V2214          | LT       | Spherocylinder, Bifocal, Sphere Over Plus or Minus 12.00d, Per Lens |
| V2215          | RT       | Lenticular (Myodisc), Per Lens, Bifocal                             |
| V2215          | LT       | Lenticular (Myodisc), Per Lens, Bifocal                             |
| V2218          | RT       | Aniseikonic, Per Lens, Bifocal                                      |
| V2218          | LT       | Aniseikonic, Per Lens, Bifocal                                      |
| V2219          | RT       | BIFOCAL SEG WIDTH OVER 28MM   |
| V2219          | LT       | BIFOCAL SEG WIDTH OVER 28MM   |
| V2220          | RT       | Bifocal Add Over 3.25d  |
| V2220          | LT       | Bifocal Add Over 3.25d  |
| V2299          | RT       | Specialty Bifocal (By Report)                                       |
| V2299          | LT       | Specialty Bifocal (By Report)                                       |

### Trifocals

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
| V2300          | RT       | Sphere, Trifocal, Plano to Plus or Minus 4.00d, Per Lens               |
| V2300          | LT       | Sphere, Trifocal, Plano to Plus or Minus 4.00d, Per Lens               |
| V2301          | RT       | Sphere, Trifocal, Plus or Minus 4.12 to Plus or Minus 7.00d, Per Lens  |
| V2301          | LT       | Sphere, Trifocal, Plus or Minus 4.12 to Plus or Minus 7.00d, Per Lens  |
| V2302          | RT       | Sphere, Trifocal, Plus or Minus 7.12 to Plus or Minus 20.00d, Per Lens |

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>   |
|-----------------------|-----------------|--|
| V2302                 | LT              | Sphere, Trifocal, Plus or Minus 7.12 to Plus or Minus 20.00d, Per Lens                                       |
| V2303                 | RT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere,   |
| V2303                 | RT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, .12 to 2.00d Cylinder, Per Lens               |
| V2303                 | LT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, .12 to 2.00d Cylinder, Per Lens               |
| V2304                 | RT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens              |
| V2304                 | LT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens              |
| V2305                 | RT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens              |
| V2305                 | LT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens              |
| V2306                 | RT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens                 |
| V2306                 | LT              | Spherocylinder, Trifocal, Plano to Plus or Minus 4.00d Sphere, Over 6.00d Cylinder, Per Lens                 |
| V2307                 | RT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, .12 to 2.00d Cylinder, Per Lens  |
| V2307                 | LT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, .12 to 2.00d Cylinder, Per Lens  |
| V2308                 | RT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens |
| V2308                 | LT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 2.12 to 4.00d Cylinder, Per Lens |
| V2309                 | RT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |
| V2309                 | LT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |



| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>  |
|-----------------------|-----------------|---|
| V2310                 | RT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, Over 6.00d Cylinder, Per Lens     |
| V2310                 | LT              | Spherocylinder, Trifocal, Plus or Minus 4.25 to Plus or Minus 7.00d Sphere, Over 6.00d Cylinder, Per Lens     |
| V2311                 | RT              | Spherocylinder, Trifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 25 to 2.25d Cylinder, Per Lens   |
| V2311                 | LT              | Spherocylinder, Trifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 25 to 2.25d Cylinder, Per Lens   |
| V2312                 | RT              | Spherocylinder, Trifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens |
| V2312                 | LT              | Spherocylinder, Trifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 2.25 to 4.00d Cylinder, Per Lens |
| V2313                 | RT              | Spherocylinder, Trifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |
| V2313                 | LT              | Spherocylinder, Trifocal, Plus or Minus 7.25 to Plus or Minus 12.00d Sphere, 4.25 to 6.00d Cylinder, Per Lens |
| V2314                 | RT              | Spherocylinder, Trifocal, Sphere Over Plus or Minus 12.00d, Per Lens  |
| V2314                 | LT              | Spherocylinder, Trifocal, Sphere Over Plus or Minus 12.00d, Per Lens  |
| V2315                 | RT              | Lenticular (Myodisc), Per Lens, Trifocal  |
| V2315                 | LT              | Lenticular (Myodisc), Per Lens, Trifocal  |
| V2318                 | RT              | Aniseikonic, Per Lens, Trifocal   |
| V2318                 | LT              | Aniseikonic, Per Lens, Trifocal   |
| V2319                 | RT              | Trifocal Seg Width Over 28 Mm   |
| V2319                 | LT              | Trifocal Seg Width Over 28 Mm   |
| V2320 *               |                 | TRIFOCAL ADD OVER 3.25D   |
| V2399                 | RT              | Specialty Trifocal (By Report) Variable Asphericity (Welsh 4-Drop, Hyperaspheric, Double Drop, Etc.)          |

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
| V2399          | LT       | Specialty Trifocal (By Report) Variable Asphericity (Welsh 4-Drop, Hyperaspheric, Double Drop, Etc.) |

**Contact Lens**

| Procedure Code | Modifier | Description   |
|----------------|----------|---|
| V2500 *        | RT       | Contact Lens, Pmma, Spherical, Per Lens                     |
| V2500 *        | LT       | Contact Lens, Pmma, Spherical, Per Lens                     |
| V2501 *        | RT       | Contact Lens, Pmma, Toric Or Prism Ballast, Per Lens        |
| V2501 *        | LT       | Contact Lens, Pmma, Toric Or Prism Ballast, Per Lens        |
| V2502 *        | RT       | Contact Lens, Pmma, Bifocal, Per Lens                       |
| V2502 *        | LT       | Contact Lens, Pmma, Bifocal, Per Lens                       |
| V2503 *        | RT       | Contact Lens, Pmma, Color Vision Deficiency, Per Lens       |
| V2503 *        | LT       | Contact Lens, Pmma, Color Vision Deficiency, Per Lens       |
| V2510 *        | RT       | Contact Lens, Gas Permeable, Spherical, Per Lens            |
| V2510 *        | LT       | Contact Lens, Gas Permeable, Spherical, Per Lens            |
| V2511 *        | RT       | Contact Lens, Gas Permeable, Toric, Prism Ballast, Per Lens |
| V2511 *        | LT       | Contact Lens, Gas Permeable, Toric, Prism Ballast, Per Lens |
| V2512 *        | RT       | Contact Lens, Gas Permeable, Bifocal, Per Lens              |
| V2512 *        | LT       | Contact Lens, Gas Permeable, Bifocal, Per Lens              |

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>  |
|-----------------------|-----------------|---|
| V2513 *               | RT              | Contact Lens, Gas Permeable, Extended Wear, Per Lens  |
| V2513 *               | LT              | Contact Lens, Gas Permeable, Extended Wear, Per Lens  |
| V2520 *               | RT              | Contact Lens Hydrophilic, Spherical, Per Lens   |
| V2520 *               | LT              | Contact Lens Hydrophilic, Spherical, Per Lens   |
| V2521 *               | RT              | Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per Lens                                 |
| V2521 *               | LT              | Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per Lens                                 |
| V2522 *               | RT              | Contact Lens Hydrophilic, Bifocal, Per Lens   |
| V2522 *               | LT              | Contact Lens Hydrophilic, Bifocal, Per Lens   |
| V2523 *               | RT              | Contact Lens Hydrophilic, Extended Wear, Per Lens   |
| V2523 *               | LT              | Contact Lens Hydrophilic, Extended Wear, Per Lens   |
| V2530 *               | RT              | Contact Lens Scleral, Per Lens  |
| V2530 *               | LT              | Contact Lens Scleral, Per Lens  |
| V2531 *               | RT              | CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS FOR CONTACT LENS MODIFICATION SEE CODE 92325 |
| V2531 *               | LT              | CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS FOR CONTACT LENS MODIFICATION SEE CODE 92325 |
| V2599 *               |                 | CONTACT LENS, OTHER TYPE  |
| V2599 *               |                 | CONTACT LENS, OTHER TYPE  |

\*Prior Authorization Required for this Procedure

## Prosthetic Eye

| Procedure Code | Modifier   | Description                                 |
|----------------|--|---|
| V2623          | RT   | Prosthetic, Eye, Plastic, Custom            |
| V2623          | LT   | Prosthetic, Eye, Plastic, Custom            |
| V2624          | (non-covered-<br>requires PA for<br>consideration) | 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 *        | RT   | Prosthetic, Eye, Other Type                 |
| V2629 *        | LT   | Prosthetic, Eye, Other Type                 |

**Other Lens**

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>                             |
|-----------------------|-----------------|--|
| V2630 *               | RT              | Anterior Chamber Intraocular Lens              |
| V2630 *               | LT              | Anterior Chamber Intraocular Lens              |
| V2632 *               | RT              | Posterior Chamber Intraocular Lens             |
| V2632 *               | LT              | Posterior Chamber Intraocular Lens             |
| V2700                 | RT              | Balance Lens, Per Lens                         |
| V2700                 | LT              | Balance Lens, Per Lens                         |
| V2702 *               |                 | DELUXE LENS FEATURE                            |
| V2710                 | RT              | Slab Off Prism, Glass or Plastic, Per Lens     |
| V2710                 | LT              | Slab Off Prism, Glass or Plastic, Per Lens     |
| V2715                 | RT              | Prism, Per Lens                                |
| V2715                 | LT              | Prism, Per Lens                                |
| V2718                 | RT              | Press-On Lens, Fresnell Prism, Per Lens        |
| V2718                 | LT              | Press-On Lens, Fresnell Prism, Per Lens        |
| V2730                 | RT              | Special Base Curve, Glass or Plastic, Per Lens |
| V2730                 | LT              | Special Base Curve, Glass or Plastic, Per Lens |
| V2499                 | RT              | Variable Sphericity Lens, Other Type           |

| Procedure Code | Modifier | Description                          |
|----------------|----------|--------------------------------------|
| V2499          | LT       | Variable Sphericity Lens, Other Type |
| V2755          | RT       | U-V Lens, Per Lens                   |
| V2755          | LT       | U-V Lens, Per Lens                   |
| V2770*         |          | Occluder Lens, Per Lens              |
| V2780          | RT       | Oversize Lens, Per Lens              |
| V2780          | LT       | Oversize Lens, Per Lens              |

\*Prior Authorization Required for this Procedure

### Tints

| Procedure Code | Modifier | Description  |
|----------------|----------|--|
| V2744 *        | RT       | Tint, Photochromatic, Per Lens   |
| V2744 *        | LT       | Tint, Photochromatic, Per Lens   |
| V2745 *        |          | ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER |

### Miscellaneous Codes

| <b>Procedure Code</b> | <b>Modifier</b> | <b>Description</b>   |
|-----------------------|-----------------|--|
| V2799                 |                 | Vision Service, Miscellaneous  |
| V2784 *               |                 | LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS – 21 yrs. and over                           |
| S0580 *               |                 | POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS) - Under 21 yrs. |

\*Prior Authorization Required for this Procedure

## Appendix

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### Claim Preparation Instructions

[Vision Services - CMS 1500 Claim Form](#) 

[CMS 1500 Form Filing Instructions](#) 

[CMS1500 Interactive Instructions](#)

### Error Status Codes

[ESC Code List \(English\)](#) 

### Explanation of Benefits (EOB) Codes

[EOB Codes and Messages List \(English\)](#) 

[EOB Codes and Messages List \(Spanish\)](#)

### Appendix - Third Party Liability Carrier and Coverage Codes

[Third Party Liability \(TPL\) Carrier Codes](#) 

[Third Party Liability \(TPL\) Coverage Codes](#)