



RI Medicaid

Provider Reference Manual

Vision




Version 1.2
December 2025

Revision History

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
1.2	December 2025	Claims Processing Section	Clarifying billing policy

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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](#). Claims may only be submitted for services after the delivery of the service.

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 not 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

Procedure Code	Modifier	Description
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, Humphrey 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, Humphrey 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, Humphrey 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, Humphrey 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, Humphrey 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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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- requires PA for 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

Procedure Code	Modifier	Description
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

Procedure Code	Modifier	Description
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


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](#)