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# Contact Lenses

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This section contains information about contact lenses and program coverage (*California Code of Regulations* [CCR], Title 22, Section 51317[c]). For additional help, refer to the *Contact Lenses Billing Example* section in this manual. For a list of modifiers to be billed as specified in policy, refer to the *Modifiers Used With Vision Care Procedure Codes* section in this manual.

## **Program Coverage**

Medically necessary contact lens coverage is limited to hydrophilic lenses and applications that the federal Food and Drug Administration (FDA) has approved, and hard and gas permeable lenses that conform to the American National Standards Institute (ANSI) Requirements for First Quality Contact Lenses (Z80.2).

## **Authorization Required**

Authorization is required from the Department of Health Care Services (DHCS) Vision Services Branch (VSB) for reimbursement of claims for contact lens and contact lens evaluations for all medically necessary conditions.

## **Medically Necessary Conditions**

For recipients that fall into one of the exempt categories, claims for contact lenses and associated services are only reimbursable with authorization for the following conditions:

- Aphakia
- Anisometropia with aniseikonia
- Corneal pathology or deformity (other than corneal astigmatism)
- Corneal transplants
- Keratoconus
- Conditions in which eyeglasses are contraindicated and/or contacts lenses provide significant improvement in visual acuity and better functional vision for the patient.
- Necessary because chronic pathology or deformity of the nose, skin or ears precludes the wearing of eyeglasses.

**Note:** Corneal astigmatism is not considered a deformity that justifies Medi-Cal's coverage of contact lenses.

## Required Information

The following information is required in the *Medical Justification* field of the 50-3 *Treatment Authorization Request* (TAR) form or on a separate attachment. For additional information on the authorization process, refer to the *TAR Completion for Vision Care* section in this manual.

- Valid diagnosis or condition that precludes the satisfactory wearing of conventional eyeglasses, including documentation of clinical data when possible
- Best corrected visual acuities through eyeglasses and contact lenses
- Identification of the contact lens to be used by trade or manufacturer's name, base curve, diameter and power
- For a diagnosis of aniseikonia (ICD-10-CM code H52.32), a statement that indicates why eyeglasses cannot be used and supporting clinical data (Anisometropia greater than three diopters, coupled with the presence of symptoms commonly associated with aniseikonia can qualify contact lenses for authorization. Where a smaller degree of anisometropia is present, detailed justification is required.)
- For conditions where contact lenses are the only option, a statement of the chronic pathology or deformity of the nose, skin or ears that precludes the wearing of conventional eyeglasses
- If extended wear contact lenses are prescribed, justification of why conventional, disposable or plan replacement extended wear lenses rather than daily wear lenses are necessary. (When infirmity is a pertinent factor in the decision, a statement that demonstrates the immediate availability of someone to assist the recipient in lens insertion, centering and removal is required.)
- A statement that indicates whether a recipient has worn contact lenses in the past

## Eye Appliance Items With No Price on File

All eye appliance items with no price on file are manually priced based on invoice or catalog page. Providers have a choice of whether the pricing is done at the time of TAR adjudication or at the time of claim processing.

In order to have pricing done at the time of TAR adjudication, the provider must include a copy of the invoice or catalog page with the TAR. If the TAR is approved, the Medi-Cal consultant at DHCS VSB will determine the price and assign a Pricing Indicator (PI) of 3. When this is done, the claim can be submitted without the invoice or catalog page. Providers must enter the 10-digit TCN followed by the PI of 3 (eleventh digit) in the *Prior Authorization Number* field (Box 23) of the *CMS-1500* claim form.

In order to have pricing done at the time of claim processing, the provider does not have to include a copy of the invoice or catalog page with the TAR. If the TAR is approved, the Medi-Cal consultant at DHCS VSB will assign a PI of 0. When this is done, the claim must be submitted with the invoice or catalog page. Providers must enter the 10-digit TCN followed by the PI of 0 (eleventh digit) in the *Prior Authorization Number* field (Box 23) of the *CMS-1500* claim form.

**Note:** Authorization of “By Report” procedure codes is only a determination that the appliance and associated services are medically necessary. Determination of reimbursement fees in each case will be made by Medi-Cal. If a TAR is approved, a claim associated with that TAR that fails to meet other Medi-Cal billing requirements may be denied.

## **Contact Lens Examination**

In addition to the basic eye examination, a contact lens fitting is reimbursable with CPT® codes 92071, 92072 and 92310 thru 92312 for recipients with medically necessary conditions.

The following procedure codes require authorization from the DHCS VSB.

### «Table of CPT Codes»

<b>CPT Code</b>	<b>Description</b>
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratonconus, initial fitting
92310	Prescription of optical and physical characteristics of and fitting of contact lenses, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Prescription of optical and physical characteristics of and fitting of contact lenses, with medical supervision of adaptation; corneal lens for aphakia, one eye
92312	Prescription of optical and physical characteristics of and fitting of contact lenses, with medical supervision of adaptation; corneal lens for aphakia, both eyes

A contact lens examination includes:

- Specification of optical and physical characteristics of the contact lens (such as power, size, curvature, flexibility, gas-permeability)
- Multiple ophthalmometry, measurement of tear flow, measurement of ocular adnexa, initial tolerance evaluation, and other tests as necessary
- Instruction and training of the wearer and incidental revision of the lens during the training period
- Follow-up care for six months

**Note:** When requesting authorization, the contact lens examination (CPT codes 92310 thru 92312) must be requested with the contact lenses (HCPCS codes S0500, S0512, S0514, V2500 thru V2523, V2531 or V2799).

## **Contact Lens Types**

The following HCPCS codes for contact lenses are reimbursable with authorization for recipients with medically necessary conditions.

«Table of HCPCS Codes»

<b>HCPCS Code</b>	<b>Description</b>
S0500	Disposable contact lens, per lens
S0512	Daily wear specialty contact lens, per lens
S0514	Color contact lens, per lens
S0516	Safety eyeglass frames
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2510	Contact lens, gas permeable, per lens
V2511	Contact lens, gas permeable, toric or prism ballast, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2799	Vision item or service, miscellaneous

**Note:** For specialty contact lenses that do not meet the above HCPCS descriptions, use V2799.

### **“Per lens” vs. Units**

HCPCS defines contact lens codes (V2500 thru V2599, S0500, S0512 and S0514) as “per lens.” The maximum number of units allowed per code by Medi-Cal is “2” regardless of whether a single contact lens or a multi-pack is requested per eye. For example, a TAR for soft extended wear contact lenses (HCPCS code V2523) with "2" units represents a request for a one-year supply of contact lens for each eye.

### **Modifiers**

When billing for contact lenses materials (HCPCS codes S0500, S0512, S0514, V2500 thru V2523, V2531 or V2799), one of the following modifiers is required and must be included on the claim:

- NU: New equipment
- RA: Replacement

**Note:** Since the contact lens specifications are known and instruction and training of the wearer are not required, reimbursement rates for contact lenses billed with HCPCS codes V2500, V2510, V2511, V2513, V2520, V2521 and V2523 and modifier RA are reduced compared to contact lenses billed with modifier NU.

Contact lenses billed with HCPCS codes S0500, S0512, S0514, V2531 or V2799 require an invoice or catalog page to be submitted with the claim for manual pricing. When billing for contact lens fitting CPT codes 92071, 92072 and 92310 thru 92312), one of the following modifiers is required and must be included on the claim:

- SC: Medically necessary service or supply; or
- 22: Increased procedural services

## **Date Appliance Delivered**

*Welfare and Institutions Code (W&I Code) Section 14043.341* requires providers to obtain and keep a record of Medi-Cal recipients' signatures when dispensing a product or prescription or when obtaining a laboratory specimen.

Therefore, dispensing optical providers (ophthalmologists, optometrists, and dispensing opticians) who dispense a device (eye appliances) requiring a written order or prescription must maintain the following items in their files to qualify for Medi-Cal reimbursement:

- Signature of the person receiving the eye appliance
- Medi-Cal recipient's printed name and signature
- Date signed
- Prescription number or item description of the eye appliance dispensed
- Relationship of the recipient to the person receiving the prescription if the recipient is not picking up the eye appliance

## **Contact Lens, Other Type**

For contact lenses that do not meet the above HCPCS descriptions or whose wholesale cost is higher than Medi-Cal's maximum allowable, use HCPCS code V2799 (vision item or service, miscellaneous). HCPCS code V2799 requires authorization and an attached invoice to the claim for payment.

**Note:** Either modifier NU or RA is required when billing for HCPCS code V2799.

## **Contact Lens Care**

Thermal and chemical lens care kits, contact lens solutions, cleaners and lubricating drops for use with rigid gas permeable, polymethyl metha-acrylate (PMMA), or hydrophilic lenses are not Medi-Cal benefits.

## **Eyeglasses Worn Concurrently With Contact Lenses**

Eyeglasses that meet Medi-Cal requirements in the CCR, Title 22, Section 51317, are covered for concurrent use with medically necessary contact lenses. Prescription eyeglasses for use when not wearing medically necessary contact lenses (other than bandage lenses) are not a Medi-Cal benefit.

## **Bandage Contact Lenses**

Bandage contact lenses may be fitted only as prescribed by a physician or a Therapeutic Pharmaceutical Agent (TPA)-certified optometrist. When billing for bandage contact lenses, providers are required to use HCPCS code V2599 (contact lens, other type) with modifier LT or RT and a valid ICD-10-CM diagnosis code on the *CMS-1500* claim form for reimbursement. For a list of valid diagnosis codes that must be billed with HCPCS code V2599, see the *Professional Services: Diagnosis Codes* section in this manual. Unlike conventional contact lenses, bandage contact lenses do not require authorization.

**Note:** When billing HCPCS code V2599 with both modifiers LT and RT, separate claim lines must be used for each procedure code/modifier combination to ensure accurate payment.

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.