
Modifiers Used With Vision Care Procedure Codes

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This section provides information about commonly used modifiers for Vision Care providers. For a complete list of modifiers, refer to the *Modifiers: Approved List* section in this manual.

Inappropriate use of a modifier or using a modifier when it is not necessary will result in denial or a delay of claim reimbursement. Some CPT® codes, by nature of their description, are for the professional or technical component only. In these cases, a modifier will make the claim suspend unnecessarily.

The use of modifiers is an important part of billing for health care services. Modifiers are designed to give additional information for processing claims. Placement of a modifier after a CPT or HCPCS code does not ensure reimbursement. Documentation of medical necessity may also be necessary for certain procedure codes.

The following charts list procedure codes with their corresponding required or allowable modifiers. The column headings of the charts are described below.

Service or Procedure

The “Service or Procedure” column lists services according to the categories in the HCPCS and CPT code books.

Codes or Code Ranges

The “Codes or Code Ranges” column lists the specific code or range of codes that are being billed with required or allowable modifiers.

Required Modifiers

The “Required Modifiers” column refers to services or procedures that require a modifier for payment, or the claim will be denied.

Allowable Modifiers

The “Allowable Modifiers” column refers to certain modifiers that indicate that the procedure or service has been altered by some specific circumstance but not changed by definition.

For a list of approved modifiers, refer to the *Modifiers: Approved List* section in this manual.

Some procedures do not need further clarification with a modifier. Use of modifiers not listed on the following chart or required for National Correct Coding Initiative (NCCI) purposes may result in the claim being denied. Refer to the *Correct Coding Initiative: National* section in the appropriate Part 2 manual for additional information.

Physician Services

For information about modifiers used for physician services, refer to the *Modifiers* and *Ophthalmology* sections of the Part 2 manual, *General Medicine*.

Additional Modifier Information

For further information about required or allowable modifier usage for specific procedure codes, refer to specific policy sections in this manual.

«65000 thru 92500 Codes and Modifiers»

Service of Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Removal of foreign body	65210	Not Applicable	22, 54
«Extracapsular cataract removal with insertion of intraocular lens prosthesis	66989, 66991	Not Applicable	AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 99»
Eyelids, excision	67820	Not Applicable	E1 thru E4, 22, 54
Eyelids, reconstruction	67938	Not Applicable	E1 thru E4, 22, 54
Closure of the lacrimal punctum	68761	SC,* E1 thru E4 *	Not Applicable
Scanning computerized ophthalmic diagnostic imaging	92132 thru 92134	LT, RT, 50	TC, 26, 99
Extended ophthalmoscopy	92201, 92202	LT, RT, 50	U7, 22, 99

65000-92500 Codes and Modifiers (continued)

Service of Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Remote imaging for detection of retinal disease	92227	LT, RT, 50	22, 99
Remote imaging for monitoring and management of retinal disease	92228	LT, RT, 50, 26, TC	22, 99
«Imaging of retina for detection or monitoring of disease	92229	LT, RT, 50	SA, U7, 22, 99»
Contact lens services	92071, 92072, 92310 thru 92312	22 or SC	Not Applicable
«Dark adaptation examination with interpretation and report	92284	TC, 26	SA, U7, 99»
Spectacle services, monofocal	92340, 92352	NU, RA	Not Applicable
Spectacle services, bifocal	92341, 92353	NU, RA	Not Applicable
Spectacle services, trifocal	92342	RA with KX	Not Applicable
Repair and refitting spectacles	92370, 92371 ¹	Not Applicable	Not Applicable
Out of office call	99056	22	Not Applicable
Teleophthalmology by store and forward	«99242 and 99243»	GQ	GC

V and S Codes and Modifiers

Service of Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Frames	V2020, V2025, S0516	NU, RA	Not Applicable
Spectacle lenses, single vision, glass or plastic	V2100 thru V2121, V2199, V2410	NU, RA	Not Applicable
Spectacle lenses, bifocal, glass or plastic	V2200 thru V2221, V2299, V2430	NU, RA	Not Applicable
Spectacle lenses, trifocal, glass or plastic	V2300 thru V2321	RA with KX	Not Applicable
Variable sphericity lens, other type	V2499	NU, RA	Not Applicable

«V and S Codes and Modifiers (continued)»

Service of Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Contact Lens	V2500, V2501, V2510, V2511, V2513, V2520, V2521, V2523, V2531	NU, RA	Not Applicable
Contact lens	V2599 ²	LT, RT	Not Applicable
Contact lens	S0500, S0512, S0514	NU, RA	Not Applicable
Low vision aids	V2600, V2610, V2615	NU, RA	Not Applicable
Prosthetic eye	V2623, V2627 thru V2629	Prosthetic eye	Not Applicable
Polishing/resurfacing of ocular prosthesis	V2624	SC	Not Applicable
Deluxe lens feature	V2702	NU, RA	Not Applicable
Antireflective coating, per lens	V2750	NU, RA	Not Applicable
Scratch resistant coating, per lens	V2760	NU, RA	Not Applicable
Mirror coating, any type, solid, gradient or equal, any lens material, per lens	V2761	NU, RA	Not Applicable
Polarization, any lens material, per lens	V2762	NU, RA	Not Applicable

«V and S Codes and Modifiers (continued)»

Service of Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Occluder lens	V2770	NU, RA	Not Applicable
Progressive lens, per lens	V2781	NU, RA	Not Applicable
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	V2782	NU, RA	Not Applicable
Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	V2783	NU, RA	Not Applicable
Lens, polycarbonate or equal, any index, per lens	V2784	NU, RA	Not Applicable
Miscellaneous vision item or service	V2799	NU, RA	Not Applicable

<<Legend>>

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

Symbol	Description
<<	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.
*	Use modifier SC with CPT code 68761 to indicate use of temporary collagen punctal plugs. Use modifiers E1 thru E4 for permanent silicone punctal plugs.
¹	CPT codes 92370 and 92371 are used to bill frame repair, including parts, under Medi-Cal.
²	HCPCS code V2599 is used to bill bandage contact lenses only under Medi-Cal.