

Billing and code modifier guide

Oct. 1, 2024

Examination and ophthalmic lenses	Accepted CPT®/HCPCS codes	Required modifier (if blank, no modifier required)	Description
Eye examination	92002		
	92004		
	92012		
	92014		
Refraction	92015		
Diabetic care reporting	2022F		Dilated retinal eye exam in diabetic patient
	2024F		Seven standard field stereoscopic photos for diabetic patient eye exam
	2026F		Eye imaging validated to 7 standard field stereoscopic photos
	3072F		Diabetic eye exam, low risk for retinopathy (no evidence of retinopathy in prior year)
Frames	S0516		Safety frame
	S0518		Sunglass frame
	V2020 V2025		Frame
Single vision lenses	V2100 to V2115 V2121 V2199		Standard
	V2100 to V2115 V2121 V2199	FF	Free form
	V2410		Aspheric (see additional billing instructions below)

Examination and ophthalmic lenses	Accepted CPT®/HCPCS codes	Required modifier (if blank, no modifier required)	Description
Bifocal lenses	V2200 to V2215 V2218 to V2221 V2299		Standard (lined)
	V2200 to V2215 V2218 to V2221 V2299	BB	Blended
	V2430		Aspheric (see additional billing instructions below)
	V2786		Occupational double segmented
Trifocal lenses	V2300 to V2315 V2318 to V2320 V2399		Standard (lined)
Progressive lenses	V2781	P1	Progressive lenses: Tier I
	V2781	P2	Progressive lenses: Tier II
	V2781	P3	Progressive lenses: Tier III
	V2781	P4	Progressive lenses: Tier IV
	V2781	P5	Progressive lenses: Tier V
	V2781	P6	Progressive lenses: Non-formulary (non-selection)

Contact fit and lenses	Accepted CPT/ HCPCS codes	Required modifier (if blank, no modifier required)	Description
Contact lens fit	92071 92310 to 92317		Selection contacts fitting/evaluation (formulary)
	92071 92310 to 92317	ND	Non-selection standard contacts fit/evaluation (non-formulary). Use this modifier on a fit/evaluation claim when the member benefit does not include a formulary (selection).
	92071 92310 to 92317	XC	<p>Necessary contact lenses fit/evaluation. In order to process a necessary contact lens fit, you must bill with the XC modifier and the member must have 1 or more of the conditions noted below. Always code to the highest degree of specificity when indicating diagnosis. The following is a list of acceptable diagnosis codes:</p> <p>Keratoconus: H18.601 through H18.629</p> <p>Irregular corneal astigmatism: H52.211 through H52.219</p> <p>Aphakia: H27.00 through H27.03, Q12.3</p> <p>Anisometropia or aniseikonia: H52.31, H52.32</p> <p>Corneal deformity: Q13.3, Q13.4, H18.70, H18.721 through H18.799</p> <p>Corneal opacity: H17.00 through H17.13, H17.811 through H17.829, H17.89, H17.9</p> <p>Corneal degeneration: H18.40, H18.421 through H18.469, H18.49</p> <p>Corneal ectasia: H18.711 through H18.719</p> <p>Corneal transplant: Z94.7, T86.8401 through T86.8499</p> <p>Disorder of refraction: H52.7 (This covers cases where vision is less than 20/70 with glasses but can be improved to better than 20/70 with contact lenses.)</p> <p>Facial deformity: M95.0, M95.2, Q67.0, Q67.1, Q18.0 through Q18.9, Q75.0 through Q75.9</p> <p>Hereditary corneal degenerations: H18.501 through H18.599</p> <p>Order-specified corneal disorders: H18.811 through H18.829</p> <p>Other corneal disorders: H18.011 through H18.019</p>

Contact fit and lenses	Accepted CPT/ HCPCS codes	Required modifier (if blank, no modifier required)	Description
Contact lenses	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	CD	Selection biweekly and daily wear disposable contact lenses (formulary)
	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	CM	Selection planned replacement monthly wear contact lenses (formulary)
	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	ND	Non-selection disposable contact lenses (non-formulary). Use this modifier on the elective contact lenses claim when the benefit plan does not include a formulary (selection).
	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	XC	Necessary contact lenses. In order to process necessary contact lenses, you must bill with the XC modifier and the member must have 1 or more of the conditions noted below. Always code to the highest degree of specificity when indicating diagnosis. The following is a list of acceptable diagnosis codes: Keratoconus: H18.601 through H18.629 Irregular corneal astigmatism: H52.211 through H52.219 Aphakia: H27.00 through H27.03, Q12.3 Anisometropia or aniseikonia: H52.31, H52.32 Corneal deformity: Q13.3, Q13.4, H18.70, H18.721 through H18.799 Corneal opacity: H17.00 through H17.13, H17.811 through H17.829, H17.89, H17.9 Corneal degeneration: H18.40, H18.421 through H18.469, H18.49 Corneal ectasia: H18.711 through H18.719 Corneal transplant: Z94.7, T86.8401 through T86.8499 Disorder of refraction: H52.7 (This covers cases where vision is less than 20/70 with glasses but can be improved to better than 20/70 with contact lenses.)

Lens options	CPT/HCPCS codes	Required modifier (if blank, no modifier required)	Description
Contact lenses (cont.)	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	XC	Facial deformity: M95.0, M95.2, Q67.0, Q67.1, Q18.0 through Q18.9, Q75.0 through Q75.9 Hereditary corneal degenerations: H18.501 through H18.599 Order-specified corneal disorders: H18.811 through H18.829 Other corneal disorders: H18.011 through H18.019
Anti-reflective	V2750	R1	Anti-reflective coating: Tier I
	V2750	R2	Anti-reflective coating: Tier II
	V2750	R3	Anti-reflective coating: Tier III
	V2750	R4	Anti-reflective coating: Tier IV
	V2750	R5	Anti-reflective coating: Non-formulary (non-selection)
Edge coating	V2799	ED	Edge coating
High index (single vision or multifocal, plastic or glass)	V2782		Index lens, < (less than) 1.66
	V2783		High index, 1.66 to 1.73
	V2783	HI	High index \geq 1.74
Photochromic (including transitions)	V2744	PS	Glass photochromic
	V2744		Non-glass photochromic
Polarized	V2762	ED	Polarized lens
Polished edges	V2799	PP	Polished edges/roll & polish
Polycarbonate	V2784		Polycarbonate lenses
Prism	V2715		Prism lens
Premium scratch coating	V2799	PC	Premium scratch coating
Scratch warranty	V2799	SW	One-year scratch warranty
Blue light filter	V2799	BL	Embedded blue light filter (non-AR)
Slab off	V2710		Slab off lens

Lens options	CPT/HCPCS codes	Required modifier (if blank, no modifier required)	Description
Tint	V2745		Solid tint
	V2745	GL	Gradient tint-Glass lens
	V2745	GT	Gradient tint-Plastic lens
	V2745	RS	Rose tint I & II
UV coating	V2755		UV 400-Plastic lens
	V2755	GL	UV 400-Glass lens
Miscellaneous/ other	V2797		Miscellaneous lens accessories – for any lens or option(s) not listed above, bill one line with V2797, charges bundled
	V2799		Miscellaneous services – for any service(s) not listed above, bill one line with V2799, charges bundled

Additional billing instructions

Post-cataract eyeglasses or contact lenses: Claims for Medicare members who require new eyeglasses or contact lenses after cataract surgery must be billed with 1 or more of the following Dx codes:

- Z96.1 pseudophakia
- H27.03 aphakia
- H26.40, H26.412, H26.413, H26.419, H26.491, H26.492, H26.493, H26.499, after-cataract

Post-laser non-prescription sunglass frames: Claims for eligible members who receive non-prescription sunglass frames in lieu of prescription eyewear after having had laser correction surgery must be filed via hard copy or EDI and billed with the following Dx code:

- Z98.890

S codes (class II HCPCS codes) will not be accepted on claims for Medicare Advantage members. S codes are considered temporary codes and are not payable by Medicare. Please refer to the billing guide in the network administration manual for acceptable billing codes.

Members who require both selection and non-selection contacts: Contact lens and contact lens fitting claims for members who have a different contact lens prescription for each eye, and are fitted with a formulary (selection) lens for one eye and a non-formulary (non-selection) lens for the other eye, will be processed and paid as non-selection. Bill the actual lenses dispensed on the same claim.

Aspheric lenses: An aspheric lens code should be billed as a stand-alone code and not in addition to a regular lens code.

Retinal screening photography: Claims for this service must be billed with HCPCS code S9986. To receive reimbursement for “Retinal screening photography for diabetics,” you must include the diagnosis code for diabetes when submitting the enrollee’s benefits.

Additional billing instructions (cont.)

Second eye exam for diabetics: Certain benefit plans will cover this service. You must include the diagnosis code for diabetes in order to receive reimbursement.

Necessary contact lenses: Submit 1 single unit with XC modifier and the full billed amount.

Maternity reporting: Services for members who use the maternity benefit should be billed with one of the following Dx codes:

Z33.1-Pregnant state

Z39.1-Breastfeeding mother

Modifier codes

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Contact lens modifier codes			
CM	Covered selection monthly planned replacement (formulary)	ND	Non-selection disposable contacts (non-formulary)
CD	Covered selection disposable contacts/ biweekly and daily wear (formulary)	XC	Necessary contacts
Lens and lens option modifier codes			
R1	Anti-reflective coating: Tier I	P1	Progressive lenses: Tier I
R2	Anti-reflective coating: Tier II	P2	Progressive lenses: Tier II
R3	Anti-reflective coating: Tier III	P3	Progressive lenses: Tier III
R4	Anti-reflective coating: Tier IV	P4	Progressive lenses: Tier IV
R5	Anti-reflective coating: Non-Formulary	P5	Progressive lenses: Tier V
BB	Blended bifocal	P6	Progressive lenses: Non (non-selection)
BL	Blue light filter	PC	Premium scratch coat
ED	Edge coating	PP	Roll & polish
FF	Freeform single vision lens	PS	Photochromic glass lens
GL	UV glass	RS	Pink tint I & II
GT	Gradient tint	SW	Scratch warranty
HI	High index-greater than or equal to 1.74 (for V2783)		

Vision diagnosis codes

(Commonly used diagnosis codes. This list is not all-inclusive.)

ICD-10 code	ICD-10 description
Accommodation paresis	
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.529	Paresis of accommodation, unspecified eye
Aniseikonia	
H52.32	Aniseikonia
Anisometropia	
H52.31	Anisometropia
Hypermetropia	
H52.00	Hypermetropia, unspecified eye
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
Irregular astigmatism	
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.219	Irregular astigmatism, unspecified eye
Myopia	
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral

ICD-10 code	ICD-10 description
Presbyopia	
H52.4	Presbyopia
Regular astigmatism	
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.229	Regular astigmatism, unspecified eye
Routine eye exam	
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Spasm of accommodation	
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.539	Spasm of accommodation, unspecified eye
Transient refractive change	
H52.6	Other disorders of refraction
Unspecified disorder of refraction	
H52.7	

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