

## LCD for Refractive Lenses (L11532)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### LCD Information

**LCD ID Number**

L11532

**LCD Title**

Refractive Lenses

**Contractor's Determination Number**

LENS

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**CMS National Coverage Policy**

None

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## LCD Information

### Oversight Region

Region I

### DME Region LCD Covers

Jurisdiction A

### Original Determination Effective Date

For services performed on or after 10/01/1993

### Original Determination Ending Date

### Revision Effective Date

For services performed on or after 10/01/2009

### Revision Ending Date

### Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Statutory coverage criteria for refractive lenses are specified in the related Policy Article.

For patients who are aphakic (i.e., who have had a cataract removed but do not have an implanted intraocular lens (IOL) or who have congenital absence of the lens) (ICD-9 379.31, 743.35), the following lenses or combinations of lenses are covered when determined to be medically necessary:

1. Bifocal lenses in frames; or
2. Lenses in frames for far vision and lenses in frames for near vision; or
3. When a contact lens(es) for far vision is prescribed (including cases of binocular and monocular aphakia), payment will be made for the contact lens(es), and lens(es) in frames for near vision to be worn at the same time as the contact lens(es) and lenses in frames to be worn when the contacts have been removed.

For patients who are pseudophakic (i.e., those who have an IOL), refer to the Policy Article for information about coverage of the initial pair of lenses.

## LCD Information

For aphakic patients (i.e., those who do not have an IOL), replacement lenses are covered when they are medically necessary. Refer to the Policy Article for information about noncoverage of replacement lenses for pseudophakic patients.

Anti-reflective coating (V2750), tints (V2744, V2745) or oversize lenses (V2780) are covered only when they are medically necessary for the individual patient and the medical necessity is documented by the treating physician. When these features are provided as a patient preference item and are billed with an EY modifier (see Documentation section), they will be denied as not medically necessary.

UV protection is considered reasonable and necessary following cataract extraction; therefore, additional medical necessity justification by the treating physician beyond inclusion on the order is not necessary.

The addition of UV coating (V2755) is not medically necessary for polycarbonate lenses (V2784). Claims for code V2755 billed in addition to code V2784 will be denied as not medically necessary. Additional information regarding the coding and billing of UV coating (V2755) on lenses with UV protective properties inherent in the material may be found in the Policy Article.

Tinted lenses (V2745), including photochromatic lenses (V2744), used as sunglasses, which are prescribed in addition to regular prosthetic lenses to an aphakic patient, will be denied as not medically necessary.

Lenses made of polycarbonate or other impact-resistant materials (V2784) are covered only for patients with functional vision in only one eye. In this situation, an impact-resistant material is covered for both lenses, if eyeglasses are covered. Claims for code V2784 that do not meet this coverage criterion will be denied as not medically necessary.

### Coverage Topic

Eye Care - Following Cataract Surgery  
Eyeglasses and Contact Lenses  
Prosthetic Devices

## Coding Information

### CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

### HCPCS MODIFIERS:

EY - No physician or other health care provider order for this item or service

GA – Waiver of liability on file

GZ – Item or service expected to be denied as not reasonable and necessary

KX – Requirements specified in the medical policy have been met

LT - Left side

RT - Right side

### HCPCS CODES:

## Coding Information

### FRAMES

V2020	FRAMES, PURCHASES
V2025	DELUXE FRAME

### EYEGLOSS LENSES

V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION
V2118	ANISEIKONIC LENS, SINGLE VISION
V2121	LENTICULAR LENS, PER LENS, SINGLE
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS

### Coding Information

V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL
V2218	ANISEIKONIC, PER LENS, BIFOCAL
V2219	BIFOCAL SEG WIDTH OVER 28MM
V2220	BIFOCAL ADD OVER 3.25D
V2221	LENTICULAR LENS, PER LENS, BIFOCAL
V2299	SPECIALTY BIFOCAL (BY REPORT)
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS

### Coding Information

V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL
V2318	ANISEIKONIC LENS, TRIFOCAL
V2319	TRIFOCAL SEG WIDTH OVER 28 MM
V2320	TRIFOCAL ADD OVER 3.25D
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL
V2399	SPECIALTY TRIFOCAL (BY REPORT)
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE
CONTACT LENSES	
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, 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
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS

### Coding Information

MODIFICATION, SEE 92325)

V2531 CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)

V2599 CONTACT LENS, OTHER TYPE

#### LOW VISION AIDS

V2600 HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS

V2610 SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS

V2615 TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM

#### MISCELLANEOUS

V2700 BALANCE LENS, PER LENS

V2702 DELUXE LENS FEATURE

V2710 SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS

V2715 PRISM, PER LENS

V2718 PRESS-ON LENS, FRESNELL PRISM, PER LENS

V2730 SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS

V2744 TINT, PHOTOCHROMATIC, PER LENS

V2745 ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER LENS

V2750 ANTI-REFLECTIVE COATING, PER LENS

V2755 U-V LENS, PER LENS

V2756 EYE GLASS CASE

V2760 SCRATCH RESISTANT COATING, PER LENS

V2761 MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS

V2762 POLARIZATION, ANY LENS MATERIAL, PER LENS

V2770 OCCLUDER LENS, PER LENS

V2780 OVERSIZE LENS, PER LENS

V2781 PROGRESSIVE LENS, PER LENS

V2782 LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS

V2783 LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS

V2784 LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS

V2786 SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS

V2797 VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE

## Coding Information

V2799 VISION SERVICE, MISCELLANEOUS

### ICD-9 Codes that Support Medical Necessity

For ICD-9 codes relating to statutory coverage, see related Policy Article.

### Diagnoses that Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity

Not specified

### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

### Diagnoses that DO NOT Support Medical Necessity

Not specified.

## General Information

### Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for the lens(es) and related features must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

If the ordering physician is also the supplier, the prescription is an integral part of the patient's record.

The ICD-9 code that justifies the need for these items must be included on the claim.

KX, GA, and GZ MODIFIERS:

For anti-reflective coating (V2750), tints (V2744, V2745) or oversized lenses (V2780), if medical necessity is documented by the treating physician, the KX modifier must be added to the code. For polycarbonate or Trivex TM lenses (V2784), if they are for a patient with monocular vision, the KX modifier must be added to the code. The KX modifier may only be used when these requirements are met. When the KX modifier is billed, documentation to support the medical necessity of the lens feature must be available upon request.

For anti-reflective coating (V2750), polycarbonate or Trivex TM lenses (V2784), tints (V2744, V2745) or oversized lenses (V2780), if the coverage criteria have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claims lines for anti-reflective coating (V2750), tints (V2744, V2745), oversized lenses (V2780) or polycarbonate or Trivex TM lenses (V2784) billed without a KX, GA, or GZ modifier will be rejected

## General Information

as missing information.

Refer to the Supplier Manual for more information on documentation requirements.

### Appendices

#### Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

#### Sources of Information and Basis for Decision

#### Advisory Committee Meeting Notes

#### Start Date of Comment Period

04/30/1993

#### End Date of Comment Period

06/14/1993

#### Start Date of Notice Period

08/01/1993

#### Revision History Number

LENS009

#### Revision History Explanation

##### Revision Effective Date: 10/01/2009

HCPCS MODIFIERS:

Added: GA and GZ modifiers.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for use of GA and GZ modifiers.

**03/01/2008** - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11532 from DME PSC TriCenturion (77011) LCD L11532.

##### Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Clarified: Replacement lenses are covered for patients without an implanted intraocular lens (IOL).

## General Information

Moved: Statement about coverage for patients with surgery prior to Medicare entitlement to the Policy Article.

Removed: DMERC references.

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Moved: Covered ICD-9 codes to the Policy Article.

DOCUMENTATION REQUIREMENTS:

Removed: Requirement for date of surgery to accompany the claim.

Removed: DMERC references.

APPENDICES:

Moved: Definition of aphakia and pseudophakia to Indications and Limitations of Coverage section.

**06/01/2007** - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

**03/01/2006** - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

### **Revision Effective Date: 07/01/2005**

DOCUMENTATION REQUIREMENTS:

Removed: Requirement for ICD-9 or narrative diagnosis on the physician order for lens(es).

### **Revision Effective Date: 01/01/2005**

LMRP converted to LCD and Policy Article.

INDICATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

Clarified: Coverage of code V2755.

HCPCS CODES AND MODIFIERS:

Added: Code V2702.

### **Revision Effective Date: 01/01/2004**

HCPCS CODES AND MODIFIERS:

Added: Codes V2121, V2221, V2321, V2745, V2756, V2761, V2762, V2782, V2783, V2784, V2786, V2797.

Deleted: Codes V2116, V2117, V2216, V2217, V2316 – V2317, V2740 – V2743.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Revised: Medical necessity for polycarbonate lenses allowing coverage in limited circumstances.

Clarified: Use of code V2755 (UV coating) for materials with inherent UV protection.

CODING GUIDELINES:

Added: Instructions for how to correctly code polycarbonate lenses.

Added: Definitions of antireflective and mirror coatings.

DOCUMENTATION REQUIREMENTS:

Added:

Polycarbonate lenses to list of codes for use with modifier KX when coverage criteria have been met.

### **Revision Effective Date: 07/01/2003**

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Clarification for polycarbonate lenses coverage and coding.

Removed: "Transition" from "transition/progressive lenses (V2781)" since transition lenses are photochromatic lenses and are not coded V2781.

### **Revision Effective Date: 04/01/2003**

HCPCS CODES AND MODIFIERS:

Added: EY modifier.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Standard language concerning coverage of items without an order.

Clarified: Benefit category and the noncoverage of frames when billed without lenses.

## General Information

### DOCUMENTATION REQUIREMENTS:

Added: Standard language concerning use of the EY modifier for items without an order.

**The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.**

07/01/2002 - Replaced ZX modifier with KX modifier.  
Added definition of progressive lenses (V2781). Removed requirement for UV lenses (V2755) to be justified by additional documentation. Defined when the RT and LT modifiers must be used. Allowed either a narrative diagnosis or ICD-9 diagnosis on the physician order.

03/01/1998 – Clerical correction.

12/01/1997 – Added ZX modifier. Moved covered diagnosis codes information from Coding Guidelines section to Coverage and Payment Rules section. Added additional language regarding utilization to Coverage and Payment Rules section. Added information regarding LT and RT modifiers to Coding Guidelines section. Added ZX modifier information in Documentation section.

### Reason for Change

### Last Reviewed On Date

### Related Documents

#### Article(s)

[A23658 - Refractive Lenses - Policy Article - Effective October 2009](#)

### LCD Attachments

There are no attachments for this LCD

## Article for Refractive Lenses - Policy Article - Effective October 2009 (A23658)

### Contractor Information

**Contractor Name**

[NHIC, Corp.](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### Article Information

**Article ID Number**

A23658

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Refractive Lenses - Policy Article - Effective October 2009

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**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

## Article Information

### DME Region Article Covers

Jurisdiction A

### Original Article Effective Date

01/01/2005

### Article Revision Effective Date

10/01/2009

### Article Text

#### **NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

Refractive lenses are covered when they are used to restore the vision normally provided by the natural lens of the eye of an individual lacking the organic lens because of surgical removal or congenital absence. Covered diagnoses are limited to pseudophakia (condition in which the natural lens has been replaced with an artificial intraocular lens [IOL]) (ICD-9 V43.1), aphakia (condition in which the natural lens has been removed but there is no IOL) (ICD-9 379.31), and congenital aphakia (ICD-9 743.35). Lenses provided for other diagnoses will be denied as noncovered.

Refractive lenses are covered even though the surgical removal of the natural lens occurred before Medicare entitlement.

For patients with pseudophakia (ICD-9 V43.1), coverage is limited to one pair of eyeglasses or contact lenses after each cataract surgery with insertion of an IOL. Replacement frames, eyeglass lenses and contact lenses are noncovered. If a beneficiary has a cataract extraction with IOL insertion in one eye, subsequently has a cataract extraction with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, Medicare covers only one pair of eyeglasses or contact lenses after the second surgery. If a beneficiary has a pair of eyeglasses, has a cataract extraction with IOL insertion, and receives only new lenses but not new frames after the surgery, the benefit would not cover new frames at a later date (unless it follows subsequent cataract extraction in the other eye).

Refer to the Local Coverage Determination (LCD) for information about coverage of lenses for aphakic patients (i.e., those who do not have an IOL).

Because coverage of refractive lenses is based upon the Prosthetic Device benefit category, there is no coverage for frames or lens add-on codes unless there is a covered lens(es). Frames provided without a covered lens(es) will be denied as noncovered.

Tinted lenses (V2745), including photochromatic lenses (V2744), used as sunglasses, which are prescribed in addition to regular prosthetic lenses to a pseudophakic patient, will be denied as noncovered.

Scratch resistant coating (V2760), mirror coating (V2761), polarization (V2762), deluxe lens feature (V2702) and progressive lenses (V2781) will be denied as noncovered.

Use of polycarbonate or similar material (V2784) or high index glass or plastic (V2782, V2783) for indications such as light weight or thinness will be denied as a noncovered deluxe feature.

Specialty occupational multifocal lenses (V2786) will be denied as noncovered.

Only standard frames (V2020) are covered. Additional charges for deluxe frames (V2025) will be denied as noncovered.

## Article Information

When hydrophilic soft contact lenses (V2520–V2523) are used as a corneal dressing, they are denied as noncovered because in this situation they do not meet the definition of a prosthetic device.

Eyeglass cases (V2756) will be denied as noncovered.

Contact lens cleaning solution and normal saline for contact lenses will be denied as noncovered.

Low vision aids (V2600-V2615) will be denied as noncovered because coverage under the Medicare prosthetic benefit is limited to persons with congenital absence or surgical removal of the lens of the eye.

Vision supplies, accessories, and/or service components of another HCPCS vision code (V2797) will be denied as not separately payable.

### **CODING GUIDELINES**

Deluxe lens features (V2702) include services and features such as lens edge treatments and lens drilling.

Photochromatic lenses (V2744) are those in which the degree of tint changes in response to changes in ambient light. Code V2744 is used for any type of photochromatic lens, either glass or plastic.

Code V2745 is used for any type or color of lens tint, excluding photochromatic lenses.

Code V2755 must be used only if a UV coating is applied to a lens and not as an add-on code for the UV protection inherent in the lens material.

Anti-reflective coating (V2750) is a clear lens treatment used to decrease glare and internal/external reflections.

Mirror coatings (V2761) are colored, highly reflective lens treatments.

Progressive lens (V2781) is a multifocal lens that gradually changes in lens power from the top to the bottom of the lens, eliminating the line(s) that would otherwise be seen in a bifocal or trifocal lens.

Code V2784 is an add-on used for lenses made of impact-resistant material such as polycarbonate or Trivex™. Codes V2782 and V2783 (high index™) must not be billed in addition to code V2784.

Codes V2100 – V2114, V2199 – V2214, V2299 – V2314, V2399 - V2499, V2700, and V2770 describe specific eyeglass lenses. Only one of these codes may be billed for each lens provided. These codes include both aspheric and nonaspheric lenses.

Codes V2115, V2118, V2121, V2215, V2218 – V2221, V2315, V2318 – V2321, V2710 - V2760, and V2780 – V2797 describe add-on features of lenses. They are billed in addition to codes for the basic lens.

When billing claims for deluxe frames, use code V2020 for the cost of standard frames and a second line item using code V2025 for the difference between the charges for the deluxe frames and the standard frames.

When billing claims for progressive lens, use the appropriate code for the standard bifocal (V2200 - V2299) or trifocal (V2300 - V2399) lens and a second line item using code V2781 for the difference

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between the charge for the progressive lens and the standard lens.

The RT and/or LT modifiers must be used with all HCPCS codes in this policy except codes V2020, V2025 and V2600. When lenses are provided bilaterally and the same code is used for both lenses, bill both on the same claim line using the RTLTLT modifier and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

### Coverage Topic

Eye Care - Following Cataract Surgery  
Eyeglasses and Contact Lenses  
Prosthetic Devices

## Coding Information

### ICD-9 Codes that are Covered

379.31	APHAKIA
743.35	CONGENITAL APHAKIA
V43.1	LENS REPLACED BY OTHER MEANS

**No Coding Information has been entered in this section of the article.**

## Other Information

### Revision History Explanation

#### Revision Effective Date: 10/01/2009

CODING GUIDELINES:

Revised: RT/LT modifier instructions.

Changed: SADMERC to PDAC.

**03/01/2008** - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A23658 from DME PSC TriCenturion (77011) Article A23658.

#### Revision Effective Date: 07/01/2007

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Definitions of aphakic and pseudophakia.

Moved: Statement about coverage for patients with surgery prior to Medicare entitlement from the LCD.

ICD-9 CODES THAT ARE COVERED:

Moved: Codes 379.31, 743.35 and V43.1 from the LCD.

**06/01/2007** - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

**03/01/2006** - In accordance with Section 911 of the Medicare Modernization Act of 2003, this

## Other Information

article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

### **Revision Effective Date: 01/01/2005**

LMRP converted to LCD and Policy Article.

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Reference to code V2702.

CODING GUIDELINES:

Added: Definition of deluxe lens feature.

## Related Documents

### **LCD(s)**

[L11532 - Refractive Lenses](#)