BILLING, CODING AND ICD-10 FOR MEDICALLY NECESSARY CONTACT LENSES

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GAS PERMEABLE LENS INSTITUTE

2017

COPE #: 47591-PM
CONFLICT DISCLAIMER

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• CLINICAL RESEARCH
  • ALCON
  • EXPERT TESTIMONY
  • CONTRIBUTING EDITOR: CONTACT LENS SPECTRUM
  • NO PROPRIETARY INTEREST IN ANY SUBJECTS DISCUSSED
  • FDA “OFF-LABEL” USES WILL NOT BE DISCUSSED
COURSE OBJECTIVES

• THE OBJECTIVE OF THIS COURSE IS TO DISCUSS METHODS FOR CODING AND BILLING FOR MEDICALLY NECESSARY CONTACT LENSES AND FOR INCORPORATING ICD-10-CM INTO MEDICALLY NECESSARY CONTACT LENS PRESCRIBING.
LEARNING OBJECTIVES

• ATTENDEES OF THIS COURSE WILL LEARN:
  • EFFECTIVE CODING AND BILLING STRATEGIES FOR MEDICALLY NECESSARY CONTACT LENSES (MNCL)
  • HOW ICD-10-CM HAS CHANGED THE GAME FOR MNCL
This meeting is a gathering of competitors, which is one of the two criteria for violating the Sherman Anti-Trust Act. The other criterion for a *per se* violation is to agree to, or appear to agree to, do something, like set fees, or boycott a supplier, or another competitor. This lecture includes a discussion of fees. HOWEVER, THIS LECTURE IS NOT INTENDED IN ANY WAY TO BE CONSTRUED AS A DISCUSSION OF FEE SETTING. THE EXAMPLES GIVEN ARE INSTRUCTIONAL, AND ARE NOT INTENDED IN ANY WAY TO ENCOURAGE ANYONE TO SET ANY FEE AT ANY AMOUNT. QUESTIONS ABOUT FEES WILL NOT BE ANSWERED, AND DISCUSSION ABOUT FEES AMONG THE ATTENDEES OF THIS LECTURE, DURING THIS LECTURE, WILL NOT BE PERMITTED, AND IS STRONGLY DISCOURAGED AT ANY TIME AFTER THIS LECTURE!
A STORY ABOUT JOSEPH LISTER
The Ethics of This Stuff

I believe that it is a moral failure to possess a skill or a body of knowledge that can end human suffering, and then fail to use that skill or knowledge because you do not charge enough to make that service a viable part of your practice.

Most doctors fail in medically necessary prescribing not because they lack the skill, but because they lose interest and motivation when they start to lose money.

When you charge enough so that you don’t lose money, then you stay motivated enough to solve these complicated cases. I submit to you, that that is ethical!
“CLARKE, EVERYTHING THAT HAPPENS IN YOUR PRACTICE IS YOUR FAULT”

-IRV BORISH
WHAT WE SAY DOESN’T MATTER (SORTA)

There is no escaping the fact that YOU have to do your homework to be successful at billing for medical services. There are enough contractual differences between carriers and between regions, that you have to determine what the payment policies and fees are for each type of service and for each carrier. If you practice in more than one locale, you have to do this legwork for each locale—PERIOD!
INTRODUCTION

• BASIC THIRD PARTY CONCEPTS
  • WHAT IS THE CONSUMER / PROVIDER / PAYOR / PURCHASER RELATIONSHIP?
  • WHAT IS THE DEFINITION OF “MEDICALLY NECESSARY?”
  • WHAT IS THE DIAGNOSIS / SERVICE / PAYMENT RELATIONSHIP?
  • WHAT ARE “COVERED” AND NON-COVERED” SERVICES?

• OPTOMETRIC FINANCIAL OATH

• MEDICALLY NECESSARY BILLING AND CODING

• SPECIALTY BILLING AND CODING
BEFORE YOU CAN DO THIS...
YOU HAVE TO GO THROUGH THIS…
WHAT IS A “THIRD PARTY” PAYOR RELATIONSHIP?

FIRST AND FOREMOST—IT IS A CONTRACT RELATIONSHIP!!!
**WHAT IS A “THIRD PARTY” PAYER RELATIONSHIP?**

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<th>Private Carriers</th>
<th>Carrier Determination Policies</th>
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<td>• Definitions</td>
<td>• Contractual Obligations</td>
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<td>• Reimbursement Fee Schedules</td>
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<td>• Pre-Existing Conditions</td>
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<td>• Plan Limits</td>
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</tbody>
</table>
WHAT IS A “THIRD PARTY” PAYER RELATIONSHIP?

• GOVERNMENT CONTRACTS
  • MEDICARE
    • NATIONAL CARRIER DETERMINATION POLICIES (NCD)
    • LOCAL CARRIER DETERMINATION POLICIES (LCD)
  • MEDICAID
    • STATE COVERAGE POLICIES
  • CRIMINAL REMEDIES
THE THIRD PARTY DANCE

• CONSUMERS OF HEALTH CARE SERVICES
  • PATIENTS

• PROVIDERS OF HEALTH CARE SERVICES
  • PHYSICIANS (CHECK THAT DEFINITION! SOMETIMES OD’S ARE PHYSICIANS)
  • NON-PHYSICIAN PROVIDERS
    • OD’S, SOMETIMES
    • NURSES
    • CHIROPRACTORS
    • PSYCHOLOGISTS
THE THIRD PARTY DANCE

• PURCHASER OF HEALTH CARE SERVICES
  • GOVERNMENTS
  • EMPLOYERS
  • INDIVIDUALS

• PAYORS OF HEALTH CARE SERVICES
  • ADMINISTRATIVE ENTITIES THAT MEET CERTAIN CRITERIA TO BE “QUALIFIED HEALTH PLANS” THAT INSURE CONTRACT COMPLIANCE AND FUND TRANSFERS BETWEEN PURCHASERS AND PAYORS
THE THIRD PARTY DANCE

• PAYORS OF HEALTH CARE SERVICES
  • FEDERAL GOVERNMENT
    • MEDICARE
      • MEDICARE ADMINISTRATIVE CONTRACTOR (A/B MAC) AND JURISDICTIONAL AREAS
      • DURABLE MEDICAL EQUIPMENT MEDICARE ADMINISTRATIVE CARRIERS (DME MAC)
      • HTTP://WWW.CMS.GOV/MEDICARE/MEDICARE-CONTRACTING/MEDICARECONTRACTINGREFORM/PARTAANDPARTBMACJURISDICTIONS.HTML
    • MEDICAID / CHIPS
    • VETERAN'S ADMINISTRATION AND TRI-CARE
    • NATIONAL HEALTH SERVICES CORP / INDIAN HEALTH SERVICES
    • RAILROAD
  • STATE GOVERNMENTS
    • MEDICAID
    • CHIPS
THE THIRD PARTY DANCE

• PAYORS OF HEALTH CARE SERVICES
  • PRIVATE PAYORS
    • INDEMNITY CARRIERS
      • INDEMNITY
      • HMO
      • PPO
    • ERISA SELF-INSURED
  • LOCAL GOVERNMENTS
    • COUNTY INDIGENT CARE SERVICES
HEALTH CARE SERVICES

• CONTRACTED SERVICES
  • NEGOTIATED COVERAGE PRODUCTS BETWEEN PURCHASERS AND PAYORS
  • MOST INDEMNITY CARRIERS HAVE SEVERAL STANDARD PLAN OFFERINGS FROM WHICH PURCHASERS MAY CHOOSE
  • SOME HAVE CUSTOM NEGOTIATED PLANS

• HEALTH CARE SERVICES
  • COVERED SERVICE—DEEMED MEDICALLY NECESSARY IN THE TERMS OF THE NEGOTIATED COVERAGE PRODUCT
  • NON-COVERED SERVICES—DEEMED NOT MEDICALLY NECESSARY IN THE TERMS OF THE NEGOTIATED COVERAGE PRODUCT
COVERED VS. NON-COVERED

• THIS CONCEPT IS IMPORTANT TO MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

• NON-COVERED SERVICES ARE LISTED BY EXCLUSIONS IN THE NEGOTIATED COVERAGE PRODUCT (“INSURANCE PLAN”) AS DETAILED IN THE “SUMMARY PLAN DESCRIPTION” (SPD)

• NON-COVERED SERVICE EXCLUSIONS DO NOT DECIDE WHAT CARE YOU PROVIDE, JUST WHO PAYS FOR THE CARE YOU PROVIDE
  • INDEPENDENT CLINICAL JUDGMENT
  • NON-COVERED SERVICES ARE PAID BY THE CONSUMER DIRECTLY TO THE PROVIDER
I, [state your name], do solemnly swear or affirm that neither I, nor any of my business partners, spouses, concubines, long time companions, assigns, or heirs will never, ever, never, ever sign, or caused to be signed, any contract that I have not fully read and do not fully understand. Further, I swear or affirm that I shall not take food out of the mouths of my beloved family members by entering into any contract that is so onerously structured as to make no financial sense for me or my business. This oath I pledge, before God, Irv Borish, and all other Deities, to be my solemn vow.
WHAT IS THE DEFINITION OF MEDICALLY NECESSARY?

AMA Definition (1999)

“Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, treating, or rehabilitating an illness, injury, disease or its associated symptoms, impairments, or functional limitations in a manner that is: (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate in terms of type, frequency, extent, site and duration; and (3) not primarily for the convenience of the patient, physician or other health care provider.”
THE CMS DEFINITION

As published in CMS IOM Pub. 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under 1862(a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

Safe and effective.

Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).

*Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:

- Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient’s condition or to improve the function of a malformed body member.

- Furnished in a setting appropriate to the patient’s medical needs and condition.

- Ordered and furnished by qualified personnel.

- One that meets, but does not exceed, the patient’s medical needs.

- At least as beneficial as an existing and available medically appropriate alternative.
WHAT DOES THAT MEAN?

• THE PATIENT MUST HAVE AN ILLNESS, INJURY, OR DISEASE THAT HAS A
  SYMPTOM, IMPAIRMENT, OR FUNCTIONAL LIMITATION

• A TEST PERFORMED MUST HAVE AN INDICATION (SEE THE PREVIOUS
  POINT), AND THE RESULT MUST INFLUENCE THE TREATMENT PLAN

• A TREATMENT MUST BE A STANDARD OF CARE

• A TREATMENT CANNOT BE FOR MERE CONVENIENCE (COSMETIC
  LENSES)
ESTABLISHING MEDICAL NECESSITY FOR A COVERED SERVICE

• A CHIEF COMPLAINT RATIONAL TO A COVERED SERVICE SUCH AS AN INJURY, ILLNESS, OR DISEASE

• PROVIDING A COVERED SERVICE MUST BE INDICATED BY THE CHIEF COMPLAINT AND MUST BE ORDERED

• IF THE COVERED SERVICE IS A DIAGNOSTIC TEST, THEN THE DIAGNOSTIC TEST MUST BE INTERPRETED AND IT MUST AFFECT YOUR CLINICAL DECISION MAKING
MORE ON DOCUMENTATION FOR MEDICAL NECESSITY
MORE ON DOCUMENTATION FOR MEDICAL NECESSITY

92025 Corneal Topography Ordered and Reviewed by Clarke D Newman, OD, FAAO:

Indication:
- Diagnose a Decrease in Vision thought to be Due to a Corneal Disease, Degeneration, Deformity, or Injury
- Monitor a Previously Diagnosed Corneal Disease, Degeneration, Deformity, or Injury
- Pre-Operative Evaluation of the Cornea to Rule Out Corneal Disease, Degeneration, Deformity, or Injury as a Contraindication to Surgery
- Post-Operative Evaluation of the Cornea to Rule Out Corneal Disease, Degeneration, Deformity, or Injury Resulting From the Surgery

Interpretation:
- [ ] No Detectable Defect
- [ ] 367.21 Regular Astigmatism
- [ ] 367.22 Irregular Astigmatism
- [ ] 368.10 Subjective Visual Disturbance, Unspecified
- [ ] 368.15 Other Visual Distortions
- [ ] 371.03 Central Opacity of Cornea
- [ ] 378.31 Phlyctenular Keratoconjunctivitis
- [ ] 371.31 Folds and Rupture of Bowman’s Membrane
- [ ] 371.46 Nodular Degeneration of Cornea (Salzmann’s)
- [ ] 371.465 Peripheral Degenerations of Cornea (Terrien’s)
- [ ] 371.57 Endothelial Corneal Dystrophy (Fuchs’)
- [ ] 371.61 Keratoconus, Stable Condition
- [ ] KSS 0 KSS 1 KSS 2 KSS 3 KSS 4 KSS 5
- [ ] 371.82 Keratoconus, Acute Hydrops
- [ ] 371.76 Corneal Deformity, Unspecified
- [ ] 371.76 Keratoglobus
- [ ] 371.15 Polycystic Marginal Degeneration
- [ ] 371.42 Bank-Shaped Keratopathy
- [ ] 371.46 Nodular Corneal Degeneration
- [ ] 372.41 Peripheral Pterygium, Stationary
- [ ] 372.42 Peripheral Pterygium, Progressive
- [ ] 743.41 Anomalies of Corneal Size and Shape

Plan:
- [ ] Monitor
- [ ] Prescribe Medically Necessary Contact Lenses
- [ ] Refer for Surgical Consultation
- [ ] Initiate Medical Therapy
GUIDANCE MATERIALS

• WEBSITES
  • CMS [WWW.CMS.GOV](http://WWW.CMS.GOV)
  • FISCAL INTERMEDIARY
    • FIND YOUR JURISDICTION
  • PRIVATE CARRIERS

• REFERENCE BOOKS
  • 2012 ICD-9-CM
  • 2017 CPT
  • 2017 HCPCS
  • 2017 ICD-10-CM

• MEETINGS & JOURNALS
Reference Books
REFERENCE BOOKS
WEB BASED GUIDANCE

• OPTOMETRIC BILLING SOLUTIONS, INC.
  • DRS. JOE DELOACH AND PETER CASS, AND BJ AVERY AND SANDY YANKEE
  • HTTP://OPTOMETRICBILLING.COM/

• PRACTICE MANAGEMENT RESOURCES, INC.
  • DR. JOHN RUMPakis
  • HTTP://WWW.PRMI.COM/
ESTABLISHING THE DIAGNOSTIC CODE SET

• DIAGNOSIS CODES
  • ICD-10-CM, USED SINCE OCTOBER 1, 2015—BIG CHANGE

• PROCEDURE CODES
  • CPT LEVEL I CODES (CREATED BY THE AMA CPT EDITORIAL PANEL)
  • HCPCS (CPT LEVEL II)

• CARRIER DETERMINATION POLICIES
  • NATIONAL CARRIER DETERMINATIONS (NCD) FOR EYES NCD 80
    • HTTP://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/GUIDANCE/MANUALS/DOWNLOADS/NCD103C1_PART1.PDF
  • LOCAL CARRIER DETERMINATIONS (LCD)
WHAT WE SAY DOESN’T MATTER (SORTA)

There is no escaping the fact that YOU have to do your homework to be successful at billing for medical services. There are enough contractual differences between carriers and between regions, that you have to determine what the payment policies and fees are for each type of service and for each carrier. If you practice in more than one locale, you have to do this legwork for each locale—PERIOD!
VERY IMPORTANT CONCEPT: A TAUTOLOGY

It Is Not What You Get Paid!!!!

It Is What You Get to Keep at Audit!!!!
UNDERSTANDING CPT CODES

- CODE TEXT
  - PLAIN LANGUAGE RULES, UNLESS SPECIFICALLY SUPERSEDED BY OTHER INSTRUCTIONS

- CODE SUB-TEXT
  - OFTEN, THESE OTHER INSTRUCTIONS ARE CONTAINED IN SUB-TEXT COMMENTS

- CODE PRE-TEXT / PREAMBLE
  - A PREAMBLE CAN CONTAIN INFORMATION THAT SHAPES A CODE OR A GROUP OF CODES
    - E/M CODES HAVE A PREAMBLE AND CODE SUBTEXTS
    - 9231X CODES HAVE A PREAMBLE

- CPT ASSISTANT

- CPT CHANGES

- CMS PUB-100 GUIDANCE
  - NCD’S ARE PROMULGATED HERE
EVALUATION AND MANAGEMENT SERVICES—NEW PATIENT

• 99201—LEVEL ONE
• 99202—LEVEL TWO
• 99203—LEVEL THREE
• 99204—LEVEL FOUR
• 99205—LEVEL FIVE

A “NEW PATIENT” IS A PATIENT WHO HAS NOT RECEIVED ANY PROFESSIONAL SERVICES FROM THE PHYSICIAN / QUALIFIED HEALTH CARE PROFESSIONAL OR ANOTHER PHYSICIAN / QUALIFIED HEALTH CARE PROFESSIONAL OF THE EXACT SAME SPECIALTY AND SUBSPECIALTY WHO BELONGS TO THE SAME GROUP PRACTICE, WITHIN THE PREVIOUS THREE YEARS
EVALUATION AND MANAGEMENT SERVICES—ESTABLISHED PATIENT

- 99211—LEVEL ONE
- 99212—LEVEL TWO
- 99213—LEVEL THREE
- 99214—LEVEL FOUR
- 99215—LEVEL FIVE
GENERAL OPHTHALMOLOGICAL SERVICES

• NEW PATIENT
  • 92002—INTERMEDIATE SERVICE
  • 92004—COMPREHENSIVE SERVICE

• ESTABLISHED PATIENT
  • 92012—INTERMEDIATE SERVICE
  • 92014—COMPREHENSIVE SERVICE
OFFICE OR OTHER OUTPATIENT CONSULTATIONS

• 99241—LEVEL ONE
• 99242—LEVEL TWO
• 99243—LEVEL THREE
• 99244—LEVEL FOUR
• 99245—LEVEL FIVE
• NEW OR ESTABLISHED

ONLY APPROPRIATE WHEN REQUESTED BY A PHYSICIAN (THAT WOULD BE US, OR AN MD, DO, DC, DDS, DPM) OR OTHER APPROPRIATE SOURCE (PA, RN, NP, DC, PT, OT, SW, PSYCH, ATTORNEY, OR INS. COMPANY)

THE REQUEST MAY BE WRITTEN OR VERBAL THAT IS DOCUMENTED IN THE PATIENT RECORD, AND A WRITTEN REPORT IS REQUIRED IN RETURN

CMS PUBLICATION 100-4, CHAPTER 12, SECTION 30.6.10
HTTP://WWW.CMS.HHS.GOV/MANUAL/DOWNLOADS/CLM104C12.PDF

NEW CPT PREAMBLE TO THE E/M CODES THAT SPEAKS TO THE “TRANSFER OF CARE” VS. “CONCURRENT CARE”
OFFICE OR OTHER OUTPATIENT CONSULTATIONS

• 99241—LEVEL ONE
• 99242—LEVEL TWO
• 99243—LEVEL THREE
• 99244—LEVEL FOUR
• 99245—LEVEL FIVE
• NEW OR ESTABLISHED

• ONLY APPROPRIATE WHEN REQUESTED BY A PHYSICIAN (THAT WOULD BE US) OR OTHER APPROPRIATE SOURCE (PA, NP, NP, DC, PT, OT, SW, PSYCH, ATTORNEY OR INS. COMPANY)

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• CMS PUBLICATION 100-4, CHAPTER 12, SECTION 30.6.10
  HTTP://WWW.CMS.HHS.GOV/MANUAL/DOWNLOADS/CMS104C12.PDF

CMS Change Request 6740
OFFICE OR OTHER OUTPATIENT CONSULTATIONS

- These codes used to be the bread and butter of specialty lens prescribing when running a consultation practice.
- Subsequent (follow up) visits are billed as either E/M services or general ophthalmological codes.
- All but dried up.
SERVICE CODE COMPONENTS

• GLOBAL COMPONENT
  • ALL COMPONENTS NECESSARY TO PERFORM THE PROCEDURE

• TECHNICAL COMPONENT
  • THE PORTION OF THE GLOBAL FEE ATTRIBUTED TO PERFORMING THE PROCEDURE
  • DESIGNATED BY MODIFIER -TC

• PROFESSIONAL COMPONENT
  • THE PORTION OF THE GLOBAL FEE ATTRIBUTED TO THE INTERPRETATION OF THE PROCEDURE RESULTS
  • DESIGNATED BY MODIFIER -26

• NOT ALL PROCEDURE CODES ARE SPLIT INTO TECHNICAL AND PROFESSIONAL COMPONENTS; THE CMS FEE SCHEDULE WILL BREAK IT OUT FOR YOU
MULTIPLE PROCEDURE PAYMENT REDUCTION (MPPR)

• NEW IN JANUARY 2013

• HTTP://WWW.CMS.GOV/OUTREACH-AND-EDUCATION/MEDICARE-LEARNING-NETWORK-MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7848.PDF

• FOR OPHTHALMOLOGY SERVICES, FULL PAYMENT IS MADE FOR THE -TC SERVICE WITH THE HIGHEST PAYMENT UNDER THE MPFS. PAYMENT IS MADE AT 75 PERCENT FOR SUBSEQUENT -TC SERVICES FURNISHED BY THE SAME PHYSICIAN (OR BY MULTIPLE PHYSICIANS IN THE SAME GROUP PRACTICE, I.E., SAME GROUP NPI) TO THE SAME PATIENT ON THE SAME DAY.

• FOR THE PROCEDURE CODES COVERED BY THIS POLICY, LOOK AT APPENDIX “B” AT: HTTP://WWW.CMS.GOV/REGULATIONS-AND-GUIDANCE/GUIDANCE/TRANSMITTALS/DOWNLOADS/R1149OTN.PDF
WHAT CODES ARE AFFECTED?

- 76510
- 76511
- 76512
- 76513
- 76514
- 76516
- 76519
- 92025
- 92060
- 92081
- 92082
- 92083
- 92132
- 92133
- 92134
- 92136
- 92228
- 92235
- 92240
- 92250
- 92265
- 92270
- 92275
- 92283
- 92284
- 92285
- 92286
THE RESOURCED BASED RELATIVE VALUE SYSTEM (RBRVS)

• This system was designed to assign values to services based on the “realities” of delivering that service

• These values are established and modified by the AMA Relative Value Unit Audit Committee (RUC), and are supposed to represent the “average work” to deliver the service in question

• RVU = Physician Work + Practice Expense + Malpractice Expense x GPCI

• Payment is determined by multiplying the RVU by a “conversion factor” that is determined by the respective payors—mainly CMS

• The new Merit-Based Incentive Payment System (MIPS) replaces the old Sustainable Growth Rate Formula (SGR)

• The 2017 CMS Conversion Factor is $35.89
IMPORTANT CPT CODE MODIFIERS
CPT MANUAL APPENDIX A


• THIS MODIFIER SHOULD NOT BE APPENDED TO E/M SERVICES

• EXAMPLE: USING THE 92310 ON A BI-TORIC OR QUADRANT SPECIFIC PRESCRIPTION

• EXAMPLE: DIFFICULT REFRACTION
IMPORTANT CPT CODE MODIFIERS
CPT MANUAL APPENDIX A


• THIS MODIFIER SHOULD NOT BE APPENDED TO E/M SERVICES

• EXAMPLE: USING THE 92310 ON A BI-TORIC OR QUADRANT SPECIFIC PRESCRIPTION

• EXAMPLE: DIFFICULT REFRACTION

In January 2013, CMS decided that the -22 modifier only applied to surgeries or 60000 codes. HOWEVER, CPT rules state that the plain language text of a discrete code is operative, and the code does not say “surgical service,” it says “service”
“Modifier -22 is for physician reporting only (facilities may not report modifier -22), and should not be appended to evaluation and management (E/M) codes, according to CPT® guidelines. Most commonly, modifier -22 will accompany surgical claims—although modifier -22 also might apply to anesthesia services, pathology and lab services, radiology services, and medicine services.”

-AAPC, 2014
IMPORTANT CPT CODE MODIFIERS

• **-52: REDUCED SERVICES** UNDER CERTAIN CIRCUMSTANCES A SERVICE OR PROCEDURE IS PARTIALLY REDUCED OR ELIMINATED AT THE PHYSICIAN’S DISCRETION. UNDER THESE CIRCUMSTANCES THE SERVICE PROVIDED CAN BE IDENTIFIED

• EXAMPLE: 92310 IS A BILATERAL PROCEDURE. IF YOU PRESCRIBE FOR ONE EYE, YOU SHOULD USE THE REDUCED SERVICE MODIFIER

• EXAMPLE: 92025 IS A UNILATERAL OR BILATERAL PROCEDURE. IF YOU PERFORM THE TEST ON BOTH EYES OR JUST ONE EYE ONLY, YOU DO NOT USE THE -51 MODIFIER

• EXAMPLE: 92285 SPECIFIES NEITHER BILATERAL OR UNILATERAL. CONTROVERSially, ONE DOES NOT NEED TO USE THE -51 MODIFIER ON THESE CODES EVEN THOUGH THE CODE IS SPECIFIED AS “BILATERAL”
"I'll want to run a few tests on you, just to cover my ass."
OTHER IMPORTANT PROCEDURE CODES

• 92015—DETERMINATION OF REFRACTION STATE
  • BASIC
  • COMPLEX (USE THE -22 MODIFIER FOR 150% OF THE U&C FEE)

• 92025—COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT

• 92312—SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL

• 92225—OPHTHALMOSCOPY, EXTENDED WITH RETINAL DRAWING, (E.G., FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND REPORT; INITIAL (UNILATERAL)
• 92285—EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (E.G., CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY (BILATERAL)

• 92286—ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT; WITH SPECULAR MICROSCOPY AND ENDOTHELIAL CELL COUNT (BILATERAL)

• 76514—CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL THICKNESS)

• 92499—ABBEROMETRY (UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE)
ICD-10-CM

All of the diagnostic codes that could conceivably be used for medically necessary contact lens prescribing...I think...maybe...I could be wrong...Anyway, it is a lot of codes
ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

<table>
<thead>
<tr>
<th>Code Descriptor</th>
<th>ICD-10 Code</th>
</tr>
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<tbody>
<tr>
<td>Progressive high (degenerative) myopia</td>
<td>H44.23</td>
</tr>
<tr>
<td>Hypermetropia</td>
<td>H52.03</td>
</tr>
<tr>
<td>Myopia</td>
<td>H52.13</td>
</tr>
<tr>
<td>Astigmatism, regular</td>
<td>H52.229</td>
</tr>
<tr>
<td>Astigmatism, irregular</td>
<td>H52.219</td>
</tr>
<tr>
<td>Anisometropia</td>
<td>H52.31</td>
</tr>
<tr>
<td>Aniseikonia</td>
<td>H52.32</td>
</tr>
<tr>
<td>Presbyopia</td>
<td>H52.4</td>
</tr>
<tr>
<td>Protan defect</td>
<td>H53.54</td>
</tr>
<tr>
<td>Deutan defect</td>
<td>H54.53</td>
</tr>
<tr>
<td>Tritan defect</td>
<td>H54.55</td>
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## ICD-10-CM Codes for Medically Necessary Contact Lens Prescribing

<table>
<thead>
<tr>
<th>Code Descriptor</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nystagmus</td>
<td>H55.00—H55.09</td>
</tr>
<tr>
<td>Code Descriptor</td>
<td>ICD-10 Code</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Absence of iris (Aniridia)</td>
<td>Q13.1</td>
</tr>
<tr>
<td>Achromatopsia</td>
<td>H53.51</td>
</tr>
<tr>
<td>Adherent leukoma</td>
<td>H17.00—H17.03</td>
</tr>
<tr>
<td>Albinism</td>
<td>E70.20—E70.9</td>
</tr>
<tr>
<td>Anterior corneal pigmentation</td>
<td>H18.011—H18.019</td>
</tr>
<tr>
<td>Aphakia</td>
<td>H27.00—H27.03</td>
</tr>
<tr>
<td>Arcus senilis</td>
<td>H18.411—H18.419</td>
</tr>
<tr>
<td>Argentous corneal deposits</td>
<td>H18.021—H18.029</td>
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<tr>
<td>Atrophy of the globe</td>
<td>H44.52</td>
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<tr>
<td>Band keratopathy</td>
<td>H18.421—H18.429</td>
</tr>
<tr>
<td>Bullous keratopathy</td>
<td>H18.10—H18.13</td>
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# ICD-10-CM Codes for Medically Necessary Contact Lens Prescribing

<table>
<thead>
<tr>
<th>Code Descriptor</th>
<th>ICD-10 Code</th>
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<tbody>
<tr>
<td>Central corneal opacity</td>
<td>H17.10—H17.13</td>
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<tr>
<td>Coloboma of iris</td>
<td>Q13.0</td>
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<tr>
<td>Congenital aphakia</td>
<td>Q12.3</td>
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<td>Congenital corneal opacity</td>
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<tr>
<td>Corneal ectasia</td>
<td>H18.711—H18.719</td>
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<tr>
<td>Corneal scars and opacities</td>
<td>H17.00—H17.9, A18.59</td>
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<tr>
<td>Corneal staphyloma</td>
<td>H18.721—H18.729</td>
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<tr>
<td>Corneal transplant failure</td>
<td>T86.841</td>
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<td>Corneal transplant rejection</td>
<td>T86.840</td>
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<td>Corneal transplant status</td>
<td>Z94.7</td>
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<tr>
<td>Corrosion of cornea and conjunctival sac</td>
<td>T26.60XA—T26.62XS</td>
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# ICD-10-CM Codes for Medically Necessary Contact Lens Prescribing

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<thead>
<tr>
<th>Code Descriptor</th>
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<tbody>
<tr>
<td>Deep vascularization of cornea</td>
<td>H16.441—H16.449</td>
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<tr>
<td>Corneal edema, other and unspecified</td>
<td>H18.20—H20.239</td>
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<tr>
<td>Displacement of other ocular prosthetic devices, implants and grafts</td>
<td>T85.328A—T85.328S</td>
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<tr>
<td>Endothelial corneal dystrophy</td>
<td>H18.51</td>
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<tr>
<td>Epithelial (juvenile) corneal dystrophy</td>
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<tr>
<td>Folds and rupture in Bowman's membrane</td>
<td>H18.311—H18.319</td>
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<tr>
<td>Graft-versus-host disease</td>
<td>D89.813</td>
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<td>Granular corneal dystrophy</td>
<td>H18.53</td>
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<tr>
<td>Keratitis</td>
<td>H16.001—H16.079</td>
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<td>Keratoconus, unspecified</td>
<td>H18.601—H18.629</td>
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<td>Keratoconjunctivitis sicca, not specified as Sjögren’s</td>
<td>H16.22</td>
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<tr>
<td>Code Descriptor</td>
<td>ICD-10 Code</td>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>Keratoconus, stable</td>
<td>H18.611—H18.619</td>
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<tr>
<td>Keratoconus, unstable</td>
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<tr>
<td>Keratomalacia</td>
<td>H18.441—H18.449</td>
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<tr>
<td>Lagophthalmos</td>
<td>H02.201—H02.209</td>
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<td>Leukocoria</td>
<td>H44.53</td>
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<tr>
<td>Mydriasis (Persistent)</td>
<td>H57.04</td>
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<tr>
<td>Other corneal scars and opacities</td>
<td>H17.89</td>
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<tr>
<td>Other hereditary corneal dystrophies</td>
<td>H18.59</td>
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<tr>
<td>Other injuries of eye and orbit</td>
<td>S05.8X1A—S05.8X9S</td>
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<tr>
<td>Other keratitis</td>
<td>H16.8</td>
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<tr>
<td>Other mechanical complication of other ocular prosthetic devices, implants and grafts</td>
<td>T85.398A–T85.398S</td>
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### ICD-10-CM Codes for Medically Necessary Contact Lens Prescribing

<table>
<thead>
<tr>
<th>Code Descriptor</th>
<th>ICD-10 Code</th>
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<tbody>
<tr>
<td>Other tuberculosis of eye</td>
<td>A18.59</td>
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<tr>
<td>Penetrating wound with foreign body</td>
<td>S05.50XA—S05.52XS</td>
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<tr>
<td>Peripheral corneal degeneration</td>
<td>H18.461—H18.469</td>
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<td>Peripheral opacity of cornea</td>
<td>H17.821—H17.829</td>
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<td>Photokeratitis</td>
<td>H16.13</td>
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<tr>
<td>Posterior corneal pigmentation</td>
<td>H18.051—H18.059</td>
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<td>Presence of intraocular lens</td>
<td>Z96.1</td>
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<td>Pupillary abnormality</td>
<td>H21.561—H21.569</td>
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<td>Recurrent erosion of cornea</td>
<td>H18.831—H18.839</td>
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<td>Sjögren’s Syndrome</td>
<td>M35.0</td>
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<tr>
<td>Stromal corneal pigmentation</td>
<td>H18.061—H18.069</td>
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### ICD-10-CM Codes for Medically Necessary Contact Lens Prescribing

<table>
<thead>
<tr>
<th>Code Descriptor</th>
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<tbody>
<tr>
<td>Unspecified corneal deformity</td>
<td>H18.70</td>
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<td>Unspecified corneal degeneration</td>
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<tr>
<td>Unspecified corneal edema</td>
<td>H18.20</td>
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<tr>
<td>Unspecified corneal membrane change</td>
<td>H18.30</td>
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<tr>
<td>Unspecified corneal scar and opacity</td>
<td>H17.9</td>
</tr>
<tr>
<td>Unspecified hereditary corneal dystrophies</td>
<td>H18.50</td>
</tr>
<tr>
<td>Unspecified injury of unspecified eye and orbit</td>
<td>S05.90XA—S05.92XS</td>
</tr>
<tr>
<td>Vitamin A deficiency with xerophthalmic scars of cornea</td>
<td>E50.6</td>
</tr>
</tbody>
</table>
THE PRESCRIBING CODES

GET THIS STUFF RIGHT IF YOU WANT TO GET PAID
CPT PREAMBLE FOR THE 9231X CODES

The prescription of contact lenses includes specification of optical and physical characteristics (such as power, size, curvature, flexibility, gas-permeability). It is NOT a part of the general ophthalmological services.

The fitting of a contact lens includes instruction and training of the wearer and incidental revision of the lens during the training period.

Follow-Up of successfully fitted extended wear lenses is reported as part of a general ophthalmological service. (92012 et seq)

The supply of contact lenses may be reported as part of the fitting. It may also be reported separately by using the appropriate supply code.”
CONTACT LENS SERVICES

• 92310(4)—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(5)—CORNEAL LENS FOR APHAKIA, ONE EYE

• 92312(6)—CORNEAL LENS FOR APHAKIA, BOTH EYES

• 92313(7)—CORNEOSCLERAL LENS

• 92325—MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION

• 92326—REPLACEMENT OF CONTACT LENS

• 92499—UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE
CONTACT LENS SERVICES: IMPORTANT CONCEPTS

• CHARGE ANOTHER CONTACT LENS SERVICE FEE IF YOU CHANGE THE LENS DESIGN “SUBSTANTIALLY”
  • THAT IS, A CHANGE THAT IS NOT AN “INCIDENTAL REVISION”

• FOLLOW UP VISITS ARE NOT PART OF THE 9231X CODES. THE “SUPERVISION OF ADAPTATION” REQUIREMENT IS MET AT THE FIRST FOLLOW-UP VISIT.

• SUBSEQUENT FOLLOW-UP VISITS ARE A PART OF A GENERAL OPHTHALMOLOGICAL SERVICE—YOU ARE MEDICALLY EVALUATING THE EFFECT OF THE PRESENCE OF THE CONTACT LENS ON THE OCULAR TISSUE
CONTACT LENS SERVICES—BANDAGE LENS

• 92070—BANDAGE CONTACT LENS CODE—NO LONGER IN USE!!!! IT HAS BEEN DELETED. (I STILL GET QUESTIONS ON THIS)

• 92071—FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE
  • DO NOT REPORT 92071 IN CONJUNCTION WITH 92072
  • REPORT SUPPLY OF LENS SEPARATELY WITH 99070 OR APPROPRIATE SUPPLY CODE
CONTACT LENS SERVICES—KERATOCONUS

• 92072—FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING
  • FOR SUBSEQUENT FITTINGS, REPORT USING EVALUATION AND MANAGEMENT SERVICES OR GENERAL OPHTHALMOLOGICAL SERVICES
  • DO NOT REPORT 92072 IN CONJUNCTION WITH 92071
  • REPORT SUPPLY OF LENS SEPARATELY WITH 99070 OR APPROPRIATE SUPPLY CODE
HCPCS MATERIAL CODES

- V2510—CONTACT LENS, GP, SPHERICAL, PER LENS
- V2511—CONTACT LENS, GP, TORIC, PER LENS
- V2512—CONTACT LENS, GP, BIFOCAL, PER LENS
- V2513—CONTACT LENS, GP, EXTENDED WEAR, PER LENS
- V2520—CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS
- V2521—CONTACT LENS, HYDROPHILIC, TORIC, PER LENS
- V2522—CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS
- V2523—CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS
- V2530—CONTACT LENS, IP, SCLERAL, PER LENS
- V2531—CONTACT LENS, GP, SCLERAL, PER LENS
- V2627—SCLERAL COVER SHELL
- V2599—CONTACT LENS, OTHER TYPE
USING THE UNLISTED CODES

• USE THE “UNLISTED CODES” (92499 & V2599) FOR SERVICES AND MATERIALS THAT ARE BEYOND THE SCOPE OF THE OTHER CONTACT LENS PRESCRIBING CODES

• MEDICALLY NECESSARY LENSES IN THIS CATEGORY
  • HYBRID LENSES
  • HAND PAINTED PROSTHETIC LENSES
  • LENSES MADE FROM OCULAR SURFACE MOLDING

• NEED TO DESCRIBE IN BOX 19

• NEED LETTERS OF MEDICAL NECESSITY
IMPORTANT CONCEPTS

• THE DUMBEST OPTOMETRIC CONCEPT EVER!!
  • THE “CONTACT LENS FITTING FEE”
• THE SECOND DUMBEST OPTOMETRIC CONCEPT EVER!!
  • THE “CONTACT LENS CHECK”
• ONLY USE THE 92071 CODE FOR BANDAGE LENSES
• NCD 80.1—BANDAGE CONTACT LENS DETERMINATION
• NCD 80.4—APHAKIA AND COSMETIC EXCLUSION DETERMINATION
• NCD 80.6—SCLERAL SHELL DETERMINATION
Some hydrophilic contact lenses are used as moist corneal bandages for the treatment of acute or chronic corneal pathology, such as bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, neurotrophic keratoconjunctivitis, and for other therapeutic reasons.

Payment may be made under §1861(s)(2) of the Act for a hydrophilic contact lens approved by the Food and Drug Administration (FDA) and used as a supply incident to a physician's service. Payment for the lens is included in the payment for the physician's service to which the lens is incident. Contractors are authorized to accept an FDA letter of approval or other FDA published material as evidence of FDA approval. (See §80.4 of the NCD Manual for coverage of a hydrophilic contact lens as a prosthetic device.)
NATIONAL CARRIER DETERMINATION 80.4
COSMETIC EXCLUSION

Hydrophilic contact lenses are eyeglasses within the meaning of the exclusion in §1862(a)(7) of the Act and are not covered when used in the treatment of nondiseased eyes with spherical ametropia, refractive astigmatism, and/or corneal astigmatism. Payment may be made under the prosthetic device benefit, however, for hydrophilic contact lenses when prescribed for an aphakic patient.

Contractors are authorized to accept an FDA letter of approval or other FDA published material as evidence of FDA approval. (See §80.1 of the NCD Manual for coverage of a hydrophilic lens as a corneal bandage.)
Scleral shell (or shield) is a catchall term for different types of hard scleral contact lenses. A scleral shell fits over the entire exposed surface of the eye as opposed to a corneal contact lens which covers only the central non-white area encompassing the pupil and iris. Where an eye has been rendered sightless and shrunken by inflammatory disease, a scleral shell may, among other things, obviate the need for surgical enucleation and prosthetic implant and act to support the surrounding orbital tissue. In such a case, the device serves essentially as an artificial eye. In this situation, payment may be made for a scleral shell under §1861(s)(8) of the Act.

Scleral shells are occasionally used in combination with artificial tears in the treatment of “dry eye” of diverse etiology. Tears ordinarily dry at a rapid rate, and are continually replaced by the lacrimal gland. When the lacrimal gland fails, the half-life of artificial tears may be greatly prolonged by the use of the scleral contact lens as a protective barrier against the drying action of the atmosphere. Thus, the difficult and sometimes hazardous process of frequent installation of artificial tears may be avoided. The lens acts in this instance to substitute, in part, for the functioning of the diseased lacrimal gland and would be covered as a prosthetic device in the rare case when it is used in the treatment of “dry eye.”
PATIENT MANAGEMENT ISSUES

• HAVE YOUR STAFF CONFIRM ELIGIBILITY AND REIMBURSEMENTS PRIOR TO THE PATIENT COMING IN WHENEVER POSSIBLE

• MATCH APPROPRIATE ICD-9/10-CM DIAGNOSTIC CODES TO THE APPROPRIATE CPT AND HCPCS SERVICE CODES

• USE A PATIENT BROCHURE TO EXPLAIN THE PROCESS OF PRESCRIBING MEDICALLY NECESSARY CONTACT LENSES

• SEND LETTERS OF MEDICAL NECESSITY WHEN NEEDED (HAVE THEM ALREADY WRITTEN IN DOCUMENT TEMPLATES)
  • SOME PRIVATE CARRIERS REQUIRE LMN’S
  • WHEN USING THE -22 MODIFIER—ALWAYS
BROCHURE ON MEDICALLY NECESSARY CONTACT LENS PRESCRIBING
LETTERS OF MEDICAL NECESSITY (LMN’S)

July 3, 2012

Insurance Management Services
PO Box 14988
Anaconda, TX 71910

RE: Letter of Medical Necessity for Patient John Doe, Insured # 123456789

To Whom It May Concern:

I have examined Mr. Doe, who has Keratoconus, Stable Condition (CPT Code 307.61), and also, according to the 1999 American Medical Association “Definition of Medical Necessity,” qualifies for medically necessary contact lenses. It is, therefore, medically necessary for Mr. Doe to wear RGP (rigid gas permeable) contact lenses. I wrote this letter for review of benefits under Mr. Doe’s plan for the providing of contact lenses that are therapeutic and not cosmetic.

The service code (CPT) for this diagnosis is:
02562 Fitting of Contact Lenses for Management of Keratoconus, Initial Fitting
The fee for that service is $100.00

The material code (HCPCS) for this diagnosis is:
L3210 Contact lens, gas permeable, spherical, per box (Two lenses will be needed.)
The fee for these lenses is $499.00 for each box.

Please contact me immediately about Mr. Doe’s available benefit, or if you have any questions.

Sincerely,

[Signature]

Charles D. Newman, OD, FAAO

Office

[Address]

[City, State, ZIP]

[Phone]
[Fax]
[Email]
DOCUMENTATION

• REMEMBER, ALL DOCUMENTATION SHOULD SUPPORT YOUR DIAGNOSIS AND TREATMENT PLAN

• EACH TEST MUST BE RATIONAL TO THE DIFFERENTIAL DIAGNOSIS AS GUIDED BY THE CHIEF COMPLAINT

• FAILURE TO DOCUMENT FULLY THE CHIEF COMPLAINT, THE ASSOCIATED HPI, THE OBJECTIVE TESTING (INCLUDING THE ORDER, THE INTERPRETATION, AND CLINICAL DECISION MAKING), THE CL DIAGNOSTIC EVALUATION AND RESULTS MAY RESULT IN A FAILED AUDIT
CLINICAL EXAMPLES

LET’S WALK THROUGH ONE OR TWO OF THESE CASES
A KERATOCONUS PATIENT

- A 33 Y/O, WHITE, MALE
- REFERRED BY ANOTHER OD WITH A DX OF KERATOCONUS X 5 YRS TRANSFER OF CARE IMPLIED
- CC: MULTIPLE CL FAILURES
  - HPI: WORN CORNEAL RGP’S, MAINTAINS LESS THAN THREE HOURS OF LENS WEAR
- HX: OTHERWISE UNREMARKABLE
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<tr>
<td>99205</td>
<td>E/M, LEVEL 5, NEW PATIENT</td>
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<td>92015-22</td>
<td>REFRACTION, COMPLEX</td>
<td>$ 52.00</td>
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<tr>
<td>92285</td>
<td>EXTERNAL PHOTOGRAPHY</td>
<td>$ 23.23</td>
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<td>76514</td>
<td>PACHYMETRY</td>
<td>$ 16.89</td>
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<td>92025</td>
<td>CORNEAL TOPOGRAPHY</td>
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<tr>
<td>92286</td>
<td>SPECULAR MICROSCOPY</td>
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<td>92499-RT</td>
<td>ABEROMETRY</td>
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<td>92499-LT</td>
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<tr>
<td>92072-RT</td>
<td>PRESCRIBING FOR KERATOCONUS</td>
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<tr>
<td>V2599</td>
<td>CONTACT LENS, OTHER TYPE, PER LENS (2)</td>
<td>$440.00 (ULTRAHEALTH®)</td>
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<td>V2599</td>
<td>CONTACT LENS, OTHER TYPE, PER LENS (2)</td>
<td>$440.00 (ULTRAHEALTH®)</td>
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**TOTAL** $1,636.66

* 2017 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11
AN ANISOMETROPIA PATIENT

• A 25Y/O, WHITE, FEMALE, ESTABLISHED PATIENT

• CC: EYE STRAIN WITH GLASSES
  • HPI: ALSO POOR DEPTH PERCEPTION

• HX: OTHERWISE UNREMARKABLE

• MANIFEST REFRACTION
  • OD: - 5.00 - 3.75 X 140 20 / 25+2
  • OS: - 3.50 – 1.75 X 034 20 / 20+1

• CORNEAL CURVATURE
  • OD: 48.00 / 51.00 @ 037
  • OS: 42.00 / 43.00 @ 127
**BILLING FOR THE INITIAL VISIT**

- **DX:** ICD-10-CM: H52.31—ANISOMETROPIA

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<td>92025—CORNEAL TOPOGRAPHY</td>
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<tr>
<td>92286—SPECULAR MICROSCOPY</td>
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<td>92499-RT—ABBEROMETRY</td>
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<td>92313-RT—PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOSCLERAL</td>
<td>$107.76</td>
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<td>92313-LT-52—CORNEOSCLERAL</td>
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<td>V2521—CONTACT LENS, HYDROPHILIC, TORIC, PER LENS</td>
<td>$ 81.00**</td>
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<tr>
<td>V2521—CONTACT LENS, HYDROPHILIC, TORIC, PER LENS</td>
<td>$ 81.00**</td>
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**Total** $1,146.51

*2017 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11
VISION CARE PLAN MNCL BENEFITS

KNOW THESE PROCEDURES OR PAY THE PRICE
VISION CARE PLANS (VCP’S)

• VISION SERVICE PLAN (VSP)
• EYEMED (EM)
• SUPERIOR VISION
• VISION BENEFITS OF AMERICA (VBA)
• DAVIS VISION
• SPECTERA
VSP: VISUALLY NECESSARY CONTACT LENSES

• LOOK IN THE 2017 MANUAL
  • GO WWW.EYEFINITY.COM, AND LOG IN
  • CLICK “VSPONLINE” DOWN THE RIGHT-HAND SIDE
  • CLICK “MANUALS” DOWN THE LEFT-HAND SIDE
  • CLICK “VSP”
  • UNDER “PLANS AND COVERAGE,” CLICK “CONTACT LENS BENEFITS”
  • SCROLL DOWN TO “VISUALLY NECESSARY CONTACT LENSES”
  • PRINT THE PDF VERSION AND KEEP IT AVAILABLE TO ANSWER QUESTIONS
VSP: QUALIFIED DIAGNOSES

- APHAKIA
- NYSTAGMUS
- KERATOCONUS
- ANIRIDIA
- CORNEA TRANSPLANT
- HEREDITARY CORNEAL DYSTROPHIES
- ANISOMETROPIA $\geq 3.00$ D IN ANY MERIDIAN
- AMMETROPIA $\geq 10.00$D IN ANY MERIDIAN
- IRREGULAR ASTIGMATISM
VSP: QUALIFIED DIAGNOSES

• ACHROMATOPSIA
• ALBINISM
• POLYCHORIA, ANISOCORIA (CONGENITAL)
• PUPILLARY ABNORMALITIES
VSP VISUALLY NECESSARY CONTACT LENSES

• VISUALLY NECESSARY CONTACT LENSES AREN'T TYPICALLY COVERED FOR PATIENTS WHO HAVE RECEIVED ANY ELECTIVE COSMETIC EYE SURGERY (E.G., LASIK, PRK, OR RK). HOWEVER, PROCEDURES RESULTING WITH CONCERNS SUCH AS ECTASIA, SCARRING OR IRREGULAR CORNEAS CAUSING VISION PROBLEMS THAT REQUIRE CONTACT LENSES TO PROVIDE FUNCTIONAL VISION, ARE COVERED UNDER THE NCL BENEFIT, SO LONG AS PATIENTS MEET THE NCL CRITERIA.

• IRREGULAR ASTIGMATISM BILLED IN THE PRIMARY POSITION AS THE CHIEF MEDICAL COMPLAINT DOES NOT MEET NCL COVERAGE CRITERIA. IRREGULAR ASTIGMATISM IS A CONDITION CAUSED BY OTHER UNDERLYING DISORDERS.

• FEES BILLED TO VSP FOR ALL CONTACT LENS PLAN BENEFITS MUST BE CONSISTENT WITH YOUR U&C CHARGES, REGARDLESS OF THE PATIENT'S COVERAGE OR ALLOWANCES.
VSP VISUALLY NECESSARY CONTACT LENSES

• TO SUBSTANTIATE BILLING FOR KERATOCONUS, BE SURE YOUR RECORDS INCLUDE: PATIENT HISTORY; K READINGS; BCVA WITH REFRACTION; SLIT LAMP EXAMINATION OF THE CORNEA; CORNEAL TOPOGRAPHY OR ANTERIOR OCT OF THE CORNEA.

• ENSURE THAT YOUR MEDICAL RECORDS ACCURATELY SUPPORT THE DIAGNOSIS SUBMITTED ON THE CLAIM WHEN BILLING FOR VISUALLY NECESSARY CONTACT LENSES. BY DOING SO YOUR PAYMENT WILL NOT BE DENIED IF THE DIAGNOSIS BILLED IS SUBSTANTIATED BY THE CLINICAL FINDINGS DOCUMENTED IN THE PATIENT’S RECORD.

• FAILURE TO RECORD YOUR CONTACT LENS EVALUATIONS, FITTINGS AND FOLLOW-UPS MAY RESULT IN THE DENIAL OF PAYMENT FOR SERVICES.

• DO NOT BALANCE BILL YOUR PATIENT THE DIFFERENCE BETWEEN VSP’S ALLOWED AMOUNTS AND YOUR U&C FEES FOR MATERIALS. EXAM AND MATERIAL (SPECTACLE LENSES AND FRAME) COPAYS APPLY UNLESS OTHERWISE SPECIFIED. ANY FITTING FEES INCURRED AFTER THE INITIAL 90 DAY PERIOD ARE CONSIDERED A PRIVATE MATTER BETWEEN YOU AND THE PATIENT.
VSP VISUALLY NECESSARY CONTACT LENSES

• FILE ON E-CLAIM
• FOR ANISOMETROPIA AND HIGH AMMERTROPIA, PROVIDE THE SPECTACLE RX
• FOR SCLERAL LENSES, USE HCPCS V2531
  • DO NOT USE THE V2530; ONLY USE THE V2531
• BILL HYBRID LENSES WITH HCPCS V2599
• FOR SCLERAL AND HYBRID LENSES, PROVIDE THE BRAND AND TYPE IN BOX 19
  • STATE WHETHER OR NOT THE LENS IS A “SCLERAL” OR HYBRID”
  • PROVIDE THE MANUFACTURER AND THE BRAND
• USE THE V2599 FOR LENSES THAT DO NOT HAVE A HCPCS CODE
  • HAND PAINTED LENSES, ETC
VSP VISUALLY NECESSARY CONTACT LENSES

• PIGGYBACK BENEFIT IS AVAILABLE FOR A PATIENT WHO MEETS THE PREVIOUSLY DISCUSSED CRITERIA, AND WHO IS INTO TOLERANT OF GP LENSES
  • PROVIDE INFORMATION ON PIGGYBACK LENS IN BOX 19

• SPECTACLE LENSES TO WEAR OVER CONTACTS BENEFIT
  • APHAKIA (379.31, 743.35)
  • HIGH AMMETROPIA $\geq$ 10.00D
  • PRESBYOPIA (367.4)
  • ACCOMMODATIVE DISORDER
  • BINOCULAR FUNCTION DISORDER
  • DIFFERENT PRISM REQUIREMENTS FOR DISTANCE AND NEAR
  • PRESCRIPTION REQUIRED
  • CALL VSP (800-615-1883) FOR CLAIM NUMBER
  • 30 DAY TIME LIMIT

• 85% OF USUAL AND CUSTOMARY CHARGES FOR “CONTACT LENS EXAM SERVICES (FITTING AND EVALUATION)”
VSP: VISUALLY NECESSARY CONTACT LENSES

• THE BASIC EXAMINATION IS BILLED AND PAYABLE PER THE TERMS OF THE PLAN

• VSP REIMBURSES 85% OF USUAL AND CUSTOMARY CHARGES FOR “CONTACT LENS EXAM SERVICES (FITTING AND EVALUATION)”

• VSP REIMBURSES USUAL AND CUSTOMARY FEES FOR MATERIALS UP TO THE PLAN LIMITS
  • TWO SCHEDULES ON PLAN LIMITS
    • COVERED AND BASE VISUALLY NECESSARY CL MAXIMUMS
    • VISUALLY NECESSARY CL SPECIALTY MAXIMUMS
      • SERVICE DRIVEN OR DIAGNOSIS DRIVEN (SEE CHART)
      • MUST BILL 92072, 92311, OR 92312 OR ONE OF THE DIAGNOSES

• THE PATIENT IS RESPONSIBLE FOR EXAM AND MATERIAL COPAYMENTS
### Covered and Base Visually Necessary Contact Lens Maximums

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Annual Replacement¹</th>
<th>Planned Replacement¹</th>
<th>Daily Replacement¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>V2500*</td>
<td>$251</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2501*</td>
<td>$251</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2502*</td>
<td>$385</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2503*</td>
<td>$491</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2510*</td>
<td>$405</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2511*</td>
<td>$450</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2512*</td>
<td>$650</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2513*</td>
<td>$750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2520</td>
<td>$500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2521</td>
<td>$375</td>
<td>$525</td>
<td>$750</td>
</tr>
<tr>
<td>V2522</td>
<td>$525</td>
<td>$650</td>
<td>$810</td>
</tr>
<tr>
<td>V2523</td>
<td>$537</td>
<td>$650</td>
<td>$1000</td>
</tr>
<tr>
<td>V2530*</td>
<td>$475</td>
<td>$600</td>
<td>$625</td>
</tr>
<tr>
<td>V2531*</td>
<td>$499</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2599**</td>
<td>$987</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piggyback</td>
<td>$1,150</td>
<td>$1,500</td>
<td></td>
</tr>
</tbody>
</table>

¹ Maximums rounded to the nearest whole dollar.
# VSP VISUALLY NECESSARY CONTACT LENSES

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Annual Replacement&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Planned Replacement&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Daily Replacement&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>V2500*</td>
<td>$451</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2501*</td>
<td>$585</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2502*</td>
<td>$691</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2503*</td>
<td>$605</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2510*</td>
<td>$657</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2511*</td>
<td>$800</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2512*</td>
<td>$900</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2513*</td>
<td>$825</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2520</td>
<td>$500</td>
<td>$650</td>
<td>—</td>
</tr>
<tr>
<td>V2521</td>
<td>$679</td>
<td>$804</td>
<td>—</td>
</tr>
<tr>
<td>V2522</td>
<td>$750</td>
<td>$863</td>
<td>—</td>
</tr>
<tr>
<td>V2523</td>
<td>$650</td>
<td>$775</td>
<td>$800</td>
</tr>
<tr>
<td>V2530*</td>
<td>$700</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2531*</td>
<td>$2,300</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>V2599**</td>
<td>$1,300</td>
<td>$1,650</td>
<td>—</td>
</tr>
<tr>
<td>Piggyback</td>
<td>$1,300</td>
<td>$1,650</td>
<td>—</td>
</tr>
</tbody>
</table>
VSP VISUALLY NECESSARY CONTACT LENSES

1Annual Replacement is 1-2 units. Planned Replacement is 3-360 units. Daily Replacement is 361+ units.
*These services shouldn’t be billed for more than 2 units. If billed with higher unit counts, we’ll pay up to the Annual Replacement lens maximum.
**These services shouldn’t be billed for more than 360 units. If billed with higher unit counts, we’ll pay up to the Planned Replacement lens maximum.
***Effective 2/6/2012, maximum reimbursement increased to $2,300. For dates of service between 10/1/2011 and 2/5/2012 maximum reimbursement is $1,300.
****As of 7/16/2012, V2520, V2521, and V2522 with units of 361+ are not covered under the Specialty Maximums. For dates of service between 10/1/2011 to 7/15/2012 maximum reimbursement is: V2520= $698; V2521= $833; V2522= $950.
EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

• GO TO PORTAL.EYEMEDVISIONCARE.COM
• CLICK ON “PROVIDERS”
• CLICK ON “LOGIN / REGISTER”
• CLICK ON “MANUALS”
• CLICK WWW.EYEMEDINFOCUS.COM LOG INTO SITE
• CLICK ON “HOW OUR PLANS WORK”
• CLICK ON “CONTACT LENS BENEFITS”
• CLICK ON “MEDICALLY NECESSARY CONTACT LENS BENEFIT”
EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

• ANISOMETROPIA ≥ 3.00D
• HIGH AMETROPIA ≥ +/- 10.00D
• KERATOCONUS
• VISION IMPROVEMENT OTHER THAN KERATOCONUS FOR MEMBERS WHOSE VISION CAN BE CORRECTED BY TWO LINES ON THE VISUAL ACUITY CHART WHEN COMPARED TO THE BEST CORRECTED STANDARD SPECTACLE LENSES.
• PEDIATRIC ANIRIDIA (CA ONLY)
• PEDIATRIC APHAKIA (CA ONLY)
• PEDIATRIC CORNEAL DISORDER OR POST-TRAUMATIC DISORDER (CA HEALTH NET)
• PEDIATRIC PATHOLOGICAL MYOPIA (CA HEALTH NET)
EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

• KERATOCONUS
  • EMERGING/MILD: CONTACT LENSES IN THIS TIER ARE ANTICIPATED TO INCLUDE, HOWEVER NOT BE LIMITED TO, SCLERAL, SEMI-SCLERAL AND HYBRID DESIGNS/MATERIALS. THE BELOW SEVERITY SCALE APPLIES:
    • MULTIPLE SPECTACLE REMAKES
  • UNSTABLE TOPOGRAPHY
  • LIGHT SENSITIVITY/GLARE ISSUES
  • SIGNS INCLUDING FLEISCHER RING, VOGT’S STRIAE AND SCISSOR REFLEX WITH RETINOSCOPY
  • NO SCARRING
  • TOPOGRAPHY (STEEP K <53D)
  • CORNEAL THICKNESS >475 MICRONS
EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

• KERATOCONUS

• **MODERATE/SEVERE**: Patients who begin in the emerging or mild categories and are not successful with contact lens materials and keratoconus designs may be elevated into this moderate/severe tier. Contact lenses in this tier are anticipated to include however not be limited to scleral, semi-scleral and hybrid designs/materials. Patients who qualify as moderate/severe will have all of the emerging/mild symptoms, plus mild to no scarring or some scarring

• TOPOGRAPHY (STEEP K OF 53D OR HIGHER)

• CORNEAL THICKNESS UP TO 475 MICRONS

• REFRACTION NOT MEASURABLE
EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

• ONE BENEFIT PER CALENDAR YEAR
• CALL 888-581-3648 FOR AUTHORIZATION
• REPORT ON A EYEMED NECESSARY CONTACT LENS FORM (DOWNLOAD) AND FAX TO 866-293-7373
## EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

<table>
<thead>
<tr>
<th>Qualifying Criteria</th>
<th>Contracted Provider Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anisometropia</td>
<td>95% of U&amp;C up to $700</td>
</tr>
<tr>
<td>High Ammetropia</td>
<td>95% of U&amp;C up to $700</td>
</tr>
<tr>
<td>Keratoconus</td>
<td>95% of U&amp;C up to $1,200 (Mild/Moderate)</td>
</tr>
<tr>
<td></td>
<td>95% of U&amp;C up to $2,500 (Advanced/Ectasia)</td>
</tr>
<tr>
<td>Vision Improvement</td>
<td>95% of U&amp;C up to $2,500</td>
</tr>
</tbody>
</table>
# EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

<table>
<thead>
<tr>
<th>Qualifying Criteria</th>
<th>Contracted Provider Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Only in CA for Pediatric Plan)</td>
<td></td>
</tr>
<tr>
<td>Pediatric Aniridia</td>
<td>95% of U&amp;C up to $3,730</td>
</tr>
<tr>
<td>Pediatric Aphakia</td>
<td>95% of U&amp;C up to $5,800</td>
</tr>
<tr>
<td>Pediatric Corneal &amp; Post-Trauma Disorder</td>
<td>95% of U&amp;C up to $2,500</td>
</tr>
<tr>
<td>(Billed as Visual Improvement)</td>
<td></td>
</tr>
<tr>
<td>Pediatric Pathological Myopia</td>
<td>95% of U&amp;C up to $700</td>
</tr>
</tbody>
</table>
## EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

<table>
<thead>
<tr>
<th>Qualifying Criteria</th>
<th>Non-Standard Medically Necessary Contact Lens Codes*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anisometropia</td>
<td>92310AN</td>
</tr>
<tr>
<td>High Ametropia</td>
<td>92310HA</td>
</tr>
<tr>
<td>Keratoconus</td>
<td>92072</td>
</tr>
<tr>
<td>Vision Improvement</td>
<td>92310VI</td>
</tr>
<tr>
<td>Pediatric Aniridia</td>
<td>92310AI</td>
</tr>
<tr>
<td>Pediatric Aphakia</td>
<td>92310AP</td>
</tr>
<tr>
<td>Pediatric Corneal Post-Trauma Disorder</td>
<td>92310VI</td>
</tr>
<tr>
<td>Pediatric Pathological Myopia</td>
<td>92310PM</td>
</tr>
</tbody>
</table>
# EYEMED MEDICALLY NECESSARY CONTACT LENS CLAIM FORM

<table>
<thead>
<tr>
<th>Patient Information (Required)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Information (Required)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
<td>First Name</td>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td><strong>Birth Date (MM/DD/YYYY)</strong></td>
<td>Telephone Number (with area code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member ID # (if applicable)</td>
<td>Relationship to the Subscriber:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber Information (Required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
<td>First Name</td>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td><strong>Birth Date (MM/DD/YYYY)</strong></td>
<td>Telephone Number (with area code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision Plan Name</strong></td>
<td>Vision Plan/Group #</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Service (Required) (MM/DD/YYYY)</strong></td>
<td>Authorization # :</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EyeMed
4000 Luxottica Place
Cincinnati, OH 45240
Visit us online at: www.eyemed.com
Fax claim form to 888-288-7373
# EYEMED MEDICALLY NECESSARY CONTACT LENS CLAIM FORM

| Medically Necessary Codes (includes contact lens evaluation/fit & follow-up and materials) - SUBMIT AS PRIMARY |
| Check ALL CODES that fit from the list below. As published in the Eyemed Provider Manual. |

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-10 Code</th>
<th>U&amp;C $</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anisometropia</td>
<td>I-582.0</td>
<td>346.44</td>
<td></td>
</tr>
<tr>
<td>Keratoconus (Mild/Moderate)</td>
<td>H18.802</td>
<td>346.44</td>
<td></td>
</tr>
<tr>
<td>Keratoconus (Advanced/Exotic)</td>
<td>H18.802</td>
<td>346.44</td>
<td></td>
</tr>
<tr>
<td>Vision Improvement</td>
<td>H25.0</td>
<td>346.44</td>
<td></td>
</tr>
</tbody>
</table>

Select the appropriate ICD-10 code based on the diagnosis and the U&C amount applicable for services and materials.
SUPERIOR VISION NON ELECTIVE/MEDICALLY NECESSARY CONTACT LENS BENEFIT

• GO TO [WWW.SUPERIORVISION.COM](http://WWW.SUPERIORVISION.COM)
• CLICK “PROVIDERS”
• LOG IN WITH USER NAME AND PASSWORD
• CLICK “PROVIDER RESOURCES” DOWN THE LEFT HAND SIDE
• CLICK “EMPLOYER GROUP”
• CLICK “FORMS AND PUBLICATIONS”
• CLICK ON “MEDICALLY NECESSARY CONTACT LENS CLAIM REIMBURSEMENT AUTHORIZATION FORM”
**SUPERIOR VISION SERVICES, INC.**

Non Elective / Medically Necessary Contact Lens Benefit

Claim Reimbursement Information Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today's Date</td>
<td>Date of service</td>
</tr>
<tr>
<td>Medicare ID</td>
<td>Identification number</td>
</tr>
<tr>
<td>Insured Name</td>
<td>Name of insured person</td>
</tr>
<tr>
<td>Policy Number</td>
<td>Policy number</td>
</tr>
<tr>
<td>Provider ID</td>
<td>Identification number</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Name of provider</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
<td>Contact number</td>
</tr>
</tbody>
</table>

**Definitions:**

- Contact lenses which are considered for the medically necessary conditions are described below. Reimbursement for these lenses will be according to the fee schedule for medically necessary contact lenses.

Please check the appropriate box indicating the patient's condition:

1. **Astigmatism with cylindrical lenses:** A pair of single vision lenses or dual-focal lenses and frames can be provided with the contact lenses.
2. **Cataract surgery:** A pair of single vision lenses or dual-focal lenses and frames can be provided with the contact lenses.
3. **Presbyopia:** A pair of single vision lenses or dual-focal lenses and frames can be provided with the contact lenses.
4. **Keratoconus:** Please attach copy of keratometry, K-readings, & slit-lamp.
5. **Other:** Please attach copy of written examination report to this form.

**Notes:**

---

**Superior Vision Response:**

Approved for claims reimbursement at the rate of $ _

Member is responsible for the fitting fee.

Member has exceed fitting of $ _ and is responsible for all charges exceeding $ on the fit. Denied for claims reimbursement because.

The claim may be submitted via the Superior Vision Website www.supervision.co.nz or 1000 form. This document is for your records.

Superior Vision Services, Inc. 800-920-4766

Telephone Date

November 15, 2013
**SUPERIOR VISION NON ELECTIVE/MEDICALLY NECESSARY CONTACT LENS BENEFIT**

**Definition:** Contact lenses which are considered for the medically necessary conditions as described below. Reimbursement for these lenses will be according to the fee schedule for medically necessary contact lenses.

**Please check the appropriate box indicating the patient’s condition.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Aphakia (after cataract surgery) A pair of single vision lenses or multi-focal lenses and frames can be provided with the contact lenses.</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better)</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weaker eye.</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Keratoconus: Please attach copy of Topography, K-Readings, &amp; chart notes.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Other: Please attach copy of written examination report to this form.</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

---

---
### Superior Vision Response:

<table>
<thead>
<tr>
<th>Approved for claim reimbursement at the rate of $__________</th>
<th>Member is responsible for the fitting fee.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Member has covered fitting copay of $____ and is responsible for billed charges exceeding $50 on the fit.</th>
<th>Denied for claim reimbursement Reason:</th>
</tr>
</thead>
</table>

The claim may be submitted via the Superior Vision Website www.superiorvision.com or 1500 form. This document is for your records.
OTHER BILLING CONSIDERATIONS

• KNOW YOUR CHAIR COSTS (NOV, 2008 SPECTRUM)

• KNOW HOW MUCH TIME IT TAKES TO PRESCRIBE, ORDER, RECEIVE, DISPENSE, INSTRUCT, AND FOLLOW THROUGH ADAPTATION EACH TYPE OF SPECIALTY LENS

• ADD YOUR PROFIT FOR A RATIONAL AND DEFENSIBLE INITIAL DISPENSING FEE

• CHARGE FOR FOLLOW UP VISITS AFTER THAT

• KNOW THE LENS COST, NUMBER OF LENSES PER EYE IT TAKES TO ACHIEVE SUCCESS, THE RETURN POLICY, AND THE DELIVERY COST OF EACH LENS

• ADD YOUR PROFIT FOR A RATIONAL AND DEFENSIBLE LENS FEE
FINAL THOUGHT

- The gross per patient visit for prescribing specialty contact lenses, especially medically necessary lenses, is nearly twice the national average for all other types of eye care.

- These patients need glasses also.

- These patients have other medical conditions also:
  - Glaucoma
  - Dry eye disease
  - Macular degeneration
CONCLUSIONS

• KNOW WHAT THE CONTRACTS SAY FOR EACH CONTRACT FOR EACH CODE THAT YOU USE IN YOUR OFFICE

• USE THE CORRECT CODES AND MODIFIERS TO MAXIMIZE THE REIMBURSEMENT FOR THE SERVICES RENDERED

• BILL APPROPRIATELY FOR ALL OF YOUR SERVICES—FORGET ABOUT “FITTING FEES”

• MAKE SURE THAT YOUR FEES ARE IN LINE WITH THE CONTRACTS THAT YOU HAVE SIGNED, BUT HIGH ENOUGH TO BE COMMENSURATE WITH THE COMPLEXITY, TIME, AND LIABILITY INVOLVED

• LEARN TO CONSULT WITH YOUR COLLEAGUES—IT WON’T HURT ONE BIT

• LEARN TO PROMOTE THIS ASPECT OF YOUR PRACTICE
CONCLUSIONS

• BE CONSISTENT

• HAVING THE RIGHT TOOLS—KNOW WHERE TO FIND THE INFORMATION, I.E., CODE BOOKS, CONTRACTS, ETC.

• DON’T BE A SLAVE TO THIRD PARTY PAYERS—YOU DECIDE WHAT TESTS AND PROCEDURES NEED TO BE DONE; THEY DECIDE WHAT THEY WILL PAY FOR

• COMMUNICATE WITH YOUR PATIENTS

• DON’T BE AFRAID TO APPEAL REJECTIONS OR SEND THIRD PARTY PAYERS TO COLLECTION (BE CAREFUL ABOUT THE ARBITRATION AGREEMENTS IN YOUR CONTRACTS)
THANK YOU!

ANY QUESTIONS?

CDNEWMAN@EARTHLINK.NET