

# Codes for Medically Necessary Contact Lenses

## CPT Codes for Medically Necessary Prescribing

### 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.”

**92310 (92314\*)—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 (92315\*)— Prescription of Optical and Physical Characteristics of and Fitting of Contact Lens, With Medical Supervision of Adaptation; Corneal Lens for Aphakia, One Eye**

**92312 (92316\*)— Prescription of Optical and Physical Characteristics of and Fitting of Contact Lens, With Medical Supervision of Adaptation; Corneal Lens for Aphakia, Both Eyes**

**92313 (92317\*)— Prescription of Optical and Physical Characteristics of and Fitting of Contact Lens, With Medical Supervision of Adaptation; Corneoscleral Lens**

(\*) Denotes codes for same service when provided by a technician

**92325—Modification of Contact Lens (Separate Procedure), With Medical Supervision of Adaptation**

**92326—Replacement of Contact Lens**

**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**

**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 Codes for Medically Necessary Prescribing**

**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**

**V2531—Contact Lens, GP, Scleral, Per Lens**

**V2599—Contact Lens, Other Type**

**V2627—Scleral Cover Shell**

**V2799—Vision Item or Service, Miscellaneous**

### ICD-10-CM Codes for Medically Necessary Contact Lens Prescribing

Code Descriptor	ICD-10 Code
Progressive high (degenerative) myopia	H44.23
Hypermetropia	H52.03
Myopia	H52.13
Astigmatism, regular	H52.229
Astigmatism, irregular	H52.219
Anisometropia	H52.31
Aniseikonia	H52.32
Presbyopia	H52.4
Protan defect	H53.54
Deutan defect	H54.53
Tritan defect	H54.55
Nystagmus	H55.00—H55.09
Absence of iris (Aniridia)	Q13.1
Achromatopsia	H53.51
Adherent leukoma	H17.00—H17.03
Albinism	E70.20—E70.9
Anterior corneal pigmentations	H18.011—H18.019
Aphakia	H27.00—H27.03
Arcus senilis	H18.411—H18.419
Argentous corneal deposits	H18.021—H18.029
Atrophy of the globe	H44.52
Band keratopathy	H18.421—H18.429
Bullous keratopathy	H18.10—H18.13
Central corneal opacity	H17.10—H17.13
Coloboma of iris	Q13.0

Code Descriptor	ICD-10 Code
Congenital aphakia	Q12.3
Congenital corneal opacity	Q13.3
Corneal ectasia	H18.711—H18.719
Corneal scars and opacities	H17.00—H17.9, A18.59
Corneal staphyloma	H18.721—H18.729
Corneal transplant failure	T86.841
Corneal transplant rejection	T86.840
Corneal transplant status	Z94.7
Corrosion of cornea and conjunctival sac	T26.60XA—T26.62XS
Deep vascularization of cornea	H16.441—H16.449
Corneal edema, other and unspecified	H18.20—H20.239
Displacement of other ocular prosthetic devices, implants and grafts	T85.328A—T85.328S
Endothelial corneal dystrophy	H18.51
Epithelial (juvenile) corneal dystrophy	H18.52
Folds and rupture in Bowman's membrane	H18.311—H18.319
Graft-versus-host disease	D89.813
Granular corneal dystrophy	H18.53
Keratitis	H16.001—H16.079
Keratoconus, unspecified	H18.601—H18.629
Keratoconjunctivitis sicca, not specified as Sjögren's	H16.22
Keratoconus, stable	H18.611—H18.619
Keratoconus, unstable	H18.621—H18.629
Keratomalacia	H18.441—H18.449
Lagophthalmos	H02.201—H02.209
Leukocoria	H44.53
Mydriasis (Persistent)	H57.04
Other corneal scars and opacities	H17.89

Code Descriptor	ICD-10 Code
Other hereditary corneal dystrophies	H18.59
Other injuries of eye and orbit	S05.8X1A—S05.8X9S
Other keratitis	H16.8
Other mechanical complication of other ocular prosthetic devices, implants and grafts	T85.398A--T85.398S
Other tuberculosis of eye	A18.59
Penetrating wound with foreign body	S05.50XA—S05.52XS
Peripheral corneal degeneration	H18.461—H18.469
Peripheral opacity of cornea	H17.821—H17.829
Photokeratitis	H16.13
Posterior corneal pigmentations	H18.051—H18.059
Presence of intraocular lens	Z96.1
Pupillary abnormality	H21.561—H21.569
Recurrent erosion of cornea	H18.831—H18.839
Sjögren's Syndrome	M35.0
Stromal corneal pigmentations	H18.061—H18.069
Unspecified corneal deformity	H18.70
Unspecified corneal degeneration	H18.40
Unspecified corneal edema	H18.20
Unspecified corneal membrane change	H18.30
Unspecified corneal scar and opacity	H17.9
Unspecified hereditary corneal dystrophies	H18.50
Unspecified injury of unspecified eye and orbit	S05.90XA—S05.92XS
Vitamin A deficiency with xerophthalmic scars of cornea	E50.6