
Vision Care Services Payment Policy

Policy Statement

This policy outlines coverage and reimbursement requirements for vision care services. Vision care involves the diagnosis and treatment of eye diseases, disorders and injuries. Services include routine eye exams, special ophthalmological services, surgeries related to the eye and ocular adnexa, and vision hardware (frames, lenses, contact lenses).

Scope

This policy applies to:

- ☒ **Medicaid** *excluding Extended Family Planning (EFP)*
- ☒ **INTEGRITY**
- ☒ **Commercial**

Prerequisites

All services must be medically necessary to qualify for reimbursement. Neighborhood may use the following criteria to determine medical necessity:

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Industry accepted criteria such as InterQual
- Rhode Island Executive Office of Health and Human Services (EOHHS) recommendations
- Clinical Medical Policies (CMP)

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).

Please contact Provider Services at 1-800-963-1001 for additional details.

Coverage & Reimbursement Requirements

Routine Eye Exam

A routine vision examination involves a series of tests to evaluate vision and check for eye diseases.

Medical Vision Exams (Non-Routine)

Medical vision exams are the examination and evaluation of a new or existing condition with initiation of a diagnostic and treatment program. This includes the prescription of medication, and arranging for



special ophthalmological diagnostic or treatment services, consultations, laboratory procedures and radiological services.

Medicaid

Adults (21 years and older):

- Routine Eye Exam covered once (1) every two (2) rolling years
- Diabetic Eye Exams covered as medically necessary
- Eyeglasses - frames are covered once (1) every two (2) rolling years. Lenses are covered as medically necessary.
- Adult members may select contact lenses in lieu of eyeglasses if medical necessity indicates the contact lenses provide better management of the member's visual or ocular condition than would be achieved with eyeglasses.
- Other medically necessary treatment for illness or injury to the eye is covered

Note: As of the day a member turns age 21, the 2 years is calculated from the member's last claim(s) for exam and eyeglasses.

Children (under 21 years):

- Eye Exams covered as medically necessary
- Eyeglasses and contact lenses
 - Lenses- covered as medically necessary
 - Frames- Documentation of the need of a second pair must be in the patients record and may be required for all frames submitted after the first pair rendered to the same patient in a twelve (12) month period
 - Reimbursement is available for replacement of lost eyeglasses. The replacement for a complete pair of eyeglasses must duplicate the original prescription and frames.*
 - Reimbursement is available for repair or replacement of eyeglass parts purchased to repair a frame in situations where the damage is the result of causes other than defective materials or workmanship. Replacement parts must duplicate the original prescription and frames.*

*Replacement pair must be an exact duplicate of the initial pair unless the documentation cites the reason for any discrepancies.

INTEGRITY

- Routine Eye Exams are covered once (1) every two (2) rolling years
- Diabetic Eye Exams are covered once (1) every one (1) rolling year
- Eyeglasses - frames are covered once (1) every two (2) rolling years. Lenses are covered as medically necessary
- Members may select one (1) pair of contacts in lieu of eyeglasses if medical necessity indicates the contacts provide better management of the member's visual or ocular condition than would be achieved with eyeglasses.



- Post cataract eyeglasses (frames and lenses) or contact lenses are covered after each cataract surgery when an intraocular lens is inserted.
- Glaucoma screenings for high risk members are covered once (1) every one (1) rolling year
- Other medically necessary treatment for illness or injury to the eye is covered

Commercial

Adults (age 19 years and older):

- Routine Eye Exams are covered once (1) per plan year
- Diabetic Eye Exams are covered as medically necessary
- Other medically necessary treatment for illness or injury to the eye is covered
- Eyeglasses (frames and lenses) are covered once (1) per plan year*
- Contact Lenses are covered for one (1) prescription per plan year*

* Eyeglasses and Contact Lenses are covered for SHOP plans only. Member is responsible for payment to provider and Neighborhood will reimburse member up to \$150 once per plan year.

Children (under 19 years):

- Routine Eye Exams are covered once (1) per plan year
- Comprehensive low vision evaluation is covered once (1) every five (5) plan years
- Low vision follow up care visits are covered four (4) times every five (5) plan years
- Low vision aid devices are reimbursed up to \$600 per device when medically necessary
- Eyeglasses (frames and lenses) are covered once (1) per plan year*
- Contact Lenses are covered for one (1) prescription per plan year*

* Reimbursement is allowed for only one (1) of either eyeglasses or contact lenses per plan year.

Coverage Exclusions

- Refraction services are not separately reimbursable when billed with a routine or medical eye exam or an evaluation and management service.
- Fitting of eyeglasses (unless billed with new frames and/or lenses) is not reimbursable.
- Repair and refitting of eyeglasses is not separately reimbursable
- Replacement of lost or stolen eyewear is non covered for Medicaid adults, Commercial and INTEGRITY members
- Nonprescription lenses
- Polycarbonate lenses for adults (age 21 years and older)
- Two (2) pairs of eyeglasses in lieu of bifocals
- Contact lens insurance
- Additional prescriptive eyewear for computer use, sports, and driving are not covered
- Prescription Sunglasses



- Lasik Surgery

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Medicaid children (under 21 years)

Documentation of the need of a second pair must be in the patient's record and may be required for all frames submitted after the first pair rendered to the same patient in a twelve (12) month period. For replacement frames/lenses documentation must include:

- Reason for replacement
- Frame manufacturer
- Frame color
- For replacement frames that do not duplicate the original frames, documentation must include reason for difference.

For repair of frames documentation must include the reason for repair.

All documentation for glasses must include the date of dispensing the glasses as well as the signature and license number of the optician/optometrist dispensing them.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

Coding

Routine Vision Exam

Routine Vision Exams must be billed with one of the below diagnosis and a code from Table 1:

- Z01.00
- Z01.01

Table 1:

CPT Code	Description
S0620	Routine ophthalmological examination including refraction; new patient

S0621	Routine ophthalmological examination including refraction; established patient
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Diabetic Eye Exams

Diabetic Eye Exams must be billed with one of the below diagnosis codes and code from Table 2:

- E08.00 to E08.29
- E08.40 to E09.29
- E09.40 to E10.29
- E10.40 to E11.29
- E11.40 to E13.29
- E13.40 to E13.9

Medically Necessary Eye Exams

Medically Necessary Eye Exams must be billed with one of the below diagnosis codes and code from Table 2:

- | | |
|--------------------|------------------------|
| • A18.50 to A18.59 | • D31.00 to D31.92 |
| • A50.31 | • E08.311 to E08.39 |
| • A51.43 | • E09.311 to E09.39 |
| • A54.30 to A54.39 | • E10.311 to E10.39 |
| • A71.0 to A74.0 | • E11.311 to E11.39 |
| • A74.89 | • E13.311 to E13.9 |
| • B00.50 to B00.59 | • G44.1 |
| • B02.32 | • G45.3 |
| • B02.33 | • H00.011 to H59.89 |
| • B02.39 | • Q10.0 to Q15.9 |
| • B30.0 to B30.9 | • R44.1 |
| • B39.4 to B39.9 | • R48.3 |
| • B58.01 | • S00.10XA to S00.279S |
| • B58.09 | • S01.101A to S01.159S |
| • B60.12 | • S05.00XA to S05.92XS |
| • B60.13 | • T15.00XA to T15.92XS |
| • C69.00 to C69.92 | • T26.00XA to T26.92XS |
| • D09.20 to D09.22 | • Z96.1 |

Table 2:

CPT Code	Description
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

CPT Code	Description
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
92015	Determination of refractive state
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

CPT Code	Description
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with

CPT Code	Description
	the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

All Other Vision Services

All Other Vision Services must be billed with one of the codes from Table 3:

Table 3:

CPT Code	Description
65765	Keratophakia
66710	Ciliary body destruction; cyclophotocoagulation, transscleral
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
92020	Gonioscopy (separate procedure)
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or

CPT Code	Description
	semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92230	Fluorescein angiography with interpretation and report
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral
92250	Fundus photography with interpretation and report
92260	Ophthalmodynamometry
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report

CPT Code	Description
92270	Electro-oculography with interpretation and report
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)
92283	Color vision examination, extended, eg, anomaloscope or equivalent
92284	Dark adaptation examination with interpretation and report
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography
92310	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	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal scleral lens
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation

CPT Code	Description
92326	Replacement of contact lens
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92352	Fitting of spectacle prosthesis for aphakia; monofocal
92353	Fitting of spectacle prosthesis for aphakia; multifocal
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
C1840	Lens, intraocular (telescopic)
S0515	Scleral lens, liquid bandage device, per lens
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
S0812	Phototherapeutic keratectomy (PTK)
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral
V2020	Frames, purchases
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, 0.12 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, 0.12 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

CPT Code	Description
V2109	Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2110	Sphero-cylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens
V2111	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2112	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens
V2113	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2114	Sphero-cylinder, 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
V2203	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2204	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2205	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2206	Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2207	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2208	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2209	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2210	Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens

CPT Code	Description
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 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, 0.12 to 2.00d cylinder, per lens
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 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
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 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

CPT Code	Description
V2311	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2312	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2313	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2314	Sphero-cylinder, 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
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
V2525	Contact lens, hydrophilic, dual focus, per lens
V2600	Hand held low vision aids and other nonspectacle mounted aids

CPT Code	Description
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
V2623	Prosthetic eye, plastic, custom
V2624	Polishing/resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer
V2629	Prosthetic eye, other type
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
V2700	Balance lens, per lens
V2715	Prism, 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	Antireflective coating, per lens
V2755	U-V 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
V2785	Processing, preserving and transporting corneal tissue
V2797	Vision supply, accessory and/or service component of another HCPCS vision code
V2799	Vision item or service, miscellaneous



Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
06/20/2025	Annual policy review. No content changes
07/01/2024	Annual policy review. Updated coverage and reimbursement requirements language for Medicaid children. Updated lens reimbursement requirements language for INTEGRITY
09/05/2023	Language added to clarify lens limits for Medicaid adults. Added V2525 to Table 3.
03/29/2023	Policy Review Date. Updated language to define frame documentation requirements for Medicaid children 21 and under.
04/27/2022	Corrected age ranges under Commercial.
03/01/2022	Effective date for revisions reviewed 9/29.
09/29/2021	Policy Review/Revisions: Combine Vision & Ophthalmology Policies, Format update, Update language for refractions, eyeglass fitting, repairs, Coding updates, Documentation requirements updates.
09/01/2013	Policy Review/Revisions: Format change, added rendering provider language, added date of service language, added supportive diagnosis and coding guideline language
07/01/2011	Original Policy Effective Date