

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

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

**CLARKE D. NEWMAN, OD, FAAO, FBCLA, FSLS, FNAP**

**2020**

**GPLI**

# FINANCIAL DISCLOSURES

- PAID CONSULTANT
  - COOPERVISION
  - GPLI
  - REVIEW OF OPTOMETRY
  - NOVARTIS
  - PERCEPT
- FDA MEDICAL DEVICES ADVISORY COMMITTEE—OPHTHALMIC DEVICE PANEL, CONSUMER REPRESENTATIVE
- EXPERT TESTIMONY
- CONTRIBUTING EDITOR: *CONTACT LENS SPECTRUM*
- NO PROPRIETARY INTEREST IN ANY SUBJECTS DISCUSSED
- FDA “OFF-LABEL” USES WILL BE DISCUSSED

# FDA DISCLOSURE AND DISCLAIMER

- FDA MEDICAL DEVICES ADVISORY COMMITTEE—OPHTHALMIC DEVICE PANEL, CONSUMER REPRESENTATIVE
- I AM HERE AS A PRIVATE CITIZEN
- I AM NEITHER REPRESENTING NOR SPEAKING FOR FDA OR THE EXECUTIVE BRANCH OF THE FEDERAL GOVERNMENT
- I WILL NOT ADDRESS THE USE OR EFFICACY OF ANY SPECIFIC PRODUCT APPROVED BY FDA OR UNDER PREMARKET EVALUATION OR POST-MARKET SURVEILLANCE

# 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

## BIG-TIME DISCLAIMER!!!!!!

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!**

# 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!

The image features a light gray background with a subtle gradient. In the top-left and bottom-right corners, there are several realistic water droplets of various sizes, rendered with soft shadows and highlights to give them a three-dimensional appearance. The central text is in a bold, black, sans-serif font.

**“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...



The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# WHAT IS A “THIRD PARTY” PAYOR RELATIONSHIP?

**FIRST AND FOREMOST—IT IS A CONTRACT  
RELATIONSHIP!!!**

# WHAT IS A “THIRD PARTY” PAYER RELATIONSHIP?

- PRIVATE CARRIERS
  - DEFINITIONS
  - LIMITS
    - REIMBURSEMENT FEE SCHEDULES
    - ELIGIBILITY PERIODS
  - EXCLUSIONS
    - PRE-EXISTING CONDITIONS
    - PLAN LIMITS
- CARRIER DETERMINATION POLICIES
- CONTRACTUAL OBLIGATIONS
  - FILING REQUIREMENTS
  - BALANCE BILLING POLICIES
  - INCLUSIONS POLICIES
- CIVIL REMEDIES

# 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](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

# THE OPTOMETRIC FINANCIAL OATH

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.

# PROPER STORAGE FACILITY FOR MOST CONTRACTS



# 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).

# THE CMS DEFINITION

- 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.

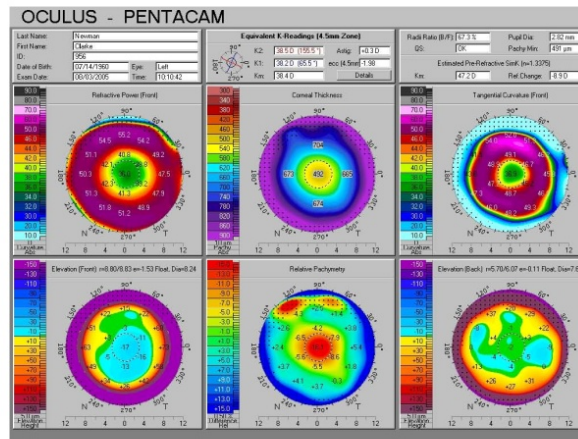
# WHAT DOES THAT MEAN?

- 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)
- THE SERVICE OR PROCEDURE CANNOT BE EXPERIMENTAL AND MUST BE AT LEAST AS EFFECTIVE AS OTHER WELL-ESTABLISHED TREATMENTS

# 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



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

- 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
  - [370.31] Phlyctenular Keratoconjunctivitis
  - [371.31] Folds and Rupture of Bowman's Membrane
  - [371.46] Nodular Degeneration of Cornea (Salzman's)
  - [371.48] 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
  - [371.62] Keratoconus, Acute Hydrops
  - [371.70] Corneal Deformity, Unspecified
  - [371.70] Keratoglobus
  - [371.10] Pellucid Marginal Degeneration
  - [371.43] Bank-Shaped Keratopathy
  - [371.46] Nodular Corneal Degeneration
  - [372.41] Peripheral Pterygium, Stationary
  - [372.42] Peripheral Pterygium, Progressive
  - [43.41] Anomalies of Corneal Size and Shape

- Plan:**
- Monitor
  - Prescribe Medically Necessary Contact Lenses
  - Refer for Surgical Consultation
  - Initiate Medical Therapy

# 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:

- |                                                                                  |                                                                                                                                                                                           |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No Detectable Defect                                    | <input type="checkbox"/> (371.61) Keratoconus, Stable Condition                                                                                                                           |
| <input type="checkbox"/> (367.21) Regular Astigmatism                            | <input type="checkbox"/> KSS 0 <input type="checkbox"/> KSS 1 <input type="checkbox"/> KSS 2 <input type="checkbox"/> KSS 3 <input type="checkbox"/> KSS 4 <input type="checkbox"/> KSS 5 |
| <input type="checkbox"/> (367.22) Irregular Astigmatism                          | <input type="checkbox"/> (371.62) Keratoconus, Acute Hydrops                                                                                                                              |
| <input type="checkbox"/> (368.10) Subjective Visual Disturbance, Unspecified     | <input type="checkbox"/> (371.70) Corneal Deformity, Unspecified                                                                                                                          |
| <input type="checkbox"/> (368.15) Other Visual Distortions                       | <input type="checkbox"/> (371.70) Keratoglobus                                                                                                                                            |
| <input type="checkbox"/> (371.03) Central Opacity of Cornea                      | <input type="checkbox"/> (371.10) Pellucid Marginal Degeneration                                                                                                                          |
| <input type="checkbox"/> (370.31) Phlyctenular Keratoconjunctivitis              | <input type="checkbox"/> (371.43) Bank-Shaped Keratopathy                                                                                                                                 |
| <input type="checkbox"/> (371.31) Folds and Rupture of Bowman's Membrane         | <input type="checkbox"/> (371.46) Nodular Corneal Degeneration                                                                                                                            |
| <input type="checkbox"/> (371.46) Nodular Degeneration of Cornea (Salzman's)     | <input type="checkbox"/> (372.41) Peripheral Pterygium, Stationary                                                                                                                        |
| <input type="checkbox"/> (371.48) Peripheral Degenerations of Cornea (Terrien's) | <input type="checkbox"/> (372.42) Peripheral Pterygium, Progressive                                                                                                                       |
| <input type="checkbox"/> (371.57) Endothelial Corneal Dystrophy (Fuchs')         | <input checked="" type="checkbox"/> (743.41) Anomalies of Corneal Size and Shape                                                                                                          |

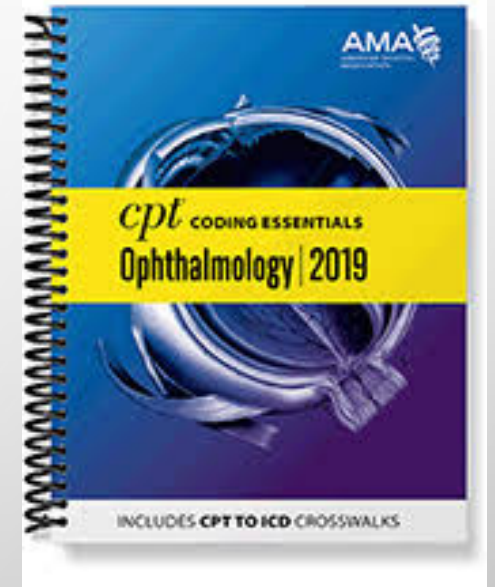
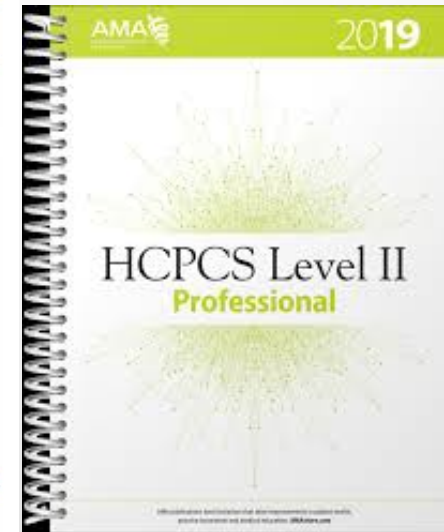
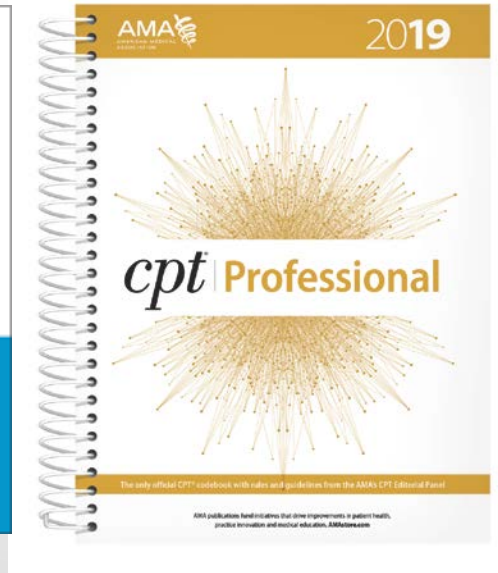
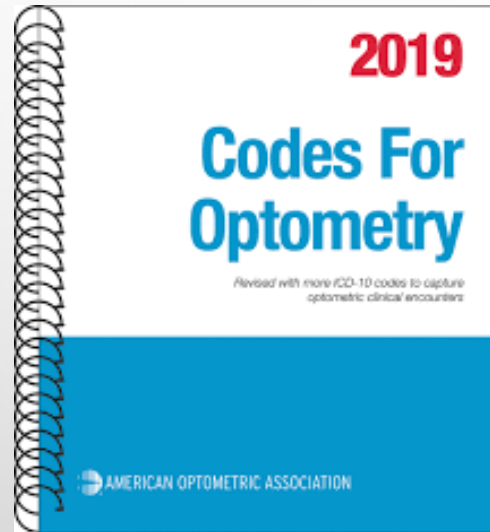
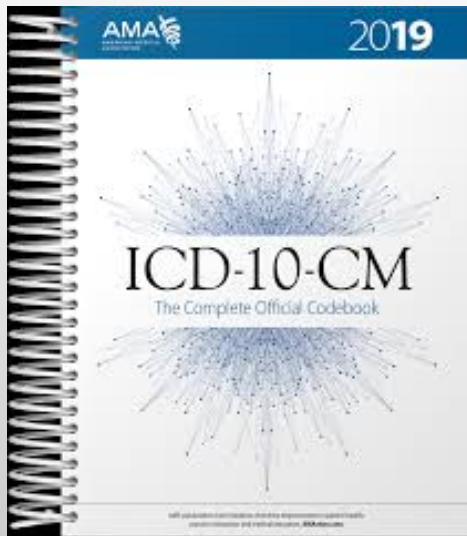
## Plan:

- Monitor
- Prescribe Medically Necessary Contact Lenses
- Refer for Surgical Consultation
- Initiate Medical Therapy

# GUIDANCE MATERIALS

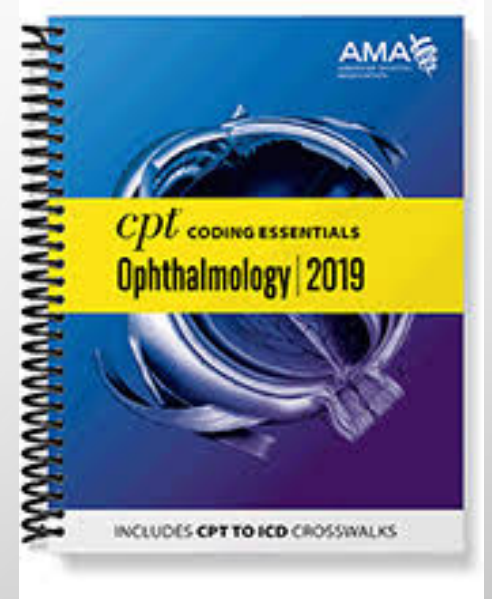
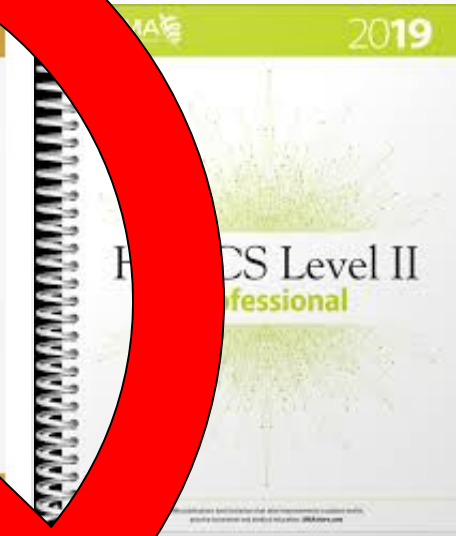
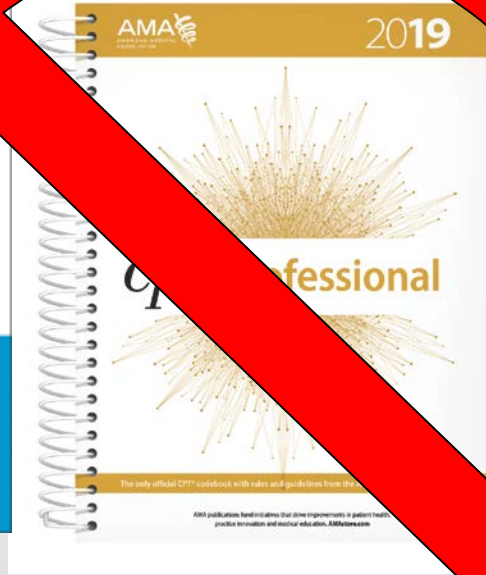
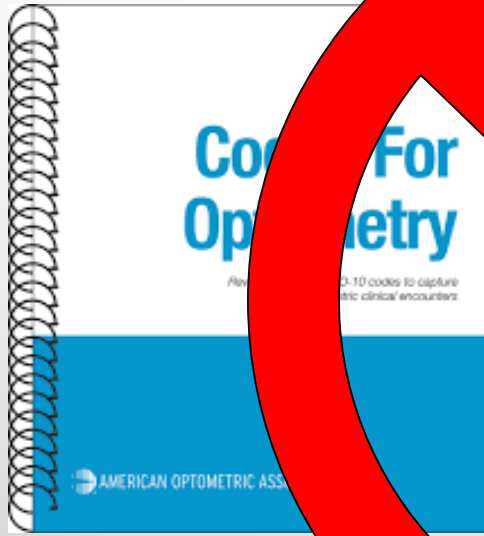
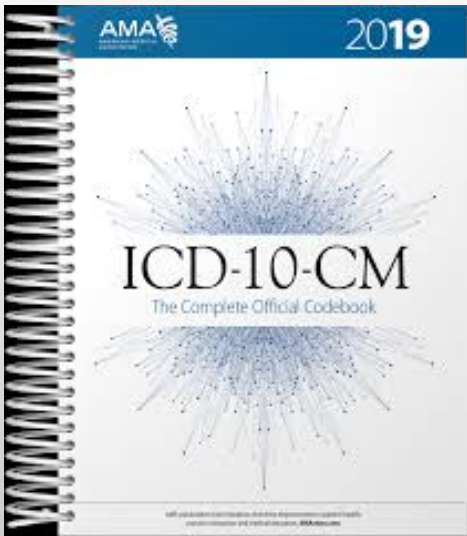
- WEBSITES
  - CMS [WWW.CMS.GOV](http://WWW.CMS.GOV)
  - FISCAL INTERMEDIARY
    - FIND YOUR JURISDICTION
  - PRIVATE CARRIERS
- REFERENCE BOOKS
  - 2020 ICD-9-CM
  - 2020 CPT
  - 2020 HCPCS
  - 2020 ICD-10-CM
- MEETINGS & JOURNALS

# REFERENCE BOOKS

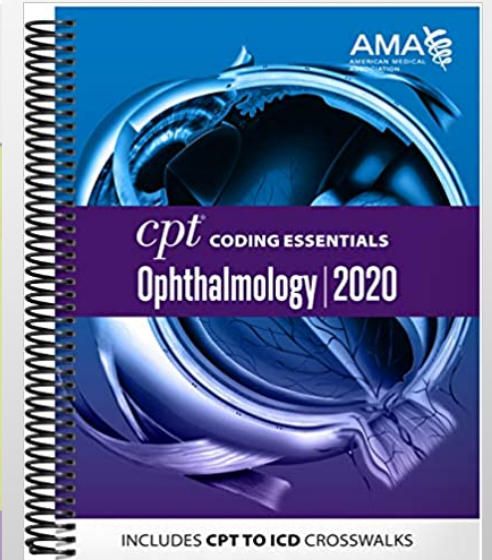
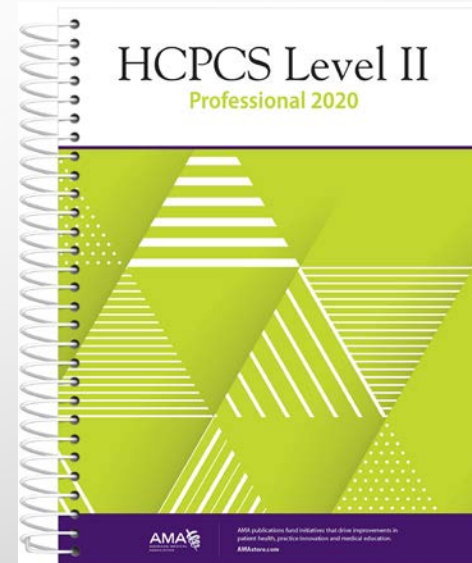
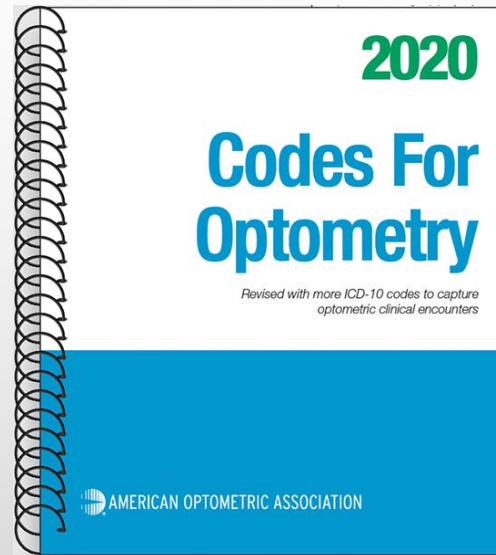
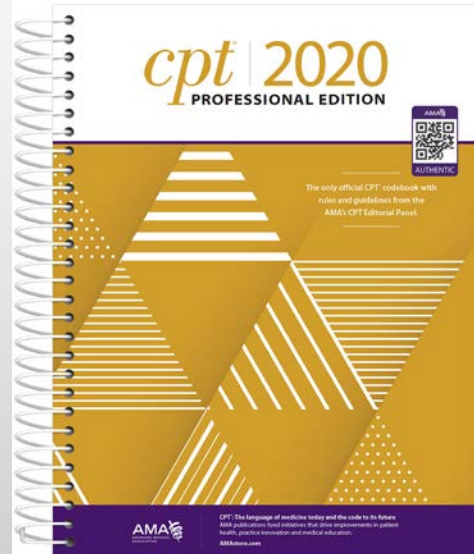
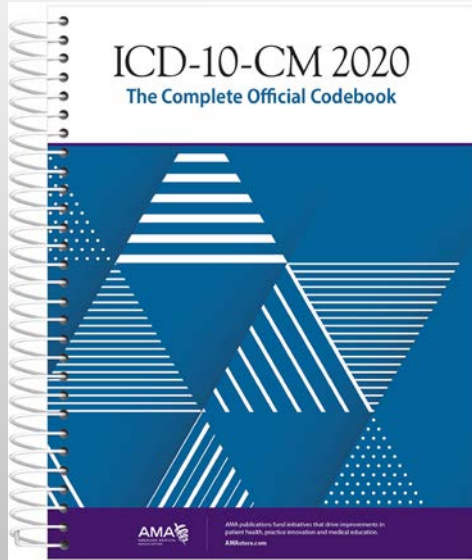




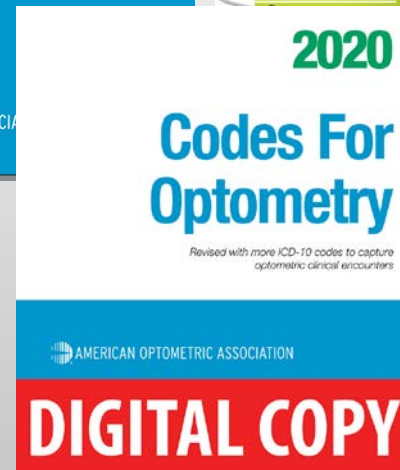
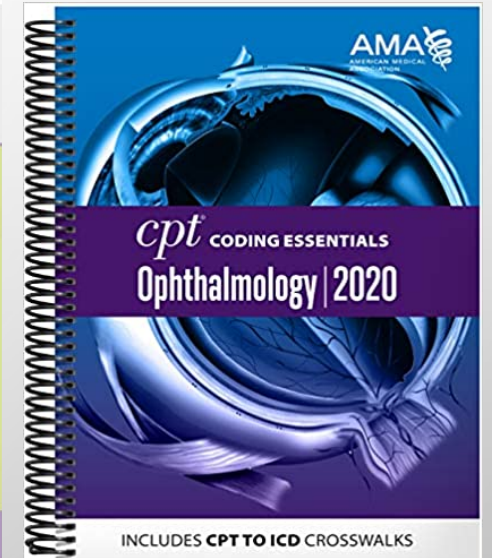
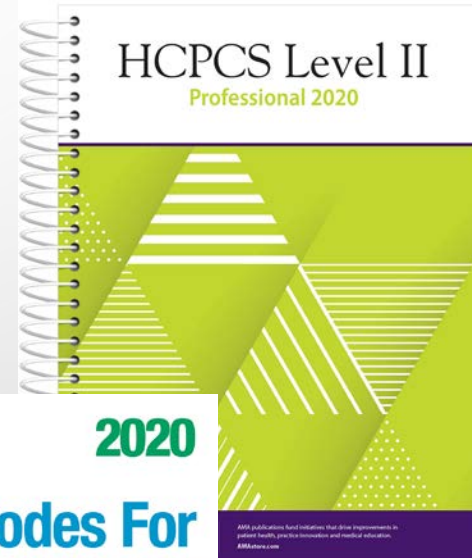
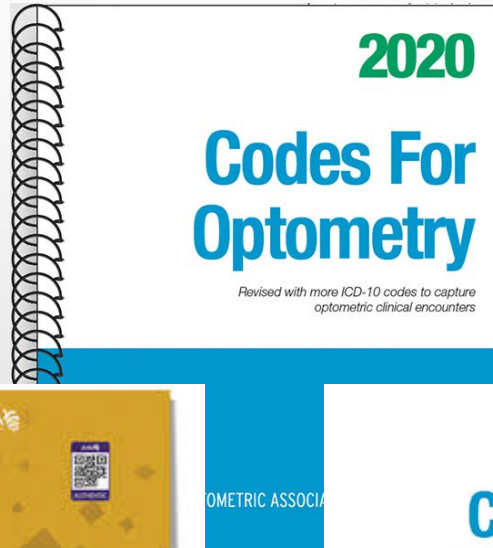
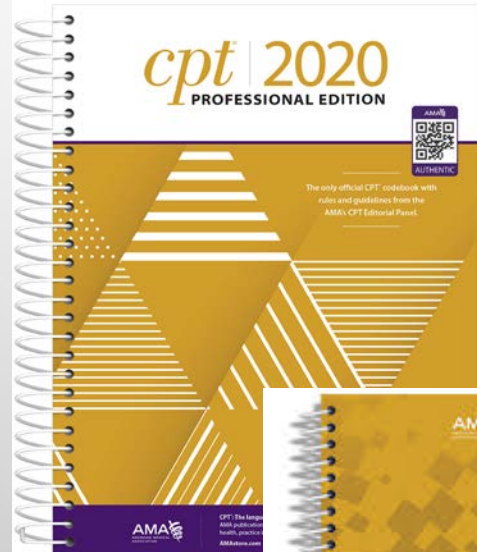
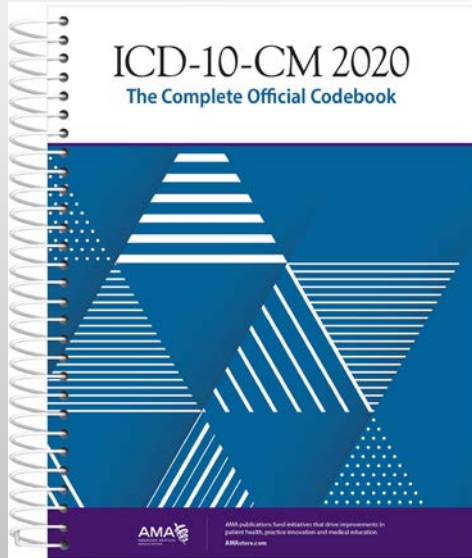
# REFERENCE BOOKS



# 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/](http://OPTOMETRICBILLING.COM/)
- AOA EXCEL
  - [HTTP://WWW.AOA.ORG/AOAEXCEL](http://WWW.AOA.ORG/AOAEXCEL)
- PRACTICE MANAGEMENT RESOURCES, INC.
  - DR. JOHN RUMPAKIS
  - [HTTP://WWW.PRMI.COM/](http://WWW.PRMI.COM/)

# ESTABLISHING THE DIAGNOSTIC CODE SET

- DIAGNOSIS CODES
  - ICD-10-CM, USED SINCE OCTOBER 1, 2015—IF YOU ARE STILL USING ICD-9, WTF?
  - 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](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



# 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

# 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
- $RVU = \text{PHYSICIAN WORK} + \text{PRACTICE EXPENSE} + \text{MALPRACTICE EXPENSE} \times GPCI$
- PAYMENT IS DETERMINE 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 2020 CMS CONVERSION FACTOR IS \$36.0896

# 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

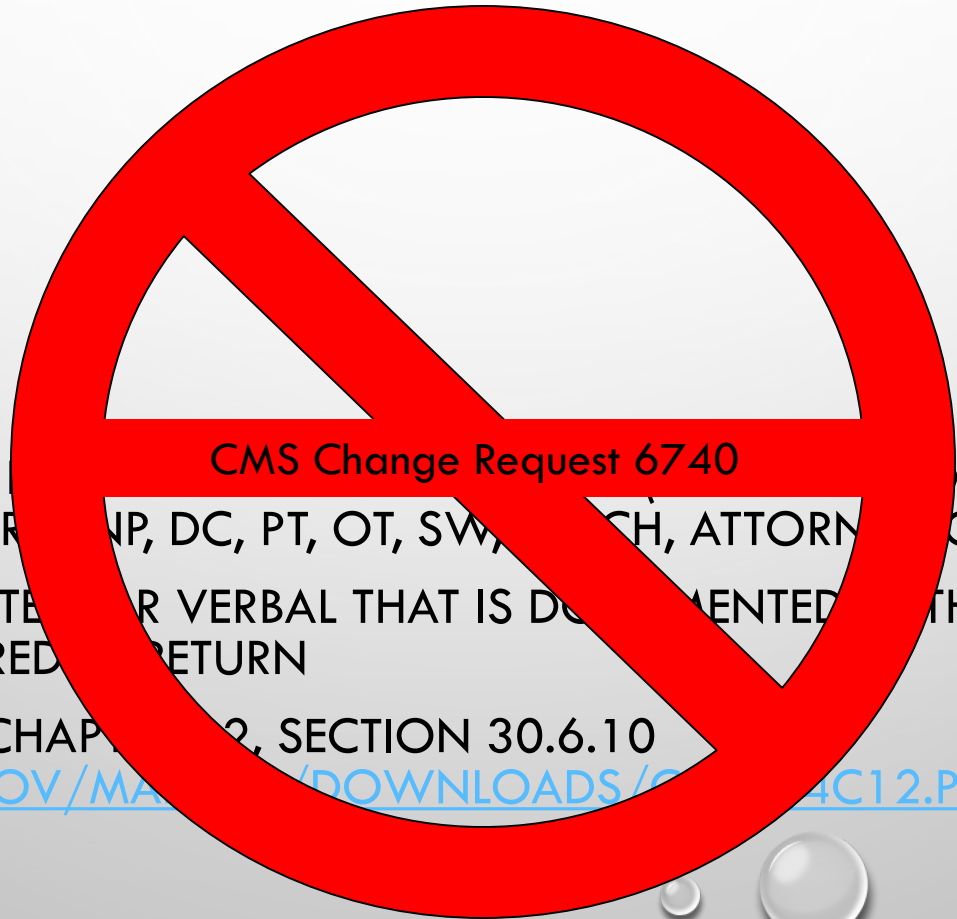
- 92014—COMPREHENSIVE SERVICE

# 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](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 AN APPROPRIATE SOURCE (PA, RN, NP, DC, PT, OT, SW, CH, ATTORNEY OR INS. COMPANY)
- THE REQUEST MAY BE WRITTEN OR VERBAL THAT IS DOCUMENTED IN THE PATIENT RECORD, AND A WRITTEN REPORT IS REQUIRED UPON RETURN
- CMS PUBLICATION 100-4, CHAPTER 2, SECTION 30.6.10  
[HTTP://WWW.CMS.HHS.GOV/MANAGING/Downloads/c12.pdf](http://www.cms.hhs.gov/MANAGING/Downloads/c12.pdf)



# 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



# OTHER IMPORTANT PROCEDURE CODES

- 76514—CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL THICKNESS)
- 76511—QUANTITATIVE A-SCAN ONLY (AXIAL LENGTH MEASUREMENT)
- 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

## OTHER IMPORTANT PROCEDURE CODES

- 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)
- 92499—ABBEROMETRY (UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE)

# MULTIPLE PROCEDURE PAYMENT REDUCTION (MPPR)

- NEW IN JANUARY 2013
- [HTTP://WWW.CMS.GOV/OUTREACH-AND-EDUCATION/MEDICARE-LEARNING-NETWORK-MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7848.PDF](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/R11490TN.PDF](http://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r11490tn.pdf)

# WHAT CODES ARE AFFECTED?

## Attachment 2

<b>Diagnostic Ophthalmology Services Subject to the Multiple Procedure Payment Reduction</b>	
<b>Code</b>	<b>Descriptor</b>
76510	Ophth us b & quant a
76511	Ophth us quant a only
76512	Ophth us b w/non-quant a
76513	Echo exam of eye water bath
76514	Echo exam of eye thickness
76516	Echo exam of eye
76519	Echo exam of eye
92025	Corneal topography
92060	Special eye evaluation
92081	Visual field examination(s)
92082	Visual field examination(s)
92083	Visual field examination(s)
92132	Cmptr ophth dx img ant segmt
92133	Cmptr ophth img optic nerve
92134	Cptr ophth dx img post segmt
92136	Ophthalmic biometry
92228	Remote retinal imaging mgmt
92235	Eye exam with photos
92240	Icg angiography
92250	Eye exam with photos
92265	Eye muscle evaluation
92270	Electro-oculography
92275	Electroretinography
92283	Color vision examination
92284	Dark adaptation eye exam
92285	Eye photography
92286	Internal eye photography

# WHAT CODES ARE AFFECTED?

## Attachment 2

Diagnostic Ophthalmology Services Subject to the Multiple Procedure Payment Reduction	
Code	Descriptor
76510	Ophth us b & quant a
76511	Ophth us quant a only
76512	Ophth us b w/non-quant a
76513	Echo exam of eye water bath
76514	Echo exam of eye thickness
76516	Echo exam of eye
76519	Echo exam of eye
92025	Corneal topography
92060	Special eye evaluation
92081	Visual field examination(s)
92082	Visual field examination(s)
92083	Visual field examination(s)
92132	Cmptr ophth dx img ant segmt
92133	Cmptr ophth img optic nerve
92134	Cptr ophth dx img post segmt
92136	Ophthalmic biometry
92228	Remote retinal imaging mgmt
92235	Eye exam with photos
92240	Icg angiography
92250	Eye exam with photos
92265	Eye muscle evaluation
92270	Electro-oculography
92275	Electroretinography
92283	Color vision examination
92284	Dark adaptation eye exam
92285	Eye photography
92286	Internal eye photography

# IMPORTANT CPT CODE MODIFIERS

## CPT MANUAL APPENDIX A

- -22: **UNUSUAL PROCEDURAL SERVICES** “WHEN THE WORK REQUIRED TO PROVIDE A SERVICE IS SUBSTANTIALLY GREATER THAN TYPICALLY REQUIRED, IT MAY BE IDENTIFIED BY ADDING MODIFIER -22 TO THE USUAL PROCEDURE CODE. DOCUMENTATION MUST SUPPORT THE SUBSTANTIAL ADDITIONAL WORK AND THE REASON FOR THE ADDITIONAL WORK (I.E., INCREASED INTENSITY, TIME, TECHNICAL DIFFICULTY OF PROCEDURE, SEVERITY OF PATIENT’S CONDITION, PHYSICAL AND MENTAL EFFORT REQUIRED).
- 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

- **-22: UNUSUAL PROCEDURAL SERVICES** “WHEN THE WORK REQUIRED TO PROVIDE A SERVICE IS SUBSTANTIALLY GREATER THAN TYPICALLY REQUIRED, IT MAY BE IDENTIFIED BY ADDING MODIFIER -22 TO THE USUAL PROCEDURE CODE. DOCUMENTATION MUST SUPPORT THE SUBSTANTIAL ADDITIONAL WORK AND THE REASON FOR THE ADDITIONAL WORK (I.E., INCREASED INTENSITY, TIME, TECHNICAL DIFFICULTY OF PROCEDURE, SEVERITY OF PATIENT’S CONDITION, PHYSICAL AND MENTAL EFFORT REQUIRED).
- THIS MODIFIER SHOULD NOT BE APPENDED TO E/M SERVICES
- EXAMPLE: USING **In January 2013, CMS decided that the -22 modifier only applied to surgeries or 60000 codes. HOWEVER, CPT rules state that the plain** ON
- EXAMPLE: DIFFICL **language text of a discrete code is operative, and the code does not say “surgical service,” it says “service”**

## SOME GUIDANCE

“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"

# ADVANCED BENEFICIARY NOTIFICATION (ABN) MODIFIERS

- GA—WAIVER OF LIABILITY STATEMENT ISSUED, AS REQUIRED BY PAYER POLICY
- GX—NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY
- GY—ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT
- GZ—ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY

[HTTPS://WWW.NOVITAS-SOLUTIONS.COM/WEBCENTER/PORTAL/MEDICAREJH/PAGEBYID?CONTENTID=00144508& AFRLOOP=47633128992458#!%40%40%3F AFRLOOP%3D47633128992458%26CONTENTID%3D00144508%26 ADF.CTRL-STATE%3DMG5VJGXVT 33](https://www.novitas-solutions.com/webcenter/portal/medicarejh/pagebyid?contentid=00144508& AFRLOOP=47633128992458#!%40%40%3F AFRLOOP%3D47633128992458%26CONTENTID%3D00144508%26 ADF.CTRL-STATE%3DMG5VJGXVT 33)

# 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

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

# ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

Code Descriptor	ICD-10 Code
Nystagmus	H55.00—H55.09

# ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

Code Descriptor	ICD-10 Code
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

# ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

Code Descriptor	ICD-10 Code
Central corneal opacity	H17.10—H17.13
Coloboma of iris	Q13.0
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

# ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

Code Descriptor	ICD-10 Code
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



# ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

Code Descriptor	ICD-10 Code
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
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

# ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

Code Descriptor	ICD-10 Code
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

# ICD-10-CM CODES FOR MEDICALLY NECESSARY CONTACT LENS PRESCRIBING

Code Descriptor	ICD-10 Code
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



# 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 IF THEY HAVE REACHED THE PRESCRIBED WEARING TIME
- 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 WAS DELETED IN 2012. (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

# GUIDANCE ON THE 92072 CODE: “INITIAL FITTING”

ACCORDING TO THE CPT ASSISTANT, CODE 92072, FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING, IS REPORTED FOR INITIAL FITTINGS ONLY. THE DESCRIPTION OF WORK FOR INITIAL FITTINGS INCLUDES THE RESULTS OF DIAGNOSTIC TESTS DONE PRIOR TO CONTACT LENS FITTING TO ASSESS THE CORNEAL ECTASIA, WHICH ARE USED IN CONCERT WITH SLIT LAMP EXAMINATION TO ASSESS CORNEAL SHAPE AND DETERMINE INITIAL CONTACT LENS PARAMETERS (E.G., DIAMETER, BASE CURVE AND SECONDARY CURVES). LENS DESIGNS CAN INCLUDE CORNEAL, SCLERAL, HYBRID, OR PIGGYBACK SYSTEMS. KERATOMETRY, LID ANATOMY, TEAR FILM AND REFRACTION ARE ALSO PERFORMED AND/OR RECHECKED. IF THE LENS NEEDS TO BE CHANGED BECAUSE IT NO LONGER FITS THE PATIENT'S NEEDS, THE FITTING OF A NEW LENS IS CONSIDERED AN INITIAL FITTING AND SHOULD INCLUDE ALL OF THE SERVICES NOTED ABOVE.

# GUIDANCE ON THE 92072 CODE: “INITIAL FITTING”

ACCORDING TO THE CPT ASSISTANT, CODE 92072, FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING, IS REPORTED FOR INITIAL FITTINGS ONLY. THE DESCRIPTION OF WORK FOR INITIAL FITTINGS INCLUDES THE RESULTS OF DIAGNOSTIC TESTS DONE PRIOR TO CONTACT LENS FITTING TO ASSESS THE CORNEAL ECTASIA, WHICH ARE USED IN CONCERT WITH SLIT LAMP EXAMINATION TO ASSESS CORNEAL SHAPE AND DETERMINE INITIAL CONTACT LENS PARAMETERS (E.G., DIAMETER, BASE CURVE AND SECONDARY CURVES). LENS DESIGNS CAN INCLUDE CORNEAL, SCLERAL, HYBRID, OR PIGGYBACK SYSTEMS. KERATOMETRY, LID ANATOMY, TEAR FILM AND REFRACTION ARE ALSO PERFORMED AND/OR RECHECKED. **IF THE LENS NEEDS TO BE CHANGED BECAUSE IT NO LONGER FITS THE PATIENT'S NEEDS, THE FITTING OF A NEW LENS IS CONSIDERED AN INITIAL FITTING AND SHOULD INCLUDE ALL OF THE SERVICES NOTED ABOVE.**

# 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
  - **MYOPIA MANAGEMENT**
- 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 80.5—SCLERAL SHELL DETERMINATION

# NATIONAL CARRIER DETERMINATION 80.1 THERAPEUTIC BANDAGE

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, descemetocoele, 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.)



# NATIONAL CARRIER DETERMINATION 80.5

## SCLERAL SHELL

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-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)



**Clarke D. Newman, OD, FAAO**  
Diplomate in the Section on Cornea, Contact Lenses, and Refractive Technologies of the American Academy of Optometry  
Diplomate of the American Board of Optometry  
Fellow in the British Contact Lens Association  
Fellow in the Scleral Lens Education Society  
Optometric Medicine and the Treatment of Eye Disease  
Optometric Glaucoma Specialist  
Cornea, Specialty Contact Lens, and Refractive Surgery Consultation

August 29, 2018

Ms. Insurance Expert  
Provider Relations,  
USA Insurance Co.

DELIVERED VIA FACSIMILE: 800-555-1234

RE: *Letter of Medical Necessity for Patient: XXXXXX, DOB: 00/00/1972, Member ID #: 1234567*

To Whom It May Concern:

On January 22, 2018, your subscriber, XXXXXX, presented to me as an existing patient. He was previously diagnosed with Stevens-Johnson Syndrome, bilateral (ICD-10: L51.1).

This condition has caused scarring between his bulbar and tarsal conjunctivae, termed symblepharon, which have been resolved and prevented by his custom scleral contact lenses that act as a conformer and a scleral shell reservoir of tear for the very dry eye caused by his SJS.

The CPT procedure code for this service and the HCPCS material code are:

Date	DOS	Patient	Description	CPT	ICD-10	POS	TOS	Units	Fee
01/22/18	01/22/18	XXXXXX	Prescribing of Prosthetic Scleral Lens	92499	L51.1	11	1	1	\$2,200.00
01/22/18	01/22/18	XXXXXX	EyePrint PRO Impression and Lens	V2599-LT	L51.1	11	1	1	\$1,800.00

Please do not hesitate to call if you have any questions at 214-969-0467.

Best regards,

Clarke D. Newman, OD, FAAO, FBCLA, FSLs

CDN:ak

Copies: File  
Encl: None

# 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 CLINICAL DIAGNOSTIC EVALUATION AND RESULTS MAY RESULT IN A FAILED AUDIT

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered on the slide.

# 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

# BILLING FOR THE INITIAL VISIT\*

• DX: ICD-10-CM: H18.623—KERATOCONUS, UNSTABLE, BILATERAL	
• 99205—E/M, LEVEL 5, NEW PATIENT	\$231.01
• 92015-22—REFRACTION, COMPLEX (LMN)	\$ 52.00
• 92285—EXTERNAL PHOTOGRAPHY	\$ 64.51
• 76514—PACHYMETRY	\$ 33.98
• 92025—CORNEAL TOPOGRAPHY	\$ 41.52
• 92286—SPECULAR MICROSCOPY	\$ 43.92
• 92499-RT—ABBEROMETRY	\$ 40.00
• 92499-LT—ABBEROMETRY	\$ 40.00
• 92072-RT—PRESCRIBING FOR KERATOCONUS	\$145.76
• V2599—CONTACT LENS, OTHER TYPE, PER LENS (2)	\$440.00 (ULTRAHEALTH®)
<b>TOTAL</b>	<b>\$1,132.70</b>

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11



# BILLING FOR THE INITIAL VISIT\*

• DX: ICD-10-CM:	<b>H18.621—KERATOCONUS, UNSTABLE, RIGHT EYE</b>	
• 99205—E/M, LEVEL 5, NEW PATIENT		\$231.01
• 92015-22—REFRACTION, COMPLEX (LMN)		\$ 52.00
• 92285—EXTERNAL PHOTOGRAPHY		\$ 64.51
• 76514—PACHYMETRY		\$ 33.98
• 92025—CORNEAL TOPOGRAPHY		\$ 41.52
• 92286—SPECULAR MICROSCOPY		\$ 43.92
• 92499-RT—ABBEROMETRY		\$ 40.00
• 92499-LT—ABBEROMETRY		\$ 40.00
• 92072-RT—PRESCRIBING FOR KERATOCONUS		\$145.76
• V2599—CONTACT LENS, OTHER TYPE, PER LENS (2)		\$440.00 (ULTRAHEALTH®)
TOTAL		\$1,132.70

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11

# BILLING FOR THE INITIAL VISIT\*

• DX:	ICD-10-CM:	H18.621—KERATOCONUS, UNSTABLE, RIGHT EYE	
•	99205—E/M, LEVEL 5, NEW PATIENT		\$0.00
•	92015-22—REFRACTION, COMPLEX (LMN)		\$0.00
•	92285—EXTERNAL PHOTOGRAPHY		\$0.00
•	76514—PACHYMETRY		\$0.00
•	92025—CORNEAL TOPOGRAPHY		\$0.00
•	92286—SPECULAR MICROSCOPY		\$0.00
•	92499-RT—ABBEROMETRY		\$0.00
•	92499-LT—ABBEROMETRY		\$0.00
•	92072-RT—PRESCRIBING FOR KERATOCONUS		\$0.00
•	V2599—CONTACT LENS, OTHER TYPE, PER LENS (2)		\$0.00 (ULTRAHEALTH®)
	<b>TOTAL</b>		<b>\$0.00</b>

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11

# BILLING FOR THE INITIAL VISIT\*

• DX: ICD-10-CM: H18.621—KERATOCONUS, UNSTABLE, RIGHT EYE	
• 99205—E/M, LEVEL 5, NEW PATIENT	\$231.01
• 92015-22—REFRACTION, COMPLEX (LMN)	\$0.00
• 92285—EXTERNAL PHOTOGRAPHY	\$0.00
• 76514—PACHYMETRY	\$0.00
• 92025—CORNEAL TOPOGRAPHY	\$0.00
• 92286—SPECULAR MICROSCOPY	\$0.00
• 92499-RT—ABBEROMETRY	\$0.00
• 92499-LT—ABBEROMETRY	\$0.00
• 92072-RT—PRESCRIBING FOR KERATOCONUS	\$0.00
• V2599—CONTACT LENS, OTHER TYPE, PER LENS (2)	\$0.00 (ULTRAHEALTH®)
<b>TOTAL</b>	<b>\$0.00</b>

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11

# BILLING FOR THE INITIAL VISIT\*

• DX: ICD-10-CM:	<b>H18.621—KERATOCONUS, UNSTABLE, RIGHT EYE</b>	
• 99205—E/M, LEVEL 5, NEW PATIENT		\$231.01
• 92015-22—REFRACTION, COMPLEX (LMN)		\$ 52.00
• <b>92285—EXTERNAL PHOTOGRAPHY</b>		<b>\$ 64.51</b>
• <b>76514—PACHYMETRY</b>		<b>\$ 33.98</b>
• <b>92025—CORNEAL TOPOGRAPHY</b>		<b>\$ 41.52</b>
• <b>92286—SPECULAR MICROSCOPY</b>		<b>\$ 43.92</b>
• <b>92499-RT—ABBEROMETRY</b>		<b>\$ 40.00</b>
• <b>92499-LT—ABBEROMETRY</b>		<b>\$ 40.00</b>
• <b>92072-RT—PRESCRIBING FOR KERATOCONUS</b>		<b>\$145.76</b>
• V2599—CONTACT LENS, OTHER TYPE, PER LENS (2)		\$440.00 (ULTRAHEALTH®)
<b>TOTAL</b>		<b>\$1,132.70</b>

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11

# BILLING FOR THE INITIAL VISIT\*

• DX: ICD-10-CM: H18.621—KERATOCONUS, UNSTABLE, RIGHT EYE	
• 99205—E/M, LEVEL 5, NEW PATIENT	\$231.01
• 92015-22—REFRACTION, COMPLEX (LMN)	\$ 52.00
• <b>92072-RT—PRESCRIBING FOR KERATOCONUS</b>	<b>\$409.69</b>
• V2599—CONTACT LENS, OTHER TYPE, PER LENS (2)	\$440.00 (ULTRAHEALTH®)
TOTAL	\$1,132.70

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11

# BILLING EYEMED\*

• DX: ICD-10-CM: H18.621—KERATOCONUS, UNSTABLE, RIGHT EYE	
• 99205—E/M, LEVEL 5, NEW PATIENT	\$231.01
• 92015-22—REFRACTION, COMPLEX (LMN)	\$ 52.00
• 92072-RT—PRESCRIBING FOR KERATOCONUS	\$409.69
• 92012—GENERAL OPHTHALMOLOGICAL SERVICE, INTERMEDIATE, ESTABLISHED PATIENT (THREE VISITS)	\$298.92
• V2599—CONTACT LENS, OTHER TYPE, PER LENS (2)	\$440.00 (ULTRAHEALTH®)
TOTAL	\$1,431.62

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11

# BILLING EYEMED\*

- DX: ICD-10-CM: H18.621—KERATOCONUS, UNSTABLE, RIGHT EYE
- 92004—GENERAL OPHTHALMOLOGICAL SERVICE, COMPREHENSIVE \$169.26  
NEW PATIENT
- 92072-RT—PRESCRIBING FOR KERATOCONUS \$708.61
- V2599—CONTACT LENS, OTHER TYPE, PER LENS (2) \$440.00 (ULTRAHEALTH®)
- TOTAL \$1,317.87

\* 2020 LIMITING CHARGES FOR JURISDICTION H, TEXAS, LOCALITY 11

# AN ANISOMETROPIA PATIENT

- A 25 Y/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<sup>+2</sup>
  - OS: - 3.50 - 1.75 X 034      20 / 20<sup>+1</sup>
- CORNEAL CURVATURE
  - OD: 48.00 / 51.00 @ 037
  - OS: 42.00 / 43.00 @ 127



# BILLING FOR THE INITIAL VISIT\*

• DX: ICD-10-CM: H52.3 ANISOMETROPIA	
• 99205—E/M, LEVEL 5, NEW PATIENT	\$231.01
• 92015—REFRACTION, COMPLEX	\$ 38.00
• 92025—CORNEAL TOPOGRAPHY	\$ 42.85
• 92313—RT: PRESCRIBING OF CORNEOSCLERAL LENS	\$105.00
• 92313—LT: PRESCRIBING OF CORNEOSCLERAL LENS	\$105.00
• V2521—CONTACT LENS, HYDROPHILIC, TORIC, PER LENS (12)	\$283.00 (BIOFINITY®XR TORIC)
• V2521—CONTACT LENS, HYDROPHILIC, TORIC, PER LENS (12)	\$283.00 (BIOFINITY®XR TORIC)
<b>TOTAL</b>	<b>\$1,087.86</b>

\* 2020 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)
- SPECTERA

## THE LIMITED DATA SET

- PAYORS WILL SOMETIMES LIMIT THE DIAGNOSES THAT ARE CONSIDERED TO BE *PER SE* MEDICALLY NECESSARY TO A LIST
- THESE DATA SETS ARE PROMULGATED IN “CARRIER DETERMINATIONS”

# VSP: VISUALLY NECESSARY CONTACT LENSES

- LOOK IN THE 2020 MANUAL
  - GO [WWW.EYEFINITY.COM](http://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 AMMETROPIA, 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 INTOLERANT OF GP LENSES
  - PROVIDE INFORMATION ON PIGGYBACK LENS IN BOX 19
- SPECTACLE LENSES TO WEAR OVER CONTACTS BENEFIT
  - APHAKIA
  - HIGH AMMETROPIA  $\geq 10.00D$
  - PRESBYOPIA
  - 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

# VSP VISUALLY NECESSARY CONTACT LENSES

<b>Covered and Base Visually Necessary Contact Lens Maximums</b>			
<b>HCPICS</b>	<b>Annual Replacement<sup>1</sup></b>	<b>Planned Replacement<sup>1</sup></b>	<b>Daily Replacement<sup>1</sup></b>
V2500*	\$251	—	—
V2501*	\$251	—	—
V2502*	\$385	—	—
V2503*	\$491	—	—
V2510*	\$405	—	—
V2511*	\$450	—	—
V2512*	\$650	—	—
V2513*	\$750	—	—
V2520	\$500	—	—
V2521	\$375	\$525	\$750
V2522	\$525	\$650	\$810
V2523	\$537	\$650	\$1000
V2530*	\$475	\$600	\$625
V2531*	\$499	—	—
V2599**	\$987	—	—
Piggyback	\$1,150	\$1,500	—

# VSP VISUALLY NECESSARY CONTACT LENSES

Visually Necessary Contact Lens Specialty Maximums			
HCPICS	Annual Replacement <sup>1</sup>	Planned Replacement <sup>1</sup>	Daily Replacement <sup>1</sup>
V2500*	\$451	—	—
V2501*	\$585	—	—
V2502*	\$691	—	—
V2503*	\$605	—	—
V2510*	\$657	—	—
V2511*	\$800	—	—
V2512*	\$900	—	—
V2513*	\$825	—	—
V2520	\$500	\$650	—
V2521	\$679	\$804	—
V2522	\$750	\$863	—
V2523	\$650	\$775	\$800
V2530*	\$700	—	—
V2531*	\$2,300	—	—
V2599**	\$1,300	\$1,650	—
Piggyback	\$1,300	\$1,650	—

# VSP VISUALLY NECESSARY CONTACT LENSES

<sup>1</sup>Annual 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

- CLICK [HTTPS://EYEMED.COM/EN-US/PROVIDER](https://eyemed.com/en-us/provider) LOG INTO SITE
- CLICK ON “PROVIDER SIGN IN”
- CLICK ON “PROVIDER MANUAL”
- GO TO PAGE 19



# EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

- ANISOMETROPIA  $\geq 3.00D$
- HIGH AMETROPIA  $\geq +/- 10.00D$
- 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

Qualifying Criteria	Contracted Provider Reimbursement
Anisometropia	95% of U&C up to \$700
High Ammetropia	95% of U&C up to \$700
Keratoconus	95% of U&C up to \$1,200 (Mild/Moderate) 95% of U&C up to \$2,500 (Advanced/Ectasia)
Vision Improvement	95% of U&C up to \$2,500

# EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

Qualifying Criteria (Only in CA for Pediatric Plan)	Contracted Provider Reimbursement
Pediatric Aniridia	95% of U&C up to \$3,730
Pediatric Aphakia	95% of U&C up to \$5,800
Pediatric Corneal & Post-Trauma Disorder (Billed as Visual Improvement)	95% of U&C up to \$2,500
Pediatric Pathological Myopia	95% of U&C up to \$700

# EYEMED MEDICALLY NECESSARY CONTACT LENS BENEFIT

Qualifying Criteria	Non-Standard Medically Necessary Contact Lens Codes*
Anisometropia	92310AN
High Ametropia	92310HA
Keratoconus	92072
Vision Improvement	92310VI
Pediatric Aniridia	92310AI
Pediatric Aphakia	92310AP
Pediatric Corneal Post-Trauma Disorder	92310VI
Pediatric Pathological Myopia	92310PM

# EYEMED MEDICALLY NECESSARY CONTACT LENS CLAIM FORM

**First American Administrators, Inc.**  
A wholly owned subsidiary of EyeMed Vision Care, LLC.  
**Medically Necessary Contact Lens In-network Claim Form**



**Instructions:** Complete this form and fax it to 866.293.7373, or mail to EyeMed Vision Care, P.O. Box 8504, Cincinnati, OH 45040. All fields required unless noted.

Patient Information			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Relationship to subscriber (check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Date of Service (MM/DD/YYYY)			
Group Name	Group Number		
Patient Member ID # (if applicable)			
Subscriber Information (if information differs from patient)			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Provider Information			
<b>Provider Attestation:</b> By signing below, I attest that the patient meets the requirements to receive medically necessary contact lenses per the criteria on this form, and that the patient is unable to achieve adequate functional vision without contact lenses.			
Servicing location name and address			
Provider Tax ID Number	Date submitted		
Servicing Provider Name (printed)	Provider Signature		

PDF-2004-P-306 1

**Medically Necessary Contact Lens Claim Form (continued)**

**Medically Necessary Qualifying Conditions**  
Provider: Benefit covers contact lens evaluation, fit & follow-up and materials. Check only 1 box next to the condition that applies according to the final prescription. Check or fill in the applicable ICD-10 code. Enter your retail price for the services and materials.

<input type="checkbox"/> <i>Check here</i> <b>Anisometropia</b> <b>92310AN</b> <b>ICD-10 code</b> <b>H52.31</b>  Select if Rx differs by at least 3D in meridian powers between the 2 eyes  Check appropriate ICD-10 code: \$ _____ <b>Enter retail price</b>	<input type="checkbox"/> <i>Check here</i> <b>High ametropia</b> <b>92310HA</b>  Select if Rx exceeds plus or minus 10D meridian powers in either eye  Check appropriate ICD-10 code: \$ _____ <b>Enter retail price</b>	<input type="checkbox"/> <i>Check here</i> <b>Keratoconus - mild/moderate</b> <b>92072</b>  Select when keratoconus is present and Rx is not correctable to 20/25 in either or both eyes with spectacles  Check appropriate ICD-10 code: \$ _____ <b>Enter retail price</b>	<input type="checkbox"/> <i>Check here</i> <b>Keratoconus - advanced/ectasia</b> <b>92072AD</b>  Select when keratoconus is present and one or more of the following conditions are met: • Corneal scarring • Steep K of 53D or higher • Corneal thickness <= 475 microns • Refraction not measurable  Check appropriate ICD-10 code: \$ _____ <b>Enter retail price</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ICD-10 code: H52.31 2

**Medically Necessary Qualifying Conditions (continued)**

*Check here*  
**Vision improvement**  
**92310VI**  
**Keratoconus is absent**  
 Select for members whose vision can be improved by 2 lines on the visual acuity chart when compared to best corrected standard spectacle lenses  
  
 ICD-10 code:  
 *Check here* \_\_\_\_\_ **Enter code**  
  
 \$ \_\_\_\_\_ **Enter retail price**

PDF-2004-P-306 3



# EYEMED MEDICALLY NECESSARY CONTACT LENS CLAIM FORM

**First American Administrators, Inc.**  
 A wholly owned subsidiary of EyeMed Vision Care, LLC.  
**Medically Necessary Contact Lens  
 In-network Claim Form**



**Instructions:** Complete this form and fax it to 866.293.7373, or mail to EyeMed Vision Care, P.O. Box 8504, Cincinnati, OH 45040. All fields required unless noted.

Patient Information			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Relationship to subscriber (check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Date of Service (MM/DD/YYYY)			
Group Name	Group Number		
Patient Member ID # (if applicable)			
Subscriber Information (if information differs from patient)			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Provider Information			
<b>Provider Attestation:</b> By signing below, I attest that the patient meets the requirements to receive medically necessary contact lenses per the criteria on this form, and that the patient is unable to achieve adequate functional vision without contact lenses.			
Servicing location name and address			
Provider Tax ID Number	Date submitted		
Servicing Provider Name (printed)	Provider Signature		

# EYEMED MEDICALLY NECESSARY CONTACT LENS CLAIM FORM

## Medically Necessary Contact Lens Claim Form (continued)

### Medically Necessary Qualifying Conditions

**Provider:** Benefit covers contact lens evaluation, fit & follow-up and materials. Check only 1 box next to the condition that applies according to the final prescription. Check or fill in the applicable ICD-10 code. Enter your retail price for the services and materials.

<p><input type="checkbox"/> <i>Check here</i></p> <p><b>Anisometropia</b> <b>92310AN</b> <b>ICD-10 code</b> <b>H52.31</b></p> <p>Select if Rx differs by at least 3D in meridian powers between the 2 eyes</p> <p>\$ _____ <b>Enter retail price</b></p> <p>ICD-10 code: H52.31</p>	<p><input type="checkbox"/> <i>Check here</i></p> <p><b>High ametropia</b> <b>92310HA</b></p> <p>Select if Rx exceeds plus or minus 10D meridian powers in either eye</p> <p>Check appropriate ICD-10 code:</p> <p>Hypermetropia <input type="checkbox"/> H52.01 <input type="checkbox"/> H52.02 <input type="checkbox"/> H52.03</p> <p>Myopia <input type="checkbox"/> H52.11 <input type="checkbox"/> H52.12 <input type="checkbox"/> H52.13</p> <p>\$ _____ <b>Enter retail price</b></p>	<p><input type="checkbox"/> <i>Check here</i></p> <p><b>Keratoconus - mild/moderate</b> <b>92072</b></p> <p>Select when keratoconus is present and Rx is not correctable to 20/25 in either or both eyes with spectacles</p> <p>Check appropriate ICD-10 code:</p> <p><input type="checkbox"/> H18.601 <input type="checkbox"/> H18.602 <input type="checkbox"/> H18.603 <input type="checkbox"/> H18.609 <input type="checkbox"/> H18.611 <input type="checkbox"/> H18.612 <input type="checkbox"/> H18.613 <input type="checkbox"/> H18.619</p> <p>\$ _____ <b>Enter retail price</b></p>	<p><input type="checkbox"/> <i>Check here</i></p> <p><b>Keratoconus - advanced/ectasia</b> <b>92072AD</b></p> <p>Select when keratoconus is present and one or more of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• Corneal scarring</li> <li>• Steep K of 53D or higher</li> <li>• Corneal thickness &lt;= 475 microns</li> <li>• Refraction not measurable</li> </ul> <p>Check appropriate ICD-10 code:</p> <p><input type="checkbox"/> H18.621 <input type="checkbox"/> H18.622 <input type="checkbox"/> H18.623 <input type="checkbox"/> H18.629 <input type="checkbox"/> H18.711 <input type="checkbox"/> H18.712 <input type="checkbox"/> H18.713 <input type="checkbox"/> H18.719</p> <p>\$ _____ <b>Enter retail price</b></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# EYEMED MEDICALLY NECESSARY CONTACT LENS CLAIM FORM

## Medically Necessary Qualifying Conditions (continued)

Check here

**Vision improvement**

**92310VI**

**Keratoconus is absent**

Select for members whose vision can be improved by 2 lines on the visual acuity chart when compared to best corrected standard spectacle lenses

ICD-10 code:

Check here \_\_\_\_\_, \_\_\_\_\_ Enter code

\$ \_\_\_\_\_ Enter retail price

# 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 NON ELECTIVE/MEDICALLY NECESSARY CONTACT LENS BENEFIT

**SUPERIOR VISION SERVICES, INC.**  
**Non Elective / Medically Necessary Contact Lens Benefit**  
 Claim Reimbursement Pre-Determination Form  
**Fax to: (916) 859-6261**

Today's Date: \_\_\_\_\_ DCS: \_\_\_/\_\_\_/\_\_\_  
 Insured's Name: \_\_\_\_\_ I.D.# \_\_\_\_\_  
 Patient's Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_  
 City / State: \_\_\_\_\_ Employer: \_\_\_\_\_

---

**Provider Info:** Tax ID: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**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.**

<input type="checkbox"/>	1. Aphakia (after cataract surgery) A pair of single vision lenses or multi-focal lenses and frames can be provided with the contact lenses.
<input type="checkbox"/>	2. 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)
<input type="checkbox"/>	3. Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weaker eye.
<input type="checkbox"/>	4. Keratoconus: Please attach copy of Topography, K-Readings, & chart notes.
<input type="checkbox"/>	5. Other: Please attach copy of written examination report to this form.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Superior Vision Response:**

<input type="checkbox"/>	Approved for claim reimbursement at the rate of \$ _____.	<input type="checkbox"/>	Member is responsible for the fitting fee.
<input type="checkbox"/>	Member has covered fitting copay of \$ _____ and is responsible for billed charges exceeding \$50 on the fit.	<input type="checkbox"/>	Denied for claim reimbursement Reason: _____ _____ _____

**The claim may be submitted via the Superior Vision Website [www.superiorvision.com](http://www.superiorvision.com) or 1500 form. This document is for your records.**

\_\_\_\_\_  
 Superior Vision Services, Inc.      **800-923-6766 x**      \_\_\_\_\_  
 Telephone      Date

Medneclform2013

# SUPERIOR VISION NON ELECTIVE/MEDICALLY NECESSARY CONTACT LENS BENEFIT

<b>Definition:</b> 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.	
<b>Please check the appropriate box indicating the patient's condition.</b>	
<input type="checkbox"/>	1. Aphakia (after cataract surgery) A pair of single vision lenses or multi-focal lenses and frames can be provided with the contact lenses.
<input type="checkbox"/>	2. 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)
<input type="checkbox"/>	3. Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weaker eye.
<input type="checkbox"/>	4. Keratoconus: Please attach copy of Topography, K-Readings, & chart notes.
<input type="checkbox"/>	5. Other: Please attach copy of written examination report to this form.
Notes: _____ _____ _____	

# SUPERIOR VISION NON ELECTIVE/MEDICALLY NECESSARY CONTACT LENS BENEFIT

Superior Vision Response:			
	Approved for claim reimbursement at the rate of \$_____.		Member is responsible for the fitting fee.
	Member has covered fitting copay of \$____ and is responsible for billed charges exceeding \$50 on the fit.		Denied for claim reimbursement Reason: _____ _____

The claim may be submitted via the Superior Vision Website [www.superiorvision.com](http://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 ADAPTION 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)

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered on the slide.

**THANK YOU!**

ANY QUESTIONS?

[DRNEWMAN@DRNEWMAN.COM](mailto:DRNEWMAN@DRNEWMAN.COM)