Payment Policy | Therapeutic Eyeglasses and Contact Lenses

EFFECTIVE DATE: 02 |01 | 2023
POLICY LAST REVIEWED: 03|13|2026

OVERVIEW

Medicare Advantage Plans

This policy addresses coverage guidelines under the members Medicare Advantage Plans for eyeglasses or contact lenses following cataract surgery, for congenital aphakia or when used a bandage to promote healing in a diseased eye.

Commercial Plans

Coverage for contact lenses and scleral bandages **are limited to** use as a bandage for the eye for the promotion of healing are covered. Eyewear and contact lenses for all other indications are not covered under the members' medical plans.

Note: Benefits may vary as there are a limited number of commercial plans that have coverage for eyewear and contacts as part of the Pediatric Vision Care for members under age 19. Please refer to the members' Coverage Booklet or Subscriber Agreement for Coverage details.

MEDICAL CRITERIA

None

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Medicare Advantage Plans

Aphakia

Eyewear and contact lenses for members who are aphakic (had a cataract removed but did not have an implanted intraocular lens (IOL) or who have the congenital absence of the lens the following services are considered medically necessary:

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

Replacement Lenses are covered when medically necessary

The following services are covered when medically necessary and prescribed by the treating physician

- Anti-reflective coating
- Tints
- oversize lenses
- UV protection

The following services are not medically necessary

- UV coating on polycarbonate lenses

- Tinted lenses including photochromatic lenses when used as sunglasses prescribed in addition to regular glasses

Lenses made of polycarbonate or other impact materials are covered only for members who have functional vision in only one eye.

Pseudoaphakia
For members who have had Pseudoaphakia (cataract removed and the insertion of an intraocular lens IOL), coverage is limited to the following:

- One pair of standard frames or contact lenses
- bifocal or trifocal lenses
- If member has a cataract extraction with IOL insertion in one eye, subsequently has a cataract extraction with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, there is coverage for only one pair of eyeglasses or contact lenses after the second surgery.
- If member has a pair of eyeglasses, has a cataract extraction with IOL insertion, and receives only new lenses but not new frames after the surgery, the benefit would not cover new frames at a later date (unless it follows subsequent cataract extraction in the other eye).
- Refer to coding section of this policy for specific features that are covered

Replacement frames, eyeglass lenses and contact lenses are not covered

Coverage

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, for the applicable "Medical Vision" benefits/coverage.

If the policy criteria above are not met, the services may be covered under the member's stand-alone vision plan or vision rider; in the absence of a vision rider the member is responsible for payment

BACKGROUND

Aphakia is the absence of the lens of the eye due to surgical removal (cataract surgery), perforating wound or ulcer, or congenital anomaly. In cataract surgery, the lens is removed as it has become cloudy. A small incision is made in the eye and the cataract is removed by breaking it up with ultrasound, a laser, or a water jet and taking out the pieces (phacoemulsification). When all the cataract pieces have been removed, the surgeon normally replaces the cataract with an artificial lens (intraocular lens). Intraocular lenses (IOL) are permanent, artificial lenses that are surgically implanted in the eye to replace or supplement the crystalline lens of the eye. Intraocular lenses are not considered to be contact lenses. In some instances, an intraocular lens cannot always be safely placed, and the individual must wear eyeglasses or contact lenses after the cataract has been removed.

Pseudophakia refers to an eye condition whereby intraocular lens is implanted in the eyes to replace the natural lens. The natural lens is usually replaced as a result of being clouded over by a cataract.

Monofocal lenses are the most commonly implanted intraocular lenses. They have equal power in all regions of the lens and can provide high-quality distance vision, usually with only a light pair of spectacles. Monofocal lenses are in sharpest focus at only one distance. They do not correct pre-existing astigmatism, a result of irregular corneal shape that can distort vision at all distances. Patients who have had monofocal intraocular lenses implanted usually require reading glasses.

Toric lenses have more power in one specific region in the lens to correct astigmatism as well as distance vision. Due to the difference in lens power in different areas, the correction of astigmatism with a toric lens requires that the lens be positioned in a very specific configuration. While toric lenses can improve distance

vision and astigmatism, the patient still will require corrective lenses for all near tasks, such as reading or writing.

A presbyopia-correcting IOL implantation following the surgical removal of the lens or congenital aphakia is intended to provide correction for close-up and distance vision eliminating the need for eyeglasses or contact lenses.

Regular astigmatism is a visual condition where part of an image is blurred due to uneven corneal curvature. An astigmatism-correcting IOL is intended to provide what is otherwise achieved by eyeglasses or contact lenses. The astigmatism may be corrected at the time of cataract surgery by making one or two additional incisions in the periphery of the cornea. People with significant astigmatism require corrective lenses for sharpest vision at all distances.

The most common ocular surface disorders stem from tear-film abnormalities and lid-gland dysfunction ("blepharitis"), either of which may lead to ocular surface disorders. The use of terms such as dry eye (DE), ocular surface disease (OSD), or deficient tear syndrome (DTS), represents attempts to describe signs of clinical damage to the intrapalpebral ocular surface or symptoms of such disruption from a variety of causes.

Types of Lenses

Progressive Lenses

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

Hydrophilic lenses

Some hydrophilic contact lenses are used as moist corneal bandages for the treatment of acute or chronic corneal pathology, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, and for other therapeutic reasons. Hydrophilic contact lenses are not covered when used in the
treatment of nondiseased eyes with spherical ametrophia, refractive astigmatism and/or corneal astigmatism.[2]

Scleral lenses

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.

Scleral lenses may be used to improve vision and reduce pain and light sensitivity for people suffering from growing number of disorders or injuries to the eye. These include Microphthalmia, corneal ectasia, Stevens–Johnson syndrome, Sjögren's syndrome, aniridia, neurotrophic keratitis (anaesthetic corneas), complications post-LASIK, complications post-corneal transplant and pellucid degeneration. Injuries to the eye such as distorted corneal implants, as well as chemical and burn injuries may also be treated using scleral lenses.

Coding

Medicare Advantage Plans

The following CPT code(s) are covered when filed with any of these diagnosis code(s):
H27.00-H27.03 or Q12.3

92311 Prescription of optical and physical characteristics of and fitting of contact lenses, with medical supervision of adaptation; corneal lens for aphakia, one eye.

92312 Prescription of optical and physical characteristics of and fitting of contact lenses, 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 lens, corneoscleral lens
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; corneoscleral lens
92352 Fitting of spectacle prosthesis for aphakia; monofocal

The following HCPCS code(s) are covered when a member has one of these codes filed in the previous 9 months: 66830 or 66987

Frames

V2020 Frames purchases
V2025 Deluxe frame

Lenses

V2100 Sphere, single vision, plano to plus or minus 4. 00, per lens
V2101 Sphere, single vision, plus or minus 4. 12 to plus or minus 7. 00d, per lens
V2102 Sphere, single vision, plus or minus 7. 12 to plus or minus 20. 00d, per lens
V2103 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere,. 12 to 2.00d cylinder, per lens.
V2104 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere, 2. 12 to 4.00d cylinder, per lens
V2105 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere, 4. 25 to 6.00d cylinder, per lens
V2106 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere, over 6.00d cylinder, per lens
V2107 Sphero cylinder, single vision, plus or minus 4. 25 to plus or minus 7. 00 sphere, .12 to 2.00d cylinder per lens
V2108 Sphero cylinder, single vision, plus or minus 4. 25d to plus or minus 7. 00d sphere, .12 to 2.00d cylinder per lens
V2109 Sphero cylinder, single vision, plus or minus 4. 25 to plus or minus 7. 00d sphere, 4.25 to 6.00d cylinder
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 shere, .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
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, (myo disc), 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
V2211 Sphero cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens

V2212 Sphero cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213 Sphero cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214 Sphero cylinder, bifocal, sphere over plus or minus 12. 00d, per lens
V2215 Lenticular (myo disc), 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 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12-2.00d cylinder, per lens
V2304 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25-4.00d cylinder, per lens
V2305 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
V2306 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2307 Sphero cylinder, trifocal, plus or minus 4. 25 to plus or minus 7. 00d spher...
V2308 Sphero cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2309 Sphero cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2310 Sphero cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
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, (myo disc), 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 a sphericity lens, single vision, full field, glass or plastic, per lens
V2430 Variable a sphericity lens, bifocal, full field, glass or plastic, per lens
V2499 Variable sphericity lens, other type

Contact Lenses
V2500 Contact lens, pmma, spherical, per lens
V2501 Contact lens, pmma, toric or prism ballast, per lens
V2502 Contact lens pmma, bifocal, per lens
V2503 Contact lens, pmma, color vision deficiency, per lens
V2510 Contact lens, gas permeable, spherical, per lens
V2511 Contact lens, gas permeable, toric, prism ballast, per lens
V2512 Contact lens, gas permeable, bifocal, per lens
V2513 Contact lens, gas permeable, extended wear, per lens
V2520 Contact lens, hydrophilic, spherical, per lens
V2521 Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522 Contact lens, hydrophillic, bifocal, per lens
V2523 Contact lens, hydrophilic, extended wear, per lens
V2530 Contact lens, scleral, gas impermeable, per lens (for contact lens modification)
V2599 Contact lens, other type

Low vision aids
V2600 Handheld low vision aids and other nonspectacle mounted aids
V2610 Single lens spectacle mounted low vision aids

V2615 Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

Miscellaneous
V2700 Balance lens, per lens
V2702 Deluxe lens feature
V2710 Slab off prism, glass or plastic, per lens
V2715 Prism, per lens
V2718 Press-on lens, fresnell prism, per lens
V2730 Special base curve, glass or plastic, per lens
V2744 Tint, photochromatic, per lens
V2745 Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2750 Anti-reflective coating, per lens
V2755 U-v lens, per lens
V2756 Eye glass case
V2760 Scratch resistant coating, per lens
V2761 Mirror coating, any type, solid, gradient or equal, any lens material, per lens..
V2762 Polarization, any lens material, per lens
V2770 Occluder lens, per lens
V2780 Oversize lens, per lens
V2781 Progressive lens, per lens
V2782 Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783 Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2784 Lens, polycarbonate or equal, any index, per lens

The following HCPCS code(s) are covered when a member has one of these codes filed in the previous 9 months: 66920, 66930, 66940, 66982, 66983, 66984,66988, 66989, 66991

Frames
V2020 Frames, purchases
Lenses
V2100 Sphere, single vision, plano to plus or minus 4. 00, per lens
V2101 Sphere, single vision, plus or minus 4. 12 to plus or minus 7. 00d, per lens
V2102 Sphere, single vision, plus or minus 7. 12 to plus or minus 20. 00d, per lens
V2103 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere, .12 to 2.00d cylinder, per lens.
V2104 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere, 2. 12 to 4.00d cylinder, per lens
V2105 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere, 4. 25 to 6.00d cylinder, per lens
V2106 Sphero cylinder, single vision, plano to plus or minus 4. 00d sphere, over 6.00d cylinder, per lens
V2107 Sphero cylinder, single vision, plus or minus 4. 25 to plus or minus 7. 00 sphere, .12 to 2.00d cylinder per lens
V2108 Sphero cylinder, single vision, plus or minus 4. 25d to plus or minus 7. 00d sphere, .12 to 2.00d cylinder per lens
V2109 Sphero cylinder, single vision, plus or minus 4. 25 to plus or minus 7. 00d sphere, 4.25 to 6.00d cylinder
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 shere, .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
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
V2199 Not otherwise classified, single vision lens
V2121 Lenticular lens, per lens, single
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 llens
V2209 Sphero cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per llens
V2210 Sphero cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211 Sphero cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2212 Sphero cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213 Sphero cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214 Sphero cylinder, 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
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
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 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12-2.00d cylinder, per lens
V2304 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25-4.00d cylinder, per lens
V2305 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
V2306 Sphero cylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2307 Sphero cylinder, trifocal, plus or minus 4. 25 to plus or minus 7. 00d spher...
V2308 Sphero cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2309 Sphero cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2310 Sphero cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
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
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

Contacts

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, hydrophillic, bifocal, per lens
V2523 Contact lens, hydrophilic, extended wear, per lens

V2530 Contact lens, scleral, gas impermeable, per lens (for contact lens modification
V2531 Contact lens, scleral, gas permeable, per lens (for contact lens modification
V2599 Contact lens, other type

Miscellaneous
V2700 Balance lens, per lens
V2710 Slab off prism, glass or plastic, per lens
V2715 Prism, per lens
V2718 Press-on lens, fresnell prism, per lens
V2730 Special base curve, glass or plastic, per lens
V2770 Occluder lens, per lens

Medicare Advantage Plans and Commercial

The following code(s) are covered when used as a corneal bandage:
92071 for fitting of contact lens to treat ocular surface disease
V2520 Contact lens, hydrophilic, spherical, per lens
V2521 Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522 Contact lens, hydrophillic, bifocal, per lens
V2523 Contact lens, hydrophilic, extended wear, per lens
The following HCPCS code(s) is covered but not separately reimbursed
V2797 Vision supply, accessory and/or service component of another HCPCS vision code

Published
Provider Update, April 2026
Provider Update, April 2023
Provider Update, June 2021
Provider Update, April 2019
Provider Update, March 2018
Provider Update, February 2017
Provider Update, October 2015

Resources
1 American Optometric Association (AOA) Optometric Clinical Practice Guideline: Care Of The Patient With Ocular Surface Disorders. Accessed 01/31/2012
Http://Www.Aoa.Org/Documents/Cpg-10.Pdf
2 Centers for Medicare and Medicaid Services: Internet-Only Manual (IOMs). Medicare National Coverage Determinations Manual Chapter 1, Part 1 (Sections 80-80.12- Eye).
3 Centers for Medicare and Medicaid Services: National Coverage Determination (NCD) for Scleral Shell (80.5).
http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx
4 Centers for Medicare and Medicaid Services: Internet-Only Manuals (IOMs). Medicare Benefit Policy Manual- Chapter 15 – Covered Medical and Other Health Services (Section 120-B-1, 2, and 3).
http://www.cms.gov/manuals/Downloads/bp102c15.pdf
5 Medscape Education Ophthalmology: Glaucoma Expert Column Series. Glaucoma and Ocular Surface Disease: An Expert Interview With Dr. Deepak Edward
6. LCD - Micro-Invasive Glaucoma Surgery (MIGS) (L37244)
7. PM-US-0789-iStent-inject-W-Billing-and-Coding-Guide.pdf (CPT codes 66989 & 66991)

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