



American Academy of Ophthalmic Executives®

Myopia: Coding for Exams and Contact Lenses

Published April 26, 2021

Myopia according to the Academy's Dictionary of Eye Terminology, Seventh Edition, is defined as: Nearsightedness. Focusing defect created by an "overpowered" eye, one that has too much optical power for its length. Light rays that come from a distant object are brought to a focus before they reach the retina. Myopic people see close-up objects clearly, but their distance vision is blurry.

ICD-10 Codes

H52.11 Myopia, right eye

H52.12 Myopia, left eye

H52.13 Myopia, bilateral

Currently there are no ICD-10 codes for pharmacological treatment of myopia.

Coding the Examination

Myopia is not a covered diagnosis for the family of Evaluation and Management (E/M) codes 99202 - 99215.

Depending on the insurance, myopia may be a covered diagnosis for the family of Eye visit codes:

- 92002 Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.
- 92012 Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, established patient.
- 92004 Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits.
- 92014 Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits.

and/or this family of HCPCS codes:

- S0620 Routine ophthalmological examination including refraction; new patient.
 - S0621 Routine ophthalmological examination including refraction; established patient
- Myopia, right eye.

Coding the Refraction

BACKGROUND	Since 1992, the refraction has been a separate CPT code and separately billable. This service is usually billed in addition to the office visit encounter.
CPT CODE	92015 - Determination of refractive state
2021 RVU	Facility total RVU is 0.57. Non-facility total RVU is 0.58.
INSURANCE COVERAGE	<p>Medicare Part</p> <ul style="list-style-type: none"> • Refractions are considered non-covered services for Medicare Part B beneficiaries. • As a non-covered, an advanced beneficiary notice (ABN) is not required. The service is considered patient responsibility. <p>Medigap</p> <ul style="list-style-type: none"> • Some Medigap or Medicare secondary plans may cover the refraction. Others may deny as it is not a plan benefit and would be considered the patient responsibility. <p>Medicare Advantage (MA)</p> <ul style="list-style-type: none"> • Medicare Advantage (Part C coverage) may provide additional benefits to the patient including vision benefits and coverage for refraction. This may vary by carrier and plan. • MA plans vision coverage, including the refraction, may be provided by a separate vision insurance carrier (e.g., VSP or EyeMed). Confirm payer contracts for participating status. <p>Commercial</p> <ul style="list-style-type: none"> • Commercial carrier coverage for refraction may vary based on plans. • Some will pay with a vision diagnosis. • Some will pay with a medical diagnosis. • Some bundle the refraction with the office visit. • Best practice is to carefully review the commercial participating provider contract for refraction coverage. • Vision coverage, including the refraction may be provided by a separate vision insurance carrier (e.g., VSP or EyeMed). Confirm payer contracts for participating status. Non-covered refractions may be considered provider contractual adjustments. • When considered patient responsibility, a waiver of liability may be required by the commercial plan. Tricare or other governmental agencies may provide their own waiver of liability form for disallowed services.

	<p>Medicaid</p> <ul style="list-style-type: none"> • Medicaid coverage varies per state. Some may provide vision coverage and reimburse for refraction services. Policies may only include coverage for children. • When the refraction is a Medicaid contractual write-off, the patient should not be billed. • Some Medicaid plans may allow balance billing non-covered services when an approved Medicaid waiver is completed. • Confirm the coverage and patient responsibility per the Medicaid policies. <p>Vision Plans</p> <ul style="list-style-type: none"> • Many vision plans provide coverage for an examination and the refraction. • Review the vision plan contract to confirm the reimbursement and any bundling of the refraction and the intermediate or comprehensive examination.
<p>BILLING GUIDELINES</p>	<ul style="list-style-type: none"> • The refraction is billable whenever it is performed. Certainly, more palatable to the patient when they are given a prescription. • An autorefraction is typically not billable until it is refined. • The refraction is not part of the global surgical package. • When covered by insurance, there are frequency limitations. Depending on the payer, coverage may be once a year or once every two years.

Coding Contact Lenses

Fitting for myopic control is considered off label.

From CPT Assistant Archive—Coding for Ophthalmological Services

Coding for Contact Lens Services

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 contact lenses includes instruction and training of the wearer and incidental revision of the lenses during the training period. Follow-up of successfully fitted extended wear lenses is reported as part of a general ophthalmological service (92012 et seq).

As indicated earlier, the prescription of contact lenses is not part of the general ophthalmological services. Therefore, the prescription of contact lenses may be reported separately in addition to the general ophthalmological service codes and E/M if performed. If a patient presents for follow-up of successfully fitted extended wear lenses, this is part of the general ophthalmological services using 92012 and 92014 and is not a separately reportable service.

The supply of the contact lenses may be reported as part of the fitting or reported separately with the appropriate supply code.

CPT code 92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia.

Note: For prescription and fitting of one eye, add modifier -52 to 92310

CPT code 92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia.

Note: For prescription and fitting of one eye, add modifier -52 to 92314

Contact Lens Solutions

Contact lens cleaning solution and normal saline for contact lenses are not covered by insurance plans but may be billed using CPT code 99070, Supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered. Many states require charging sales tax for these items.