



Coding Seminar

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Coding Summary



Coding Summary: Examination & Refraction

Code	Description	ICD-10	Description
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	H52.01 H52.02 H52.03 H52.11 H52.12 H52.13 H52.211 H52.212 H52.213 H52.221 H52.222 H52.223 H52.31 H52.32 H52.4 H52.521 H52.522 H52.523 H52.531 H52.532 H52.533	Hypermetropia, right eye Hypermetropia, left eye Hypermetropia, bilateral Myopia, right eye Myopia, left eye Myopia, bilateral Irregular astigmatism, right eye Irregular astigmatism, left eye Irregular astigmatism, right eye Regular astigmatism, right eye Regular astigmatism, left eye Regular astigmatism, bilateral Anisometropia Aniseikonia Presbyopia Paresis of accommodation, right eye Paresis of accommodation, left eye Paresis of accommodation, bilateral Spasm of accommodation, right eye Spasm of accommodation, left eye Spasm of accommodation, bilateral
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits		
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits		
92015	Refraction		
S0620	Routine ophthalmological examination including refraction ; new patient	Z01.00 Z01.01 Z01.020 Z01.021	Encounter for examination of eyes and vision without abnormal findings Encounter for examination of eyes and vision with abnormal findings Encounter for examination of eyes and vision following failed vision screening without abnormal findings Encounter for examination of eyes and vision following failed vision screening with abnormal findings
S0621	Routine ophthalmological examination including refraction ; established patient		



Optional Extra Codes related to Diabetic Retinal Examination (5/24/2023)

Fundus Photography CPT Code 92250 will be paid at \$30 when submitted with diabetes without complications or diabetic retinopathy codes. Please see Clinical Policy *OC.UM.PR.CP.0029 Fundus Photography in the Evaluation of Diabetic Retinal Disease*. Access this policy at envolvevision.com/logon. Once logged in, click on *Provider Resources* then *Policies and Procedures*.

No Diabetic Retinopathy (ICD-10: E08.9, E09.9, E10.9, E11.9, E13.9) Please include the applicable HEDIS CPT II Code for additional \$10 reimbursement:

- 2025F:** 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **without evidence of retinopathy**
- 2033F:** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without evidence of retinopathy**

Diabetic Retinopathy (E08.3-E08.39, E09.3-E09.39, E10.3-E10.39, E11.3-E11.39, E13.3-E13.39) Please include the applicable HEDIS CPT II Code for additional \$10 reimbursement:

- 2024F:** 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; **with evidence of retinopathy**
- 2026F:** Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **with evidence of retinopathy**

Please code to the highest level of specificity; unspecified codes are excluded from coverage. An exact list of covered diagnosis codes may be found in Envolve Clinical Policy OC.UM.PR.CP.0029 Fundus Photography in the Evaluation of Diabetic Retinal Disease.



CPT II Codes related to Diabetes

CPT II Code	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)



- New patient examination code submitted in conjunction with 3072F.
 - 3072F is used to indicate no retinopathy findings in the previous year. If you are reporting retinopathy status evaluated during the examination being submitted, please select the most appropriate code from the list of codes below that correspond with concurrent evaluation (2022F-2033F).
- Patient diagnosed with diabetic retinopathy submitted in conjunction with 3072F.
 - 3072F is used to indicate low risk of retinopathy per findings in the previous year's examination. If a patient is diagnosed with diabetic retinopathy during your examination, please select the most appropriate code from the list of codes below that correspond with evidence of retinopathy (2022F, 2024F, 2026F).
- Patient is not a diabetic; however, a CPT II code from the previous list was submitted for an incentive reporting reimbursement.
 - Envolve reimburses provides \$10 for submission of CPT II performance measurement codes listed on the previous slide, as appropriate. These codes do not apply to quality tracking initiatives designed specifically for comprehensive diabetic care.





Frames:

V2020 or V2025

Lenses:

SV: V2100-V2118

See Breakdown →

BF: V2200-V2218

TF: V2300-V2318

HCPCS	Description
V2100	Lens sphere single plano - 4.00
V2101	Single vision sphere 4.12-7.00
V2102	Single vision sphere 7.12-20.00
V2103	Spherocylinder 4.00d/12-2.00d
V2104	Spherocylinder 4.00d/2.12-4d
V2105	Spherocylinder 4.00d/4.25-6d
V2106	Spherocylinder 4.00d/>6.00d
V2107	Spherocylinder 4.25d/12-2d
V2108	Spherocylinder 4.25d/2.12-4d
V2109	Spherocylinder 4.25d/4.25-6d
V2110	Spherocylinder 4.25d/over 6d
V2111	Spherocylinder 7.25d/.25-2.25
V2112	Spherocylinder 7.25d/2.25-4d
V2113	Spherocylinder 7.25d/4.25-6d
V2114	Spherocylinder over 12.00d
V2115	Lens lenticular bifocal
V2118	Lens aniseikonic single



Lens Add-Ons (billed in addition to base lens)

HCPCS	Description
V2219	Lens bifocal seg width over
V2220	Lens bifocal add over 3.25d
V2319	Trifocal seg width over 28 mm
V2320	Trifocal add over 3.25d
V2700	Balance lens
V2702	Deluxe lens feature
V2710	Slab off prism, glass or plastic
V2715	Prism
V2718	Fresnel prism, press-on lens
V2730	Special base curve, glass or plastic
V2744	Tint photochromatic lens
V2745	Tint, any color, solid, gradient or equal

HCPCS	Description
V2750	Anti-reflective coating
V2755	UV lens
V2760	Scratch resistant coating
V2761	Mirror coating
V2762	Polarization
V2770	Occluder lens
V2780	Oversize lens
V2781	Progressive lens
V2782	High Index Lens, 1.54-1.65 p/1.60-1.79 g
V2783	High Index Lens, >= 1.66 p/>=1.80 g
V2784	Polycarbonate or equal lens
V2786	Occupational multifocal lens





HCPCS Codes	Description
V2500	Contact lens PMMA, spherical
V2501	Contact lens PMMA, toric/prism ballast
V2502	Contact lens PMMA, bifocal
V2503	Contact lens PMMA, color vision deficiency
V2510	Contact lens gas permeable, spherical
V2511	Contact lens gas permeable, toric/prism ballast
V2512	Contact lens gas permeable, bifocal
V2513	Contact lens gas permeable, extended wear
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2599	Contact lens, other type

HCPCS Codes	Description
S0500	Disposable contact lens
V2520	Contact lens hydrophilic
V2521	Contact lens hydrophilic, toric
V2522	Contact lens hydrophilic, bifocal
V2523	Contact lens hydrophilic, extended wear

Contact Lens Fitting:

92310

Standard Fitting

S0592

Specialty Fitting





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Coding Examples



Patient #1: Routine Exam and Glasses

- New patient presents for a routine examination and glasses. The patient is not diabetic.
- **Exam:** Refer to clinical policy CP.VP.13 for required elements of an eye examination.
- **Glasses:** Refer to clinical policy CP.VP.13 Attachment A for routine hardware coding guidance.



Patient #1 has an examination, refraction and orders a new frame and the following lenses: bifocals with anti-reflective coating. How should these services be coded?



Coding Patient #1

Service	Units	CPT/HCPCS Code
Examination	1	Either: 92002, 92004 or S0620 for a new patient examination with a routine diagnosis code.
Refraction	1	If the exam was billed with 92002 or 92004, bill 92015 for refraction. If the exam was billed with S0620, this code includes the refraction.
Frame	1	Either: V2020 or V2025 depending on frame selection. Envolve Vision does not have a formulary of which frames fall in either category.
Bifocal Lenses	2	Select V2200-V2214 depending on the lens strength.
Anti-Reflective Coating	2	V2750



Patient #2: Routine Exam & Glasses for a Diabetic Patient

- Established patient presents for a routine examination and glasses. The patient is a Type 1 Diabetic.
- **Exam:** Refer to clinical policy CP.VP.13 for required elements of an eye examination.
- Optional Retinal Photo in addition to or in lieu of dilation: Refer to clinical policy OC.UM.PR.CP.0029 for guidance.
- **Glasses:** Refer to clinical policy CP.VP.13 Attachment A for routine hardware coding guidance.



Patient #2 has an examination, refraction, fundus photography and orders lenses for a frame that they already owned: single vision polycarbonate lenses. The patient does not have diabetic retinopathy. How should these services be coded?



Coding Patient #2

Service	Units	CPT/CPT II/HCPCS Code
Examination	1	Either: 92012, 92014 or S0621 for an established patient examination with a routine diagnosis code.
Refraction	1	If the exam was billed with 92012 or 92014, bill 92015 for refraction. If the exam was billed with S0621 this code includes the refraction.
Fundus Photography	1	92250. In this case, the diagnosis is E10.9 for Type 1 Diabetes without Complications.
CPT II Quality Reporting Code	1	The patient did not have retinopathy. Therefore, report 2025F or 2033F.
Single Vision Lenses	2	Select V2100-V2114 depending on the lens strength.
Polycarbonate Material	2	V2784



- Established patient presents for a routine examination and glasses. The patient is a Type 2 Diabetic.
- **Exam:** Refer to clinical policy CP.VP.13 for required elements of an eye examination.
- Optional Retinal Photo in addition to or in lieu of dilation: Refer to clinical policy OC.UM.PR.CP.0029 for guidance.
- **Glasses:** Refer to clinical policy CP.VP.13 Attachment A for routine hardware coding guidance.



Patient #3 has a dilated eye examination, refraction and orders two frames with the following lenses: single vision polycarbonate lenses in one frame, progressive, transition lenses in the other frame. How should these services be coded?



Coding Patient #3

Service	Units	CPT/CPT II/HCPCS Code
Examination	1	Either: 92012, 92014 or S0621 for an established patient examination with a routine diagnosis code.
Refraction	1	If the exam was billed with 92012 or 92014, bill 92015 for refraction. If the exam was billed with S0621 this code includes the refraction.
CPT II Quality Reporting Code	1	The patient had retinopathy. Therefore, report 2022F with the appropriate clinical diagnosis.
Two Frames	2	Either: V2020 or V2025 depending on frame selection. Envolve Vision does not have a formulary of which frames fall in either category.
Single Vision Lenses	2	Select V2100-V2114 depending on the lens strength.
Polycarbonate Material	2	V2784
Bifocal or Trifocal Lens (bases)	2	V2200-V2214 or V2300-V2314
Progressive Lenses	2	V2781
Transitions	2	V2744



Patient #4: Routine Exam and Contact Lenses

- New patient presents for a routine examination and would like to be fit with soft toric contact lenses. The patient is not diabetic.
- **Exam:** Refer to clinical policy CP.VP.13 for required elements of an eye examination.
- **Contact Lenses:** Refer to clinical policy CP.VP.13 Attachment A for routine hardware coding guidance.



Patient #4 has an examination, refraction, contact lens fitting and orders toric contact lenses. How should these services be coded?



Coding Patient #4

Service	Units	CPT/HCPCS Code
Examination	1	Either: 92002, 92004 or S0620 for a new patient examination with a routine diagnosis code.
Refraction	1	If the exam was billed with 92002 or 92004, bill 92015 for refraction. If the exam was billed with S0620 this code includes the refraction.
Contact Lens Fitting	1	92310 is the code for standard contact lens fitting and S0592 is the code for specialty contact lens fitting. These services are billed as part of the member allowance.
Contact Lenses	2	V2521. Units align with the number of boxes that the member purchases.





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Frequently Asked Questions



Frequently Asked Questions:

- Are glasses replacements covered?
 - No, please refer to the Plan Specifics for this information
- Is fundus photography covered for glaucoma evaluation?
 - No, please refer to clinical policy OC.UM.PR.CP.0029
- Some patients do not want to pay anything over their allowance. Can I waive the patient fee?
 - Any discounts must be consistent regardless of coverage limitations.
- Do I have to use CPT II (-F codes)?
 - No. These are optional quality reporting codes. Envolve offers a \$10 incentive to encourage reporting.



Frequently Asked Questions:

- **Do I need to maintain proof of dispensing glasses or contact lenses?**
 - Yes. This should be maintained in the patient's record and should be available upon request in response to either a member complaint or record audit. If the glasses were mailed, maintain shipping information in lieu of a signature.
- **How do I use the RT/LT modifiers?**
 - These can be used to indicate a service or material was for one eye not both.
- **Are telehealth services covered?**
 - Telehealth services are covered when the provider has the appropriate certification. Please adhere to applicable policies.
- **I know I must wait until optical hardware has been dispensed before I can bill for these materials. What happens if the member has used their benefit in the interim or the benefit amount has changed?**
 - It is recommended that you have members sign that they will be liable for any charges exceeding their remaining/eligible allowance on the day that the materials are dispensed.
 - Reminder: The delivery date is used as the date of service on the claim form. The delivery date is the date the beneficiary or an authorized representative picks up the refractive device or the date the package was shipped.





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Thank you!

Customer Service

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Member Eligibility & Claims:

844-833-1905

