

Clinical Policy: Preventive (Routine) Eye Examination

Reference Number: CP.VP.13

Last Review Date: 08/2025

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

A thorough ophthalmic evaluation can detect common abnormalities of the visual system and related structures as well as less common yet extremely serious ones, such as ocular tumors. Such an evaluation can also uncover evidence of systemic disease that have associated ophthalmic manifestations. All patients, particularly those with risk factors for ocular disease, should be re-examined periodically to prevent or minimize vision loss by detecting and treating the disease at an early stage.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that preventive (routine) eye examinations are **medically necessary** for the following indications:
 - A. Evaluation of the visual system and related structures
 1. When the initial comprehensive evaluation is normal or involves only optical abnormalities that require corrective lenses, the eye care provider reviews the findings with the patient and renders advice regarding an appropriate interval for re-examination. Although this is considered a low-risk category, periodic re-examination is indicated to detect new, potentially asymptomatic, or unrecognized ocular disease, such as glaucoma, diabetic retinopathy, and AMD, the incidence of which increases with age.
 - a. Comprehensive evaluation of patients with no risk factors is recommended at the following frequencies:
 - i. Pediatrics: *see CPG.VP.47 Pediatric Eye Examinations*
 - ii. Adults under 40 years of age: every 5-10 years
 - iii. Ages 40-54 years of age: every 2-4 years
 - iv. Ages 55-64: every 1-3 years
 - v. Ages 65 and older: every 1-2 years
 - b. Interim evaluations, such as screenings, refractions, or less extensive evaluations, are indicated to address episodic minor problems and complaints, or for patient reassurance. The extent of the interim evaluation to be performed is determined by the patient's condition, symptoms, and by the ophthalmologist's medical judgment.
 - c. A patient is considered to be at increased risk when the evaluation reveals signs that are suggestive of a potentially abnormal condition or when risk factors for developing ocular disease are identified but the patient does not yet require intervention. These situations may merit closer follow-up to monitor the patient's ocular health and to detect early signs of disease with additional testing. The eye care provider will determine the appropriate

follow-up interval for each patient based on the presence of early symptoms and signs, risk factors, the onset of ocular disease, and the potential rate of progression of a given disease.

Background

An eye examination consists of an evaluation of the physiological function and the anatomical status of the eye, visual system, and its related structures. This usually includes the following elements, based on the patient's history and findings, additional tests or evaluations might be indicated to evaluate further a particular structure or function:

- Visual acuity with current correction (the power of the present correction recorded) at distance and, when appropriate, at near, with a refraction when indicated;
- Visual fields by confrontation or automated screening devices (non-threshold);
- External examination (e.g., eyelid position and character, lashes, lacrimal apparatus and tear function; globe position; and pertinent facial features);
- Pupillary function (e.g., size and response to light, relative afferent pupillary defect);
- Ocular alignment and motility (e.g., cover/uncover test, alternate cover test, version and duction assessment);
- Slit-lamp biomicroscopic examination: eyelid margins and lashes; tear film; conjunctiva; sclera; cornea; anterior chamber; and assessment of central and peripheral anterior chamber depth, iris, lens, and anterior vitreous;
- Intraocular pressure measurement, preferably with a contact applanation method (typically a Goldmann tonometer). Contact tonometry may be deferred in the setting of suspected ocular infection or corneal trauma.
- Fundus examination: mid and posterior vitreous, retina (including posterior pole and periphery), vasculature, and optic nerve
 - *See clinical policy CPG.VP.24 Dilation during Examination of the Eye*
- Assessment of relevant aspects of patient's mental and physical status

Centene and Envolve have established minimum standards for practitioner documentation and maintenance of medical records including record content, record organization and maintaining confidentiality for all Protected Health Information (PHI). Providers must keep accurate and complete records that are legible, complete, dated, timed, signed and authenticated in written or electronic form by the person responsible for providing the service, including but not limited to examination notes, imaging and diagnostic tests, prescriptions, referrals, and operative notes.

All examinations require the signature of the rendering provider with the following requirements:

- The signature must be a legible handwritten signature or initials; a reviewer must be able to determine whose signature is used
- Electronic signatures should contain date and timestamps and include printed statements, e.g., "electronically signed by" or "verified/reviewed by" the rendering provider's name and preferably a professional designation. The authorship related to the signature must be clearly defined in the record.
- Digitized signature – an electronic image of the rendering provider's handwritten signature reproduced in its identical form using a pen tablet.
- Stamp signatures are not acceptable.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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

According to the ICD-10-CM Official Guidelines for Coding and Reporting, diagnosis codes are to be used and reported at their highest number of characters available. ICD-10-CM diagnosis codes are composed of codes with 3, 4, 5, 6, or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth characters and/or sixth characters, which provide greater detail. A three-character code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code, including the seventh character if applicable. Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information isn't known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate "unspecified" code (e.g. a diagnosis of pneumonia has been determined, but not the specific type). Unspecified codes should be reported when they are the codes that most accurately reflects what is known about the patient's condition at the time of that particular encounter. It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code.

Centene and Envolve comply with the coding guidelines of the health plan and/or State in which the client resides. When billing 92004/92014, the need for a comprehensive examination must be documented in the record. Abnormal comparative utilization of comprehensive examination

coding is subject to retrospective review. Refractive diagnoses unaccompanied by complicating comorbidities will be interpreted as a routine intermediate ophthalmological examination (S0620/S0621 or 92002/92012 and 92015 – if applicable).

HCPSC Codes	Description
S0620	Routine ophthalmological examination including refraction; new patient
S0621	Routine ophthalmological examination including refraction; established patient

The coverage of services rendered is dependent on the purpose of the examination (as reflected in the chief complaint) rather than on the ultimate diagnosis of the patient's condition. Primary ICD-10® diagnosis must match the chief complaint. Medical diagnosis codes determined at the time of routine examination should be considered a co-morbidity.

ICD-10® codes labeled "other specified" (e.g. other specified visual disturbances) or "unspecified" (e.g. subjective visual disturbance, unspecified) do not meet the requirements of a valid co-morbidity, or medical reimbursement. ICD-10® codes that describe signs and symptoms (e.g. headache, pain in or around the eye, visual discomfort), as opposed to diagnoses, are suitable only when a diagnosis has not been established and do not meet the requirements of a valid co-morbidity or medical reimbursement.

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral

ICD-10-CM Code	Description
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z01.020	Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Z01.021	Encounter for examination of eyes and vision following failed vision screening with abnormal findings

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to a new template; Revised ICD-10 diagnosis codes	12/2020	12/2020
Clarified recommendation for frequency of comprehensive examinations	06/2021	07/2021
Annual Review; Updated ICD-10 diagnosis codes related to headache; Updated References.	12/2021	12/2021
Added ICD-10 codes for refractive hardware to policy Attachment A. Updated references.	08/2022	10/2022
Annual Review	11/2022	11/2022
Removed diagnoses related to headaches as medical indications for routine (preventive) examination; Updated References.	06/2023	07/2023
Annual Review	11/2023	12/2023
Updated HCPCS codes for hydrophilic lenses in Attachment A	11/2024	12/2024
Annual Review	08/2025	10/2025

References

1. ICD-10-CM Official Guidelines for Coding and Reporting 2024 Section B “General Coding Guidelines”
2. CPT® Evaluation and Management (E/M) Code and Guideline Changes, January 1, 2023, American Medical Association. 2022. Last Accessed: July 2023, <https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>
3. American Academy of Ophthalmology (AAO) Preferred Practice Patterns Committee. Preferred Practice Pattern®-Guidelines. Comprehensive Adult Medical Eye Evaluation. San Francisco, CA: American Academy of Ophthalmology, 2020. Available at <https://www.aao.org/preferred-practice-pattern/comprehensive-adult-medical-eye-evaluation-ppp>
4. American Optometric Association (AOA), Clinical Practice Guideline Comprehensive Adult Eye and Vision Examination, 2nd Edition, January 20, 2023, American Optometric Association. <https://aoa.uberflip.com/i/1492068-ebo-adult-guidline-22/0?>
5. Centers for Medicare and Medicaid Services (CMS), Payment Integrity Manual 100-08, <https://www.cms.gov/>

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program

approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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Clinical Policy: Preventive (Routine) Eye Examination

Attachment A: Refractive Hardware

Reference Number: CP.VP.13: Attachment A

For the purposes of this policy, the term “refractive hardware” excludes medically necessary hardware.

For clinical guidance on medically necessary hardware, reference policy CP.VP.06 Medically Necessary Hardware.

Codes listed in this policy do not indicate coverage.

Documentation that the patient has received refractive hardware must be maintained. There are three methods of delivery for glasses and contact lenses:

- Member or authorized representative is directly receiving the Item(s) at the optical shop
- The Item(s) are being delivered by either mail service or delivery service
- The Item(s) are being delivered to a nursing facility on behalf of the member

The delivery date is the date that the beneficiary or an authorized representative actually picks up the refractive hardware, or the date that the package was shipped in the event of having to mail or use a delivery service. The delivery date is used as the date of service on the claim form.

Glasses

Coverage and frequency of frames and lenses is detailed in the member’s plan specifics. Reference plan specifics for coverage and applicability of codes listed below.

Frame:

Bill one frame code per dispensed frame. Do not bill for a frame that is supplied by the member.

HCPSC Codes	Description
V2020	Standard Frame
V2025	Deluxe Frame

Base Lens:

Use modifier RT for the right lens and modifier LT for the left lens. Only one of these codes may be billed for each lens provided.

HCPSC Codes	Description
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00D, per lens
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00D, per lens
V2103	Spherocylinder, single vision, plus or minus 4.00D sphere, 0.12-2.00D cylinder, per lens
V2104	Spherocylinder, single vision, plus or minus 4.00D sphere, 2.12-4D cylinder, per lens

HCPCS Codes	Description
V2105	Spherocylinder, single vision, plus or minus 4.00D sphere, 4.25-6D cylinder, per lens
V2106	Spherocylinder, single vision, plus or minus 4.00D sphere, >6.00D cylinder, per lens
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, 0.12 to 2.00D cylinder, per lens
V2108	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens
V2110	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00D sphere, over 6.00D cylinder, per lens
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere 0.25 to 2.25D cylinder, per lens
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere 2.25 to 4.00D cylinder, per lens
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00D sphere 4.25 to 6.00D cylinder, per lens
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00D, per lens
V2115	Lenticular (myodisc), per lens, single vision
V2118	Aniseikonic lens, single vision
V2121	Lenticular lens, per lens, single vision
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	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, 0.12 to 2.00D cylinder, per lens
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, 2.12 to 4.00D cylinder, per lens
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 0.12 to 2.00D cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00D sphere, over 6.00D cylinder, per lens

HCPCS Codes	Description
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere 0.25 to 2.25D cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere 2.25 to 4.00D cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00D sphere 4.25 to 6.00D cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00D, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2218	Aniseikonic, per lens, bifocal
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 20.00D, per lens
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, 0.12 to 2.00D cylinder, per lens
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, 2.25 to 4.00D cylinder, per lens
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, 4.25 to 6.00D cylinder, per lens
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 0.12 to 2.00D cylinder, per lens
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 2.12 to 4.00D cylinder, per lens
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, 4.25 to 6.00D cylinder, per lens
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00D sphere, over 6.00D cylinder, per lens
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere 0.25 to 2.25D cylinder, per lens
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere 2.25 to 4.00D cylinder, per lens
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00D sphere 4.25 to 6.00D cylinder, per lens
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00D, per lens
V2315	Lenticular (myodisc), per lens, trifocal
V2318	Lens aniseikonic trifocal
V2321	Lenticular lens, per lens, trifocal
V2399	Specialty trifocal (by report)
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens

HCPSC Codes	Description
V2499	Variable asphericity lens, other type

Lens add-ons:

Reference plan specifics for coverage applicability of codes listed below. Use modifier RT for the right lens and modifier LT for the left lens.

HCPSC Codes	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, per lens
V2702	Deluxe lens feature
V2710	Slab off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, Fresnel 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	UV lens, per lens
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	High Index Lens, 1.54 to 1.65 plastic or 1.60-1.79 glass, excludes polycarbonate, per lens
V2783	High Index Lens, 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
V2786	Specialty occupational multifocal lens, per lens

Fitting and Dispensing of Glasses:

Fitting includes measurement of anatomical facial characteristics, writing of laboratory specifications, and final adjustment of the spectacles to the visual axis and anatomical topography. Bill one code per dispensed complete set of glasses (frame and two lenses).

CPT® Codes	Description
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal

CPT® Codes	Description
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
92370 ¹	Repair and refitting spectacles; except for aphakia

Contact Lenses

Coverage and limitations for contact lenses is detailed in the member's plan specifics. Reference plan specifics for coverage and applicability of codes listed below.

Hard/Rigid Contact Lenses:

HCPCS Codes	Description
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 or prism ballast, per lens
V2512	Contact lens gas permeable, bifocal, per lens
V2513	Contact lens gas permeable, extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2599	Contact lens, other type

Soft Contact Lenses:

HCPCS Codes	Description
S0500	Disposable contact lens
V2520	Contact lens hydrophilic, spherical
V2521	Contact lens hydrophilic, toric or prism ballast
V2522	Contact lens hydrophilic, bifocal
V2523	Contact lens hydrophilic, extended wear
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens
V2525	Contact lens, hydrophilic, dual focus, per lens
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens

¹ 92370 cannot be billed in conjunction with 92340-92342.

Fitting and Dispensing of Contact Lenses:

CPT® Codes	Description
92310 ²	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal scleral lens
92325 ³	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	Replacement of contact lens

ICD-10-CM Diagnosis Codes that Support Coverage Criteria for Refractive Hardware

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H52.00	Hypermetropia, unspecified eye
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral

² Use modifier -52 for reduced services if fitting only one eye. The contact lens prescription includes specifications of the contact lens including base curve, power, diameter and polymer and instruction concerning lens care and training on lens insertion and removal.

³ Polishing or modifying the parameters of an RGP lens using a modification instrument.

ICD-10-CM Code	Description
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.209	Unspecified astigmatism, unspecified eye
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.219	Irregular astigmatism, unspecified eye
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.229	Regular astigmatism, unspecified eye
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.529	Paresis of accommodation, unspecified eye
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.539	Spasm of accommodation, unspecified eye
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.019	Deprivation amblyopia, unspecified eye
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.029	Refractive amblyopia, unspecified eye
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.039	Strabismic amblyopia, unspecified eye
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses

References

1. Learn to Code Optical Dispensing, American Academy of Ophthalmology, November, 2019.