

Optometry Coding & Billing Alert

CPT: 6 Tips Guide You to More Accurate Contact Lens Claims

Clear the air on appropriate codes to boost practice revenue.

Getting insurance claims paid for prescriptive medical devices such as contact lenses can be tricky. Insurance carriers aren't quick to reimburse for these, but by avoiding a few common errors, your contact lens claims stand a better chance of reaping rewards. Here is a quick guide to help you avoid the pitfalls that you may encounter while filing a contact lens claim. 1. Home In on Codes for Bread-and-Butter Claims

When an optometrist, rather than a technician, provides contact lens prescription and fitting, you should choose from the following codes, says **David Gibson, OD, FAAO**, a practicing optometrist in Lubbock, Texas:

- 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
- 92311 --\ " ... corneal lens for aphakia, one eye
- 92312 --\ " ... corneal lens for aphakia, both eyes
- 92313 --\ " ... corneal scleral lens.

Example: For most patients, you should bill the initial fitting with code 92310. CPT guidelines: You should include optical and physical characteristic specifications, such as power, size, curvature, flexibility and gas-permeability, in the contact lens prescription service. You should not consider prescription a part of the general ophthalmological services, according to the CPT manual.

Contact lens fitting, on the other hand, includes instructing and training the wearer. It also includes the incidental lens revision during the training period, the CPT manual states.

2. Remember Coding Options Change for Techs

If a tech -- not an optometrist -- provides the contact lens services, look to the following codes:

- 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 (for prescription and fitting of one eye, add modifier 52)
- 92315 -- ... corneal lens for aphakia, one eye
- 92316 -- ... corneal lens for aphakia, both eyes
- 92317 -- ... corneal scleral lens.

3. Watch Descriptor for Unilateral vs. Bilateral

You have to be alert to whether you should bill contact lens procedures as bilateral or unilateral.

Code 92310 specifies "both eyes," so if you only do one eye, code 92310 with modifier 52 (Reduced services), per CPT.

But the codes for aphakic patients differ based on whether you fit one or both eyes.

Example: Report 92311 when an optometrist fits one eye for an aphakic patient and 92312 if she fits both eyes.

4. Consider Supply Codes and Charges

CPT guidelines state that you may include contact lens supply as part of the fitting service, or you may report supply

separately. To report a separate supply code, look to the V2500-V2599 series (Contact lens ...), which describe the materials you use for the case, says **Joyce Ardrey, CPC**, health systems consultant for the Oklahoma Association of Optometric Physicians in Oklahoma City.

All of these V codes are monocular (per lens), so if you treat both eyes, you should report two units of the applicable V code. You may also append modifiers RT (Right side) and LT (Left side), depending on the payer's preference.

5. Treat Follow-Up as Office Visit

If the patient comes back for a follow-up, you would bill the appropriate office visit for the encounter, experts say.

So, to report the follow-up of successfully fitted extended-wear lenses, bill it as a general service and use a code such as 92012 (Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient).

6. Be Sure Your Documentation Makes the Grade

Fitting: For fitting, the optometrist needs to document the proper measurements for correct contact lens fitting, and document their findings for base curve, diameter and power of the lens.

As a cautious approach, you may document what type of lens you dispensed, the date, the dispensing person's signature, and the signature of the person picking up the lenses, but not every plan requires this. Example: Medicare requires the patient's signature but not the dispenser's. Still, good office policy would require the dispenser to initial and date the delivery of the lenses. And don't forget to document the diagnosis that supports medical necessity for the lenses.

For example, an aphakic patient may merit one of the following codes:

- 379.31 -- Aphakia
- 743.35 -- Congenital aphakia
- V43.1 -- Organ or tissue replaced by other means; lens (pseudophakia).