

Optometry Coding & Billing Alert

Reader Question: Charge Patient Difference for Deluxe Frames

Question: What are the criteria to bill for deluxe frames with V2025 for a post-cataract patient?

New Jersey Subscriber

Answer: Medicare will cover a certain amount for up to one pair of eyeglasses or contact lenses for a patient who has undergone cataract surgery with an IOL implant. HCPCS code V2020 (Frames, purchases) covers the supply of the standard frame. If the patient a "deluxe frame" ☐ one that costs more than the DME payment for the standard frame ☐ you can bill for the difference in cost with V2025 (Deluxe frame).

Example: Medicare will reimburse \$100 for frames, but the patient selects a \$150 frame. You would report:

- V2020: \$100
- V2025: \$50.

Do this: Have the patient sign an advance beneficiary notice (ABN), and append modifier GA (Advance beneficiary notice on file) to code V2025.