

Optometry Coding & Billing Alert

Reader Questions: Medicare Never Passes on Glasses For Cataract Patients

Question: I have a Medicare patient who recently had cataract surgery. We fit her with a pair of glasses post-surgery. My question is: Will Medicare pay for any of this? Which CPT codes should I report?

Maryland Subscriber

Answer: Code two units of V2200 (Sphere, bifocal, plano to plus or minus 4.00d, per lens) for the lenses, appending modifiers -RT (Right side) and -LT (Left side). Report code V2020 (Frames, purchases) for the frame. Send the claim to your durable medical equipment (DME) carrier, not your standard Medicare carrier.

A Medicare patient is entitled to one standard pair of glasses after each cataract surgery with an IOL implant. The refraction is not covered, even though the glasses are. The law provides a maximum benefit to Medicare beneficiaries of no more than "one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery with insertion of an intraocular lens."