

## Optometry Coding & Billing Alert

### Reader Questions: Put Progressive Lens Billing Questions Behind You

Question: We fitted a patient for progressive lenses. How should we bill the procedure?

North Carolina Subscriber

Answer: The answer depends on the insurance company's preferences in relation to the patient's benefits.

If the patient has trifocal lens -- but not progressive upgrade -- benefits, bill the trifocal (V2300-V2399) at your usual and customary fee. Then on a separate line, bill code V2781 (Progressive lens, per lens) for the difference in the trifocal fee and the progressive lens fee.

You may also have to break out the tints and coatings to prevent the insurance company from shifting the fee into an overage or provider discount column.

If the insurance company just wants to see charges for ophthalmic materials, a single line of the progressive lens would be acceptable and certainly simpler.

How the insurance company handles the amounts above whatever allowable it has is key. If you have to write off anything above the allowable, you need to break out the separate amounts for progressive, tint and other options so the payer can transfer the extra charges to be the patient's responsibility.

If the company just pays the allowable and makes the patient responsible for any excess, the simple one line, one code approach will work.

Bottom line: You have to check with the insurance company and understand the benefits and whether the payer considers the overages to be something you have to write off or something that is automatically the patient's responsibility.