

Optometry Coding & Billing Alert

Reader Questions: Use 2 Lines for Bifocal Billing

Question: How would I go about billing a progressive bifocal to those plans that pay for materials? HCPCS code V2781 only mentions progressive lenses, not bifocals.

Nevada Subscriber

Answer: CMS advises optometrists to bill progressive lenses on two lines. On the first line, report the appropriate code for the standard bifocal (V2200-V2299) or trifocal (V2300-V2399).

On the second line, report code V2781 (Progressive lens, per lens) for the difference between the progressive lens and the standard bifocal/trifocal.

Example: The patient chooses a progressive lens with a cost of \$100 per lens (\$200 for the pair of lenses). Your retail charge for a standard bifocal lens is \$45 (\$90 for the pair). Bill V2200 (Sphere, bifocal, plano to plus or minus 4.00d, per lens) on the first line, with your standard charge of \$90. Bill V2781 on the second line with a charge of \$110 (\$200-\$90).

Best bet: Check with private carriers for their preferred methods. Insurance plans have their own way of billing materials, and they can be quite variable.

Don't forget: 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."