

Optometry Coding & Billing Alert

You Be the Expert: Low Vision Aids

Question: Our practice is considering dispensing low-vision aids. How should we code those, and are those codes payable by Medicare?

Pennsylvania Subscriber

Answer: For the low-vision aids, use one of the following HCPCS codes:

- V2600 □ Handheld low vision aids and other nonspectacle mounted aids
- V2610 □ Single lens spectacle mounted low vision aids
- V2615 □ Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system.

However: These codes are not payable by Medicare. Low-vision supplies fall under the category of -prosthetics, and Medicare restricts prosthetic benefits to patients with congenital absence or surgical removal of the lens. Medicaid or other insurers may reimburse for codes V2600-V2615.

There is no CPT® code for prescribing and fitting these devices, but you can bill an office visit (99201-99215) or a consultation code (99241-99245) for non-Medicare payers. You can use time, rather than the documentation of history, examination and medical decision-making, as the main factor in determining the level of E/M code to report, as long as the optometrist spends more than half of that time in counseling and coordination of care.

There will probably need to be some history and exam documented to support medical necessity, but if the subsequent counseling is greater than 50 percent of the total face-to-face time with the patient and physician, then base the code selection on total time.

Remember: The time spent fitting the aids is not a Medicare benefit. You can only include the time spent in the discussion of treatment options using devices with the patient to determine the selection of the appropriate E/M code. The total time the optometrist spends must be equal to or greater than the reference time given in the E/M code description. The "eye" codes (92002-92004 and 92012-92014) do not have a specific time component.