PREMIER EYE CARE
A Health Network One Company

Routine Vision – Billing Instructions, Limitations and Exclusions

Providers must use the codes identified in this Billing Instructions, Limitations and Exclusions, otherwise claims may reject or deny. It is important that providers follow the guidelines regarding modifiers and frame codes as this will affect the claim reimbursement.

For eyewear benefits, providers may use their own frame inventory, an in-house lab, or contract with an outside lab. The provider's reimbursement from Premier includes all applicable state taxes.

Wellcare Spendables® Card via Care Credit

Eligible Wellcare members will be able to use their Medicare Advantage Wellcare Spendables® card to pay for eligible out-of-pocket vision expenses at provider offices. Limitations may apply.

Diagnosis Codes

Providers must select one the following Routine Vision diagnosis codes for position 1 (primary diagnosis):

- **H52.00 – H52.03, H52.10 – H52.13, H52.201 – H52.209, H52.211 – H52.213, H52.219, H52.221 – H52.223, H52.229, H52.4, H52.531 – H52.533, H52.539, H52.6, H52.7, or Z01.00 – Z01.01, Z01.020, Z01.021**
- Please code any additional diagnosis codes as appropriate in the remaining positions
- Claims billed with Z01.01 or Z01.021 (Eye Exam with abnormal findings) must be billed with a secondary diagnosis code to indicate the abnormal findings.
- All diagnosis codes must be linked to at least one of the service codes on the claim in Box 24E.

Eyewear Services

Referring provider:

- All claims for eyeglasses and contact lenses are the result of a physician's initial exam and referral for lenses
- **ALL Eyewear claims must include the Referring Physician's Name in Box 17 and Individual/Type1 NPI in Box 17b of the CMS 1500 Form/Electronic Claims Form**
- The information in these fields can be yours as the examining provider

Lens and lens add-ons (glasses and contact lenses):

- If billing 1 unit for a lens code, use RT/LT modifiers
- If billing for 2 or more units for a lens code, do not use RT/LT modifiers

PREMIER EYE CARE
A Health Network One Company

Routine Vision – Billing Instructions, Limitations and Exclusions

Eyewear Benefit Options

Important - Members have two (2) Eyewear Benefit Options under their designated allowance plan.
Option 1 is for Eyeglasses and Option 2 is Contact Lenses.
The member may select only one (1) of the following options.

Option #1: Eyewear Allowance

General information:

- Member may choose as many pairs of Glasses as they wish, up to their Allowance Amount
- Member may use their allowance on multiple days
- Member is responsible for the amount above their allowance
- Member's allowance is calculated against the provider's full retail price
- If your office charges a fee to shape the lenses to the member's existing frame, the fee should be calculated into the total retail costs of the lenses

Providers must select the following codes to be reimbursed for Option #1:

- Frame: V2020 or V2025
  - If the member wishes to use their own frame, and opts for lenses only, please bill level II code S0595 AND charge an amount of no less than $ .01
- Lenses: V2100 - V2499
- Add-ons: V2700 - V2784

Option #2: Allowance for Contact Lenses Plus Fitting

General information:

- Member may choose as many Contact Lenses as they wish, up to their Allowance Amount
- Member may use their allowance on multiple days
- If the member has a remaining balance toward eyewear, their second use must be used toward the same eyewear option
- The benefit includes coverage of the contact lens fitting (92310) which does not count toward the allowance amount
  - The Member must be utilizing Option #2 to be eligible for the contact lens fit exam
- Member's allowance is calculated against the provider's full retail price
- Member is responsible for the amount above their allowance

Providers must select the following codes to be reimbursed for Option #2:

- Fitting: 92310 (cost does not come out of member's allowance
  - Deluxe fitting: Bill with Modifier 22 (when covered by member's allowance plan)
- Disposable contacts: V2520 – V2523 OR Non-disposable contacts: V2599

After Cataract Surgery Glasses or Contact Lenses

After Cataract Surgery Glasses

General information:

- Members are entitled to one free pair of Post Cataract Surgery Eyeglasses per eye, per lifetime
- If the member has two separate cataract operations, the member cannot reserve the benefit after the first surgery and purchase two eyeglasses/contacts after the second surgery
- If a member elects lens add-ons and upgrades, the member is responsible for the upgrade costs
- If member chooses to upgrade their frame, they forfeit the frame benefit and are responsible for the full cost of the frame
  - Members that forfeit the frame benefit are still eligible for lenses only

Providers must select the following codes:

- Frame: V2020
- Lenses: V2100 – V2399
  - Bill with modifier VP on all claim lines
- Diagnosis: These claims must be coded using diagnosis Z96.1 or H27.00 – H27.03
  - Please code any additional diagnosis codes as appropriate in the remaining positions

After Cataract Surgery Contact Lens (Aphakic Contact Lens)

Providers must select the following codes

- Aphakic contact lens material: V25**
  - Bill with modifier VP all claim lines
- Diagnosis: These claims must be coded using diagnosis H27.00 – H27.03
  - Please code any additional diagnosis codes as appropriate in the remaining positions

Note: Non-prescription, athletic, and industrial eyewear is not covered by the Health Plan.