

# Billing and code modifier guide

Sept. 5, 2025

Examination and ophthalmic lenses	Accepted CPT®/HCPCS codes	Required modifier (if blank, no modifier required)	Description
<b>Eye examination</b>	92002 92004 92012 92014		
<b>Refraction</b>	92015		
<b>Diabetic care reporting</b>	2022F		Dilated retinal eye exam in diabetic patient
	2024F		Seven standard field stereoscopic photos for diabetic patient eye exam
	2026F		Eye imaging validated to 7 standard field stereoscopic photos
	3072F		Diabetic eye exam, low risk for retinopathy (no evidence of retinopathy in prior year)
<b>Frames</b>	S0516		Safety frame
	S0518		Sunglass frame
	V2020 V2025		Frame
<b>Single vision lenses</b>	V2100 to V2115 V2121 V2199		Standard
	V2100 to V2115 V2121 V2199	FF	Free form
	V2410		Aspheric (see additional billing instructions below)

Examination and ophthalmic lenses	Accepted CPT®/HCPCS codes	Required modifier (if blank, no modifier required)	Description
<b>Bifocal lenses</b>	V2200 to V2215 V2218 to V2221 V2299		Standard (lined)
	V2200 to V2215 V2218 to V2221 V2299	BB	Blended
	V2430		Aspheric (see additional billing instructions below)
	V2786		Occupational double segmented
<b>Trifocal lenses</b>	V2300 to V2315 V2318 to V2320 V2399		Standard (lined)
<b>Progressive lenses</b>	V2781	P1	Progressive lenses: Tier I
	V2781	P2	Progressive lenses: Tier II
	V2781	P3	Progressive lenses: Tier III
	V2781	P4	Progressive lenses: Tier IV
	V2781	P5	Progressive lenses: Tier V
	V2781	P6	Progressive lenses: Non-formulary (non-selection)

Contact fit and lenses	Accepted CPT/ HCPCS codes	Required modifier (if blank, no modifier required)	Description
Contact lens fit	92071 92310 to 92317		Selection contacts fitting/evaluation (formulary)
	92071 92310 to 92317	ND	Non-selection standard contacts fit/evaluation (non-formulary). Use this modifier on a fit/evaluation claim when the member benefit does not include a formulary (selection).
	92071 92310 to 92317	XC	<p>Necessary contact lenses fit/evaluation. In order to process a necessary contact lens fit, you must bill with the XC modifier and the member must have 1 or more of the conditions noted below. Always code to the highest degree of specificity when indicating diagnosis. The following is a list of acceptable diagnosis codes:</p> <p><b>Keratoconus:</b> H18.601 through H18.629</p> <p><b>Irregular corneal astigmatism:</b> H52.211 through H52.219</p> <p><b>Aphakia:</b> H27.00 through H27.03, Q12.3</p> <p><b>Anisometropia or aniseikonia:</b> H52.31, H52.32</p> <p><b>Corneal deformity:</b> Q13.3, Q13.4, H18.70, H18.721 through H18.799</p> <p><b>Corneal opacity:</b> H17.00 through H17.13, H17.811 through H17.829, H17.89, H17.9</p> <p><b>Corneal degeneration:</b> H18.40, H18.421 through H18.469, H18.49</p> <p><b>Corneal ectasia:</b> H18.711 through H18.719</p> <p><b>Corneal transplant:</b> Z94.7, T86.8401 through T86.8499</p> <p><b>Disorder of refraction:</b> H52.7 (This covers cases where vision is less than 20/70 with glasses but can be improved to better than 20/70 with contact lenses.)</p> <p><b>Facial deformity:</b> M95.0, M95.2, Q67.0, Q67.1, Q18.0 through Q18.9, Q75.0 through Q75.9</p> <p><b>Hereditary corneal degenerations:</b> H18.501 through H18.599</p> <p><b>Order-specified corneal disorders:</b> H18.811 through H18.829</p> <p><b>Other corneal disorders:</b> H18.011 through H18.019</p>

Contact fit and lenses	Accepted CPT/ HCPCS codes	Required modifier (if blank, no modifier required)	Description
Contact lenses	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	CD	Selection biweekly and daily wear disposable contact lenses (formulary)
	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	CM	Selection planned replacement monthly wear contact lenses (formulary)
	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	ND	Non-selection disposable contact lenses (non-formulary). Use this modifier on the elective contact lenses claim when the benefit plan does not include a formulary (selection).
	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	XC	Necessary contact lenses. In order to process necessary contact lenses, you must bill with the XC modifier and the member must have 1 or more of the conditions noted below. Always code to the highest degree of specificity when indicating diagnosis. The following is a list of acceptable diagnosis codes: <b>Keratoconus:</b> H18.601 through H18.629 <b>Irregular corneal astigmatism:</b> H52.211 through H52.219 <b>Aphakia:</b> H27.00 through H27.03, Q12.3 <b>Anisometropia or aniseikonia:</b> H52.31, H52.32 <b>Corneal deformity:</b> Q13.3, Q13.4, H18.70, H18.721 through H18.799 <b>Corneal opacity:</b> H17.00 through H17.13, H17.811 through H17.829, H17.89, H17.9 <b>Corneal degeneration:</b> H18.40, H18.421 through H18.469, H18.49 Corneal ectasia: H18.711 through H18.719 <b>Corneal transplant:</b> Z94.7, T86.8401 through T86.8499 <b>Disorder of refraction:</b> H52.7 (This covers cases where vision is less than 20/70 with glasses but can be improved to better than 20/70 with contact lenses.)

Lens options	CPT/HCPCS codes	Required modifier (if blank, no modifier required)	Description
<b>Contact lenses (cont.)</b>	V2500 to V2503 V2510 to V2513 V2520 to V2523 V2530 to V2531 V2599	XC	<b>Facial deformity:</b> M95.0, M95.2, Q67.0, Q67.1, Q18.0 through Q18.9, Q75.0 through Q75.9 <b>Hereditary corneal degenerations:</b> H18.501 through H18.599 <b>Order-specified corneal disorders:</b> H18.811 through H18.829 <b>Other corneal disorders:</b> H18.011 through H18.019
<b>Anti-reflective</b>	V2750	R1	Anti-reflective coating: Tier I
	V2750	R2	Anti-reflective coating: Tier II
	V2750	R3	Anti-reflective coating: Tier III
	V2750	R4	Anti-reflective coating: Tier IV
	V2750	R5	Anti-reflective coating: Non-formulary (non-selection)
<b>Edge coating</b>	V2799	ED	Edge coating
<b>High index (single vision or multifocal, plastic or glass)</b>	V2782		Index lens, < (less than) 1.66
	V2783		High index, 1.66 to 1.73
	V2783	HI	High index $\geq$ 1.74
<b>Photochromic (including transitions)</b>	V2744	PS	Glass photochromic
	V2744		Non-glass photochromic
<b>Polarized</b>	V2762	ED	Polarized lens
<b>Polished edges</b>	V2799	PP	Polished edges/roll & polish
<b>Polycarbonate</b>	V2784		Polycarbonate lenses
<b>Prism</b>	V2715		Prism lens
<b>Premium scratch coating</b>	V2799	PC	Premium scratch coating
<b>Scratch warranty</b>	V2799	SW	One-year scratch warranty
<b>Blue light filter</b>	V2799	BL	Embedded blue light filter (non-AR)
<b>Slab off</b>	V2710		Slab off lens

Lens options	CPT/HCPCS codes	Required modifier (if blank, no modifier required)	Description
Tint	V2745		Solid tint
	V2745	GL	Gradient tint-Glass lens
	V2745	GT	Gradient tint-Plastic lens
	V2745	RS	Rose tint I & II
UV coating	V2755		UV 400-Plastic lens
	V2755	GL	UV 400-Glass lens
Miscellaneous/ other	V2797		Miscellaneous lens accessories – for any lens or option(s) not listed above, bill one line with V2797, charges bundled
	V2799		Miscellaneous services – for any service(s) not listed above, bill one line with V2799, charges bundled

## Additional billing instructions

**Post-cataract eyeglasses or contact lenses:** Claims for Medicare members who require new eyeglasses or contact lenses after cataract surgery must be billed with 1 or more of the following Dx codes:

- Z96.1 pseudophakia
- H27.00 through H27.03 and Q12.3, aphakia
- H26.40, H26.491, H26.492, H26.493, H26.499, after-cataract

**Post-laser non-prescription sunglass frames:** Claims for eligible members who receive non-prescription sunglass frames in lieu of prescription eyewear after having had laser correction surgery must be filed via hard copy or EDI and billed with the following Dx code:

- Z98.890

**S codes (class II HCPCS codes)** will not be accepted on claims for Medicare Advantage members. S codes are considered temporary codes and are not payable by Medicare. Please refer to the billing guide in the network administration manual for acceptable billing codes.

**Members who require both selection and non-selection contacts:** Contact lens and contact lens fitting claims for members who have a different contact lens prescription for each eye, and are fitted with a formulary (selection) lens for one eye and a non-formulary (non-selection) lens for the other eye, will be processed and paid as non-selection. Bill the actual lenses dispensed on the same claim.

**Aspheric lenses:** An aspheric lens code should be billed as a stand-alone code and not in addition to a regular lens code.

**Retinal screening photography:** Claims for this service must be billed with HCPCS code S9986. To receive reimbursement for “Retinal screening photography for diabetics,” you must include the diagnosis code for diabetes when submitting the enrollee’s benefits.

## Additional billing instructions (cont.)

**Second eye exam for diabetics:** Certain benefit plans will cover this service. You must include the diagnosis code for diabetes in order to receive reimbursement.

**Necessary contact lenses:** Submit 1 single unit with XC modifier and the full billed amount.

**Maternity reporting:** Services for members who use the maternity benefit should be billed with one of the following Dx codes:

Z33.1-Pregnant state

Z39.1-Breastfeeding mother

## Modifier codes

Revised Oct. 1, 2024

Contact lens modifier codes			
<b>CM</b>	Covered selection monthly planned replacement (formulary)	<b>ND</b>	Non-selection disposable contacts (non-formulary)
<b>CD</b>	Covered selection disposable contacts/ biweekly and daily wear (formulary)	<b>XC</b>	Necessary contacts
Lens and lens option modifier codes			
<b>R1</b>	Anti-reflective coating: Tier I	<b>P1</b>	Progressive lenses: Tier I
<b>R2</b>	Anti-reflective coating: Tier II	<b>P2</b>	Progressive lenses: Tier II
<b>R3</b>	Anti-reflective coating: Tier III	<b>P3</b>	Progressive lenses: Tier III
<b>R4</b>	Anti-reflective coating: Tier IV	<b>P4</b>	Progressive lenses: Tier IV
<b>R5</b>	Anti-reflective coating: Non-Formulary	<b>P5</b>	Progressive lenses: Tier V
<b>BB</b>	Blended bifocal	<b>P6</b>	Progressive lenses: Non (non-selection)
<b>BL</b>	Blue light filter	<b>PC</b>	Premium scratch coat
<b>ED</b>	Edge coating	<b>PP</b>	Roll & polish
<b>FF</b>	Freeform single vision lens	<b>PS</b>	Photochromic glass lens
<b>GL</b>	UV glass	<b>RS</b>	Pink tint I & II
<b>GT</b>	Gradient tint	<b>SW</b>	Scratch warranty
<b>HI</b>	High index-greater than or equal to 1.74 (for V2783)		

## Vision diagnosis codes

(Commonly used diagnosis codes. This list is not all-inclusive.)

ICD-10 code	ICD-10 description
<b>Accommodation paresis</b>	
<b>H52.521</b>	Paresis of accommodation, right eye
<b>H52.522</b>	Paresis of accommodation, left eye
<b>H52.523</b>	Paresis of accommodation, bilateral
<b>H52.529</b>	Paresis of accommodation, unspecified eye
<b>Aniseikonia</b>	
<b>H52.32</b>	Aniseikonia
<b>Anisometropia</b>	
<b>H52.31</b>	Anisometropia
<b>Hypermetropia</b>	
<b>H52.00</b>	Hypermetropia, unspecified eye
<b>H52.01</b>	Hypermetropia, right eye
<b>H52.02</b>	Hypermetropia, left eye
<b>H52.03</b>	Hypermetropia, bilateral
<b>Irregular astigmatism</b>	
<b>H52.211</b>	Irregular astigmatism, right eye
<b>H52.212</b>	Irregular astigmatism, left eye
<b>H52.213</b>	Irregular astigmatism, bilateral
<b>H52.219</b>	Irregular astigmatism, unspecified eye
<b>Myopia</b>	
<b>H52.10</b>	Myopia, unspecified eye
<b>H52.11</b>	Myopia, right eye
<b>H52.12</b>	Myopia, left eye
<b>H52.13</b>	Myopia, bilateral

ICD-10 code	ICD-10 description
<b>Presbyopia</b>	
<b>H52.4</b>	Presbyopia
<b>Regular astigmatism</b>	
<b>H52.221</b>	Regular astigmatism, right eye
<b>H52.222</b>	Regular astigmatism, left eye
<b>H52.223</b>	Regular astigmatism, bilateral
<b>H52.229</b>	Regular astigmatism, unspecified eye
<b>Routine eye exam</b>	
<b>Z01.00</b>	Encounter for examination of eyes and vision without abnormal findings
<b>Z01.01</b>	Encounter for examination of eyes and vision with abnormal findings
<b>Spasm of accommodation</b>	
<b>H52.531</b>	Spasm of accommodation, right eye
<b>H52.532</b>	Spasm of accommodation, left eye
<b>H52.533</b>	Spasm of accommodation, bilateral
<b>H52.539</b>	Spasm of accommodation, unspecified eye
<b>Transient refractive change</b>	
<b>H52.6</b>	Other disorders of refraction
<b>Unspecified disorder of refraction</b>	
<b>H52.7</b>	