

BILLING AND CODING SPECIALTY CONTACT LENSES

Stephanie L. Woo, O.D., F.A.A.O., F.S.L.S.

  @drstephaniewoo

drwoo@clinevada.com

Dr. Woo completed a Cornea and Contact Lens Residency at the University of Missouri, St. Louis.

She was the recipient of the Gas Permeable Lens Institute Award for Clinical Excellence and also the John R. Griffin Award for Excellence in Vision Therapy.

She is a Fellow of the American Academy of Optometry and a Fellow of the Scleral Lens Society.

She has authored the Gas Permeable Lens Expert column in Review of Contact Lenses, several articles for the Contact Lens and Cornea section of the American Optometric Association and the GP Insights column for Contact Lens Spectrum, and she is an active Gas Permeable Lens Institute advisory board member.

Additionally, she has served as President of the Scleral Lens Society.

Founder of Contact Lens Institute of Nevada – a clinic dedicated entirely to specialty contacts!

Founder of drstephaniewoo.com – an optometric coaching and consulting company, and Woo U – live and virtual events dedicated to building scleral lens practices.



Financial Disclosures

- Dr. Stephanie Woo
 - Alcon
 - Art Optical
 - Bausch and Lomb
 - Blanchard Contact Lenses
 - Essilor Contacts
 - X-cel Contacts
 - Specialeyes
 - Biotissue
 - Katena
 - Visionary optics
 - Shire
 - GPLI
 - STAPLE program
 - Scleral Lens Education Society
 - Contamac
 - Synergeyes

Billing and Coding – what is the right answer?

- Billing and coding is a leading source of frustration for practitioners
- Reimbursement rates vary vastly between insurance carriers, and it is often times difficult to get a clear answer on how to bill appropriately

I think of billing and coding the same way as taxes and accountants
If you take the same tax documents to different accountants, they interpret the information differently



Economics of specialty contacts

- Most vision insurances reimburse well for specialty lens fittings and devices
- Specialty contact lenses can include: standard soft lenses, custom soft lenses, corneal GP lenses, hybrid lenses, and scleral lenses
- In conclusion, specialty lenses can be a profit source within your practice and a good source of revenue

Economics of specialty lenses

- Medical insurances can be more difficult to obtain appropriate reimbursement
- If you accept many different types of medical insurance, it can become tedious and time consuming figuring out your patient's benefits
- Some practices bill each visit to the insurance (more on this later)

Specialty lens fee schedule

- Fitting fees range from low to high depending on the practitioner and the practice
- Advice: Determine the amount of time needed at each visit to develop a fee schedule
- Consider the amount of **time** necessary for:
 - Consultation
 - Contact lens fitting
 - CL dispense
 - CL training
 - Follow up(s)




Fee Schedule

- Consider the cost of **supplies** during each visit:
 - Consultation (special equipment, testing, etc)
 - Fitting (plungers, non-preserved saline, NaFI, etc)
 - Dispense (special equipment and testing)
 - Training (contact lens kit and supplies)
 - Follow up(s)
- Considering the amount of time the patient is allotted, the amount of DOCTOR time with the patient, and the cost of supplies and special equipment, develop a fee schedule that is aligned with your chair time costs



GP Lens Institute

The Education Resource for Customized Contact Lenses™

 Ask an Expert

 Webinar Signup

HOME ABOUT EDUCATION WEBINARS RESOURCES EDUCATORS RESIDENTS & STUDENTS



Professional Fee Calculator

To help you create a fee structure that appropriately compares contact lens costs when prescribing GP lenses, GPLI has created a Professional Fee Calculator tool to help you determine fees in a logical manner.

[Launch the tool in a new window.](#)

[Download the tool instructions \(PDF\).](#)

[Laboratory Consultant FAQ](#)

[Specialty Lab Directory](#)

[Searchable Lens Database](#)

[Find A GP Specialist](#)

[Coding And Billing](#)

[Professional Fee Calculator](#)

[Order Printed Materials](#)

[Calculators](#)

[Conversion Charts](#)

[GP Product Lists >>](#)

[Practitioner Of The Year](#)

[Useful Websites For GP Professionals](#)

GPLI Practitioner of the Year – 2016

Congratulations to Dr. Douglas P. Benoit, recipient of the GPLI's highest honor awarded to a practitioner. [Read more.](#)



Coding and Billing Resources

Get valuable information from coding and billing expert Dr. Clarke Newman. [Access resources here.](#)



Building Your Practice with GP Multifocals

Fitting & marketing multifocal contact lenses is easier with these free videos and patient materials. [Access here.](#)



Our Newsletter

Contacts is the official newsletter of the GP Lens



Calculating Your Fees for GP Lenses

Section 1: Determine Maximum Hourly Professional Fees

Projected

1. How many hours do you see patients in a full work day?
2. How many patient appointment slots are scheduled in a full work day?
3. How many of these are comprehensive exams?
4. How many of these are follow-up, progress or recheck exam slots?
5. What are your comprehensive exam fees?
6. What are follow-up exam fees?
7. Projected daily professional examination fees at full capacity
8. Projected hourly professional fees at full capacity
9. Projected \$ of professional fees generated per minute at full capacity

Section 2: Number of Office Visits and Time Allotment

Time per visit
(minutes)

To ensure accurate calculations please select only one fitting type

1. Fitting visit: New wearer - K's, topography, discussion, diagnostic fit
2. Fitting visit: Previous wearer - K's, topography, discussion, diagnostic fit
3. ECP lens delivery visit

Staff Time



DR. STEPHANIE WOO

[Woo University](#) [Publications](#) [Coaching & Consulting](#) [Hire Dr. Woo to Speak](#)

[Calculate My Fees](#)

How much you should be charging?

How many comprehensive eye exams do you see per hour?

Drstephaniewoo.com

FD: Owner

Fee Schedule

- Vision insurances usually incorporate the lens fitting and lenses into one lump sum, which includes the lens fitting, dispense, all follow ups within a certain time period, and lenses
- Medical insurances will pay for the fitting as one charge, the lenses for one charge, and all follow ups are billed as separate charges

Calculate Chair Time

- Fixed costs/ complete annual exams = chair cost per exam
- Ex: $\$260,876/2156 = \121 per exam

- Another easy method:
- Profit per exam ~\$250
- Exams per hour ~ 2 = \$500 per hour
- Time spent with scleral lens patient (fit + dispense + follow up care) = about 3 hours = \$1500

Advice- call for pre auth every time!



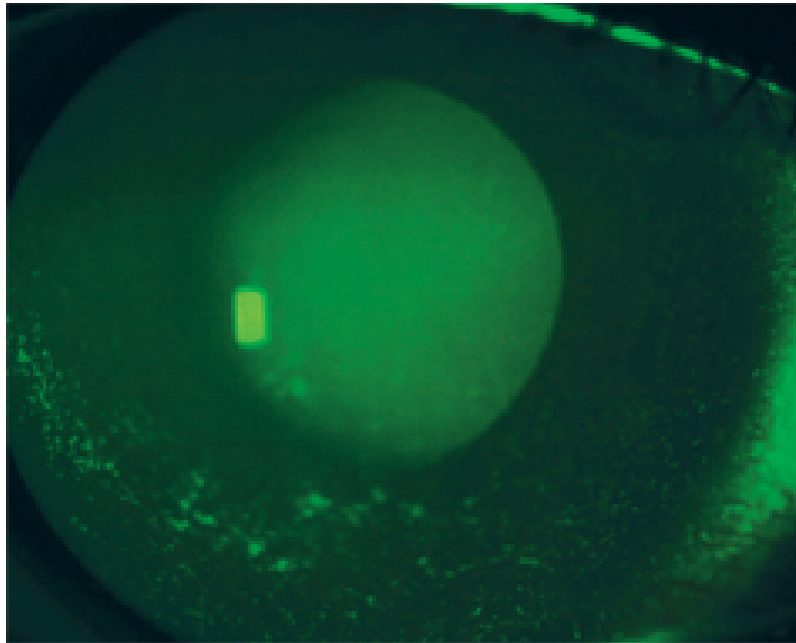
Pre authorization – Have these ready

- Patient diagnosis or diagnoses (keratoconus, dry eye syndrome, corneal transplant)
- Contact lens fitting codes and service codes
- V codes for the actual contact lens or device
- Usual and Customary Fees
- Are these codes covered? If so, how much can I expect to get paid?

Common codes and descriptions

92071 -

FITTING OF CONTACT LENS FOR TREATMENT
OF OCULAR SURFACE DISEASE



Common codes and descriptions

| | |
|---------|--|
| 92310 - | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA |
|---------|--|

92310 includes the fitting for BOTH eyes

| | |
|---------|--|
| 92072 - | FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING |
|---------|--|

92072 is a bilateral code

| | |
|---------|---|
| 92313 - | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOSCLERAL LENS |
|---------|---|

92313 includes the fitting for BOTH eyes

| | |
|---------|--|
| 92311 - | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE |
| 92312 - | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES |

Common codes and descriptions

HCPCS Codes for Medically Necessary Prescribing

V2510—Contact Lens, GP, Spherical, Per Lens

V2511—Contact Lens, GP, Toric, Per Lens

V2512—Contact Lens, GP, Bifocal, Per Lens

V2513—Contact Lens, GP, Extended Wear, Per Lens

V2520—Contact Lens, Hydrophilic, Spherical, Per Lens

V2521—Contact Lens, Hydrophilic, Toric, Per Lens

V2522—Contact Lens, Hydrophilic, Bifocal, Per Lens

V2523—Contact Lens, Hydrophilic, Extended Wear, Per Lens

V2531—Contact Lens, GP, Scleral, Per Lens

V2599—Contact Lens, Other Type (ie hybrid)

V2627—Scleral Cover Shell

V2799—Vision Item or Service, Miscellaneous

Examples (numbers are for ease of math)

Vision Insurance

| Code | Your fees |
|--|---|
| Keratoconus fit 92072 | \$200 |
| Keratoconus lens, gas permeable extended wear, right eye: V2513-RT | \$300 |
| Keratoconus lens, gas permeable extended wear, left eye: V2513-LT | \$300 |
| Total billed to vision insurance | \$800 as one lump sum for all services and lenses |

Medical Insurance

| Code | Your fees |
|--|-----------|
| Keratoconus fit 92072 | \$200 |
| Keratoconus lens, gas permeable extended wear, right eye: V2513-RT | \$300 |
| Keratoconus lens, gas permeable extended wear, left eye: V2513-LT | \$300 |
| Lens dispense 99213 | \$100 |
| Contact lens follow up 99213 | \$100 |
| Each visit is billed separately | \$100 |
| Each visit is billed separately | |

Examples (numbers are for ease of math)

Vision Insurance

| Code | Your fees |
|----------------------------------|--|
| Scleral Lens fit OU 92313 | \$200 |
| Scleral lens device V2531-RT | \$400 |
| Scleral lens device V2531-LT | \$400 |
| | |
| Total billed to vision insurance | \$1000 as one lump sum for all services and lenses |

Medical Insurance

| Code | Your fees |
|---------------------------------|-----------|
| Scleral Lens fit OU 92313 | \$200 |
| Scleral lens device V2531-RT | \$400 |
| Scleral lens device V2531-LT | \$400 |
| Scleral lens dispense 99213 | \$100 |
| Scleral lens follow up 99213 | \$100 |
| Each visit is billed separately | |

Billing Vision Insurance

- Most vision insurances will reimburse for medically necessary contact lenses (each insurance's criteria and reimbursement rates are different)
- Most all vision insurances will cover either glasses or contact lenses, but not both
- This also holds true for medically necessary contact lenses
- If the patient has used their benefits for glasses or contacts this year, they will not be eligible for medically necessary contact lenses

VSP tips

- VSP pays based on the TYPE of contact lens fitting performed and the TYPE of contact lens
- As a general rule, VSP pays higher for hybrid lenses and scleral lens fittings and hybrid/scleral lenses compared to other modalities.
- VSP also pays according to the diagnosis – they will pay more for what they determine to be more severe diagnoses

Visually Necessary Contact Lens Specialty Maximums

If billing with CPT code 92072, 92311 or 92312, 92313 or one of these diagnosis codes:

| | | | |
|-------------------------------------|-------------------------|---|---------------------------------|
| Graft-versus-host disease | D89.813 | Corneal ectasia | H18.711 through H18.719 |
| Granular corneal dystrophy | H18.53 | Corneal scars and opacities | H17.00 through H17.9, A18.59 |
| Keratitis | H16.001 through H16.079 | Corneal staphyloma | H18.721 through H18.729 |
| Keratoconus, stable | H18.611 through H18.619 | Corneal transplant failure | T86.841 |
| Keratoconus, unspecified | H18.601 through H18.629 | Corneal transplant rejection | T86.840 |
| Keratoconus, unstable | H18.621 through H18.629 | Corneal transplant status | Z94.7 |
| Keratomalacia | H18.441 through H18.449 | Corrosion of cornea and conjunctival sac | T26.60XA through T26.62XS |
| Lattice corneal dystrophy | H18.54 | Deep vascularization of cornea | H16.441 through H16.449 |
| Localized vascularization of cornea | H16.431 - H16.439 | Displacement of other ocular prosthetic devices, implants and grafts | T85.328A through T85.328S |
| Macular corneal dystrophy | H18.55 | | |

Information as of 12/2019



| HCPCS | Annual Replacement¹ | Planned Replacement¹ | Daily Replacement¹ |
|--------------|---------------------------------------|--|--------------------------------------|
| V2500* | \$451 | — | — |
| V2501* | \$585 | — | — |
| V2502* | \$691 | — | — |
| V2503* | \$605 | — | — |
| V2510* | \$657 | — | — |
| V2511* | \$800 | — | — |
| V2512* | \$900 | — | — |
| V2513* | \$825 | — | — |
| V2520 | \$500 | \$650 | — |
| V2521 | \$679 | \$804 | — |
| V2522 | \$750 | \$863 | — |
| V2523 | \$650 | \$775 | \$800 |
| V2530* | \$700 | — | — |
| V2531* | \$2,300 | — | — |
| V2599** | \$1,300 | \$1,650 | — |
| Piggyback | \$1,300 | \$1,650 | — |

Information as of 1/2/2020

How to bill Eyemed: step by step

- If you think a patient may be a good candidate for specialty lenses, have your billing department call Eyemed and ask if the patient is eligible for medically necessary contact lenses.
- If they are eligible, they will give you an authorization number
- Print the medically necessary form, fill out the form, and fax back to Eyemed. Can also fill out and submit online instead.



First American Administrators, Inc.
A wholly owned subsidiary of EyeMed Vision Care, LLC.
Medically Necessary Contact Lens
In-network Claim Form



Instructions: Complete this form and fax it to 866.293.7373, or mail to EyeMed Vision Care, P.O. Box 8504, Cincinnati, OH 45040. All fields required unless noted.

| Patient Information | | | |
|---|---------------------------------|----------------|----------|
| Last Name | First Name | Middle Initial | |
| Street Address | City | State | Zip Code |
| Birth Date (MM/DD/YYYY) | Telephone Number with area code | | |
| Relationship to subscriber (check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | | | |
| Date of Service (MM/DD/YYYY) | | | |
| Group Name | Group Number | | |
| Patient Member ID # (if applicable) | | | |
| Subscriber Information (if information differs from patient) | | | |
| Last Name | First Name | Middle Initial | |
| Street Address | City | State | Zip Code |
| Birth Date (MM/DD/YYYY) | Telephone Number with area code | | |
| Provider Information | | | |
| Provider Attestation: By signing below, I attest that the patient meets the requirements to receive medically necessary contact lenses per the criteria on this form, and that the patient is unable to achieve adequate functional vision without contact lenses. | | | |
| Servicing location name and address | | | |
| Provider Tax ID Number | Date submitted | | |
| Servicing Provider Name (printed) | Provider Signature | | |

Medically Necessary Contact Lens Claim Form (continued)

Medically Necessary Qualifying Conditions

Provider: Benefit covers contact lens evaluation, fit & follow-up and materials. Check only 1 box next to the condition that applies according to the final prescription. Check or fill in the applicable ICD-10 code. Enter your retail price for the services and materials.

| | | | |
|--|---|--|---|
| <p><input type="checkbox"/> Check here</p> <p>Anisometropia 92310AN ICD-10 code H52.31</p> <p>Select if Rx differs by at least 3D in meridian powers between the 2 eyes</p> <p>\$ _____ Enter retail price</p> <p>ICD-10 code: H52.31</p> | <p><input type="checkbox"/> Check here</p> <p>High ametropia 92310HA</p> <p>Select if Rx exceeds plus or minus 10D meridian powers in either eye</p> <p>Check appropriate ICD-10 code:</p> <p>Hypermetropia <input type="checkbox"/> H52.01 <input type="checkbox"/> H52.02 <input type="checkbox"/> H52.03</p> <p>Myopia <input type="checkbox"/> H52.11 <input type="checkbox"/> H52.12 <input type="checkbox"/> H52.13</p> <p>\$ _____ Enter retail price</p> | <p><input type="checkbox"/> Check here</p> <p>Keratoconus - mild/moderate 92072</p> <p>Select when keratoconus is present and Rx is not correctable to 20/25 in either or both eyes with spectacles</p> <p>Check appropriate ICD-10 code:</p> <p><input type="checkbox"/> H18.601 <input type="checkbox"/> H18.602 <input type="checkbox"/> H18.603 <input type="checkbox"/> H18.609 <input type="checkbox"/> H18.611 <input type="checkbox"/> H18.612 <input type="checkbox"/> H18.613 <input type="checkbox"/> H18.619</p> <p>\$ _____ Enter retail price</p> | <p><input type="checkbox"/> Check here</p> <p>Keratoconus - advanced/ectasia 92072AD</p> <p>Select when keratoconus is present and one or more of the following conditions are met:</p> <ul style="list-style-type: none"> • Corneal scarring • Steep K of 53D or higher • Corneal thickness <= 475 microns • Refraction not measurable <p>Check appropriate ICD-10 code:</p> <p><input type="checkbox"/> H18.621 <input type="checkbox"/> H18.622 <input type="checkbox"/> H18.623 <input type="checkbox"/> H18.629 <input type="checkbox"/> H18.711 <input type="checkbox"/> H18.712 <input type="checkbox"/> H18.713 <input type="checkbox"/> H18.719</p> <p>\$ _____ Enter retail price</p> |
|--|---|--|---|

Medically Necessary Qualifying Conditions (continued) *Check here***Vision improvement****92310VI****Keratoconus is absent**

Select for members whose vision can be improved by 2 lines on the visual acuity chart when compared to best corrected standard spectacle lenses

ICD-10 code:

 Check here _____ . _____ **Enter code**\$ _____ **Enter retail price**

Billing Davis Vision

- Call Davis to find out if patient is eligible for medically necessary contact lenses
- If patient is eligible, fill out the 1 page letter, send to Davis and an optometrist will review it, and make edits to your fees (maybe) and then confirm the total
- Unique: You have to submit this form **AFTER** you perform the fitting

! Please begin using this form immediately and discard all previous versions.

For prior authorization submit via toll-free fax: 1 (800) 584-2329

REQUIRED INFORMATION

| | |
|-----------------------|------------------------|
| Patient Name _____ | Provider Name _____ |
| Patient DOB _____ | Provider Panel # _____ |
| Member Name _____ | Provider _____ |
| Member ID # _____ | Telephone # _____ |
| Date of Service _____ | Provider Fax # _____ |

SERVICE (CIRCLE ALL APPLICABLE)

| | | | |
|---|------------------------------------|-----------------|-----------------|
| Medically Necessary Contact Lens Evaluation | Medically Necessary Contact Lenses | Low Vision Exam | Low Vision Aids |
|---|------------------------------------|-----------------|-----------------|

EYEGASSES PRESCRIPTION

| | | | | | | |
|----------|--------------|----------------|------------|-----------|-------------|-------------------------|
| OD _____ | SPHERE _____ | CYLINDER _____ | AXIS _____ | ADD _____ | PRISM _____ | 20 / VISUAL ACUITIES |
| OS _____ | SPHERE _____ | CYLINDER _____ | AXIS _____ | ADD _____ | PRISM _____ | 20 / VISUAL ACUITIES |

CONTACT LENS PRESCRIPTION (IF AVAILABLE)

KERATOMETRY READINGS

| | | | | | |
|----------|--------------|----------------|------------|-------------------------|----------|
| OD _____ | SPHERE _____ | CYLINDER _____ | AXIS _____ | 20 / VISUAL ACUITIES | OD _____ |
| OS _____ | SPHERE _____ | CYLINDER _____ | AXIS _____ | 20 / VISUAL ACUITIES | OS _____ |

MEDICALLY NECESSARY CONTACT LENS REQUIREMENTS

Medically Necessary / Visually Required Contact Lenses are only available for the diagnoses listed below - CIRCLE ALL APPLICABLE:

| | | | | |
|---|----------|---|---|--|
| Aphakia | Aniridia | Anisometropia (Eyeglasses - Rx differ more than 3dp) | Stable Keratoconus (K Readings and/or topography/clinical notes) | Irregular Astigmatism |
| High Ametropia | | | Unstable Keratoconus (K Readings and/or topography/clinical notes) | Professional Fee \$ _____ |
| 1. Eyeglass prescription is ≥ -8.00 or $\geq +8.00$ diopters in any meridian of one or both eyes | | | | Material Fee \$ _____ |
| 2. AND, eyeglass best corrected visual acuity of 20/40 or worse in either eye | | | | <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Low Vision Aids |
| 3. AND, visual acuity improvement of 2 lines or more with contact lenses | | | | |

PROVIDER COMMENTS (For clinical extenuating circumstances, please attach the medical record or relevant clinical information, patient history, previous ineffective treatment, or occupational considerations):

PROVIDER REQUIREMENT

X _____
I attest the information provided is true and accurate.

FOR DAVIS VISION USE ONLY - PLEASE DO NOT WRITE IN THE FIELDS BELOW

Determination Date: _____ AUTH #: _____ Authorized: YES/NO Reviewed by: _____

COMMENTS:

CONFIDENTIALITY NOTE: The information contained in the facsimile is confidential and intended for the use of the addressee shown above. If you are neither the intended recipient nor the employer agent responsible for delivering this message, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopy information is strictly prohibited. If you have received this telecopy in error, please notify us by telephone to arrange for its return.

A claim must be submitted for all medically necessary contact lens requests to include a copy of the prior authorization form. Authorizations for medically necessary contact lenses are not a guarantee of payment. Final eligibility will be determined when the claim is processed. All claims are subject to a maximum allowable fee.

For reimbursement purposes, please ensure that the appropriate contact lens fitting code is submitted as per the current American Medical Association CPT definition. All materials prescribed should be described by the appropriate HCPCS Level II code as per the current American Medical Association Healthcare Procedural Coding System definition. All reimbursement rates are for combined professional services and/or materials.

Once you have received prior authorization, attach this form to the original (red) HCFA 1500 and submit to: Vision Care Processing; Unit P.O. Box 1525; Latham, New York 12110. Please note handwritten claims will not be accepted.



davisvision.com

MEDICALLY NECESSARY PRIOR AUTHORIZATION REQUEST

! Please begin using this form immediately and discard all previous versions.

For prior authorization submit via toll-free fax: 1 (800) 584-2329

REQUIRED INFORMATION

| | |
|-----------------------|----------------------------|
| Patient Name _____ | Provider Name _____ |
| Patient DOB _____ | Provider Panel # _____ |
| Member Name _____ | Provider Telephone # _____ |
| Member ID # _____ | Provider Fax # _____ |
| Date of Service _____ | |

SERVICE (CIRCLE ALL APPLICABLE)

| | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Medically Necessary Contact Lens Evaluation | <input checked="" type="checkbox"/> Medically Necessary Contact Lenses | <input type="checkbox"/> Low Vision Exam | <input type="checkbox"/> Low Vision Aids |
|---|--|--|--|

EYEGASSES PRESCRIPTION

| | | | | | | |
|----|--------|----------|------|-----|-------|------------------------|
| OD | SPHERE | CYLINDER | AXIS | ADD | PRISM | 20/ VISUAL ACUITIES |
| OS | SPHERE | CYLINDER | AXIS | ADD | PRISM | 20/ VISUAL ACUITIES |

CONTACT LENS PRESCRIPTION (IF AVAILABLE)

KERATOMETRY READINGS

| | | | | | | |
|----|--------|----------|------|------------------------|----|--|
| OD | SPHERE | CYLINDER | AXIS | 20/ VISUAL ACUITIES | OD | |
| OS | SPHERE | CYLINDER | AXIS | 20/ VISUAL ACUITIES | OS | |

MEDICALLY NECESSARY CONTACT LENS REQUIREMENTS

Medically Necessary / Visually Required Contact Lenses are only available for the diagnoses listed below - CIRCLE ALL APPLICABLE:

| | | | | |
|----------------|----------|---|---|-----------------------|
| Aphakia | Aniridia | Anisometropia (Eyeglasses - Rx differ more than 3dp) | Stable Keratoconus (K Readings and/or topography/clinical notes) | Irregular Astigmatism |
| High Ametropia | | | Unstable Keratoconus (K Readings and/or topography/clinical notes) | |

1. Eyeglass prescription is ≥ -8.00 or $\geq +8.00$ diopters in any meridian of one or both eyes
 2. AND, eyeglass best corrected visual acuity of 20/40 or worse in either eye
 3. AND, visual acuity improvement of 2 lines or more with contact lenses

| |
|--|
| Professional Fee \$ _____ |
| Material Fee \$ _____ |
| <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Low Vision Aids |

PROVIDER COMMENTS (For clinical extenuating circumstances, please attach the medical record or relevant clinical information, patient history, previous ineffective treatment, or occupational considerations):

PROVIDER REQUIREMENT

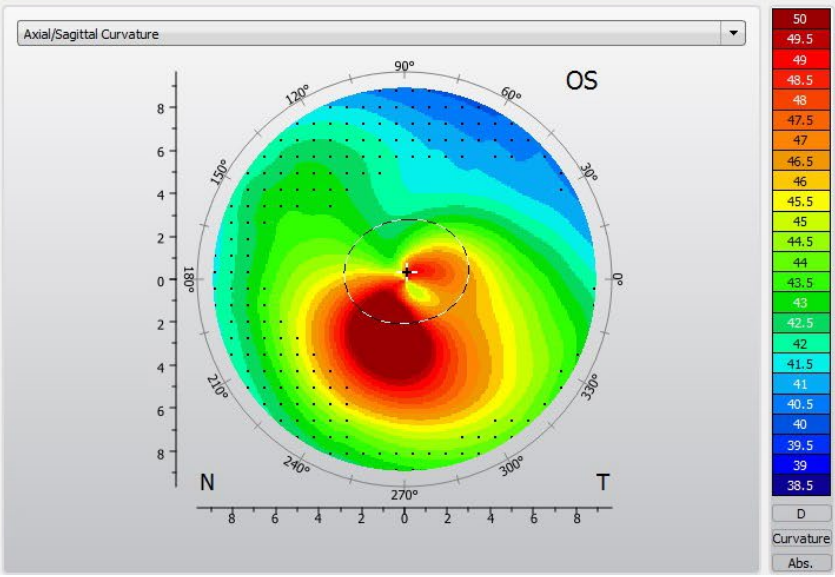
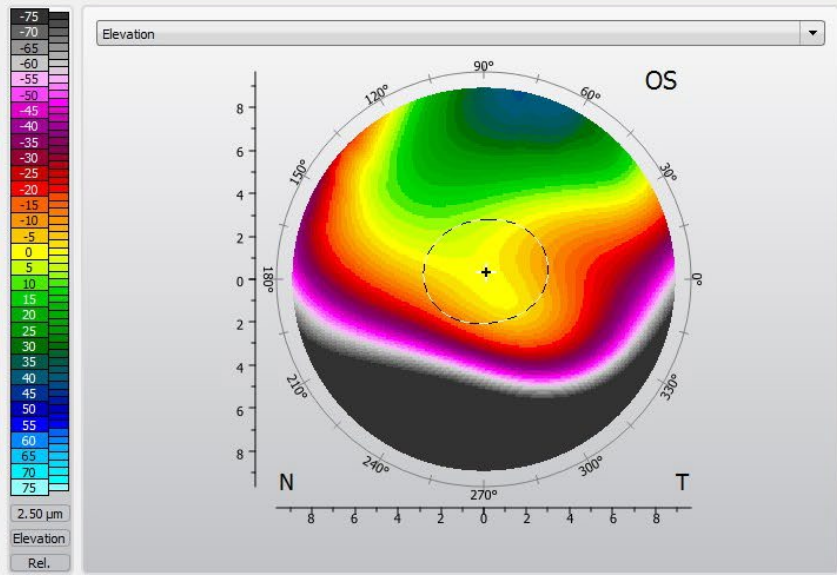
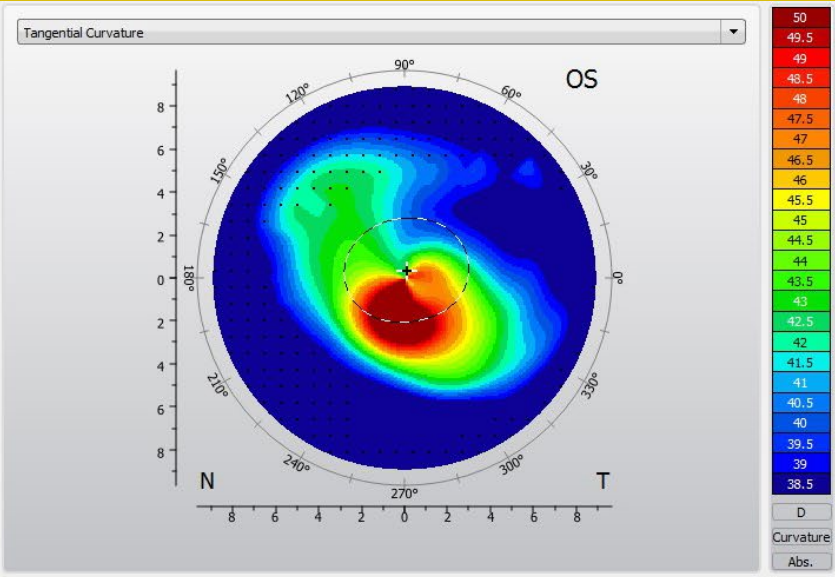
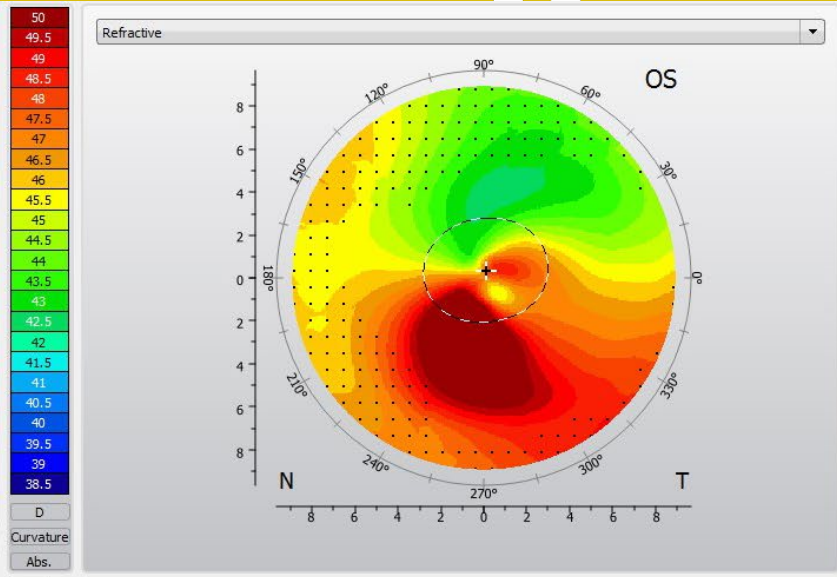
| | |
|--|--|
| X | |
| I attest the information provided is true and accurate. | |

Billing to Medical Insurance

- You can bill contact lens services and materials to medical insurances
- Reimbursement rates vary, depending on the insurance carrier
- Any scleral lenses or scleral lens cover shells that are billed to Medicare will need to be billed to Durable Medical Equipment (DME)

Case 1

- CR – 16 year old white male presents to the clinic for evaluation of keratoconus OS only.
- BCVA is 20/50 with glasses (multiple remakes and unstable refraction)
- BCVA with soft contacts is also 20/50
- K max is 46.5
- No scarring seen, but mild striae visible at cone apex
- Pachymetry is 525um over cone apex
- He complains of extreme light sensitivity



Case 1

- How did I bill it?
- Why?
 - Multiple remakes?
 - Striae seen?
 - Quality of vision not ideal?
 - Light sensitivity

Form (continued)

Qualifying Conditions

evaluation, fit & follow-up and materials.
that applies according to the final
able ICD-10 code. Enter your retail price

Check here
**Keratoconus -
mild/moderate
92072**

Select when
keratoconus is
present and Rx is
not correctable to
20/25 in either or
both eyes with
spectacles

Check appropriate
ICD-10 code:

- H18.601
- H18.602
- H18.603
- H18.609
- H18.611
- H18.612
- H18.613
- H18.619

\$ _____
Enter retail price

Check here
**Keratoconus -
advanced/
ectasia
92072AD**

Select when
keratoconus is
present and one
or more of the
following
conditions are
met:

- Corneal scarring
- Steep K of 53D
or higher
- Corneal
thickness <= 475 microns
- Refraction not
measurable

Check appropriate
ICD-10 code:

- H18.621
- H18.622
- H18.623
- H18.629
- H18.711
- H18.712
- H18.713
- H18.719

\$ _____
Enter retail price

either or both eyes using standard spectacle lenses. For the purposes of our benefit, there are 2 types of keratoconus as defined in our ectasia scale.

- **Emerging/Mild:** Contact lenses in this tier are anticipated to include, however not be limited to, soft toric, rigid gas permeable, scleral, semi-scleral and hybrid designs/materials. The below severity scale applies:
 - Multiple spectacle remakes
 - Unstable topography
 - Light sensitivity/glare issues
 - Signs including Fleischer ring, Vogt's striae and scissor reflex with retinoscopy
 - No scarring
 - Topography (steep K <53D)
 - Corneal thickness >475 microns
- **Moderate/Severe:** Patients who begin in the emerging or mild categories and are not successful with contact lens materials and keratoconus designs may be elevated into this moderate/severe tier. Contact lenses in this tier are anticipated to include however not be limited to scleral, semi-scleral and hybrid designs/materials. Patients

who qualify as moderate/severe will have all of the emerging/mild symptoms, plus:

- Mild to no scarring or some scarring
 - Topography (steep K of 53D or higher)
 - Corneal thickness up to 475 microns
 - Refraction not measurable
 - **Vision improvement other than keratoconus** for members whose vision can be corrected by two lines or more on a standard visual acuity chart when compared to the best corrected standard spectacle lenses.
- This bundled benefit covers materials, fitting and unlimited follow-up visits.
 - Include the appropriate diagnosis code when submitting the medically necessary contact lens claims. We may also ask you for additional supporting documentation.

Clinical Pearls

ABN and/or patient contract



Contract should include

- Cost of services
- Cost of lenses
- Global period end date (if applicable)
- Remake policy
- Shipping policy
- Refund policy
- Payment plan information

Final thoughts

- Billing lenses to vision insurance and medical insurance does not have to be difficult if you use the right codes
- Insurance reimbursement rates vary drastically
- Price your fees appropriately based on the amount of time spent with the patient and necessary supplies/equipment
- Make sure your staff and patients are prepared in the best way possible
- Many free resources, articles, webinars, etc on GPLI.info, sclerallens.org

YouTube.com

Scleral Lens Billing and Coding

Mindy Toabe, OD, FAAO, FSLs
Stephanie Woo, OD, FAAO, FSLs

The webinar will begin shortly



0:03 / 54:52

Sclera



Scleral | SCLERAL LENS
EDUCATION SOCIETY

Billing, Coding and Economics of Scleral Lenses

Stephanie L. Woo, O.D., F.A.A.O., F.S.L.S.

BUSINESS: CODING STRATEGY

SCLERAL LENS ESSENTIALS

By JOHN RUMPAKIS, O.D., M.B.A. January 1, 2018



PROPERLY CODE FOR YOUR SERVICES

THE ACCELERATED resurgence of scleral lenses has taken place within the last five to seven years as broader, widespread adoption has taken hold. As scleral lenses become a mainstay of clinical practice, it is important to understand how to create your medical record, code and bill for a scleral lens fit.

Coding for Medically Necessary Contact Lenses

The current healthcare coverage landscape can be tricky to navigate. Knowing these essentials can help.

By [John Rumpakis, OD, MBA](#)

BILLING, CODING AND ICD-10 FOR MEDICALLY NECESSARY CONTACT LENSES: PART ONE

CLARKE D. NEWMAN, OD, FAAO, FBCLA, FSLC

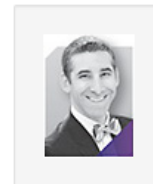
2019

GPLI

BILLING AND CODING FOR SPECIALTY CUSTOM CONTACT LENSES

Here's how to ensure appropriate reimbursement for this professionally rewarding endeavor

By JEFFREY SONSINO, OD November 1, 2017



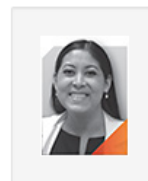
Mastering the science and art of fitting specialty contact lenses requires constant attention to new research and emerging techniques and technology. For example, our rapidly evolving understanding of scleral shape, settling of vaulting lenses, oxygen transmission through a post-lens tear reservoir, and countless other details is contributing to our success with hybrid and scleral lenses. Maintaining our status as experts in this area requires constant review of the literature, demonstrated understanding of multiple lens modalities, and experience with complex ocular conditions, as well as equipment and devices

built specifically for managing patients with complex anterior segment needs.

SPECIALTY LENS BILLING AND CODING

A roadmap to make sense of guidelines, reimbursements, and fee structures for medically necessary contact lenses.

By [STEPHANIE L. WOO, OD](#) February 1, 2020



Billing and coding are a source of frustration for both practitioners and patients. Reimbursement methods and rates vary drastically between carriers and even sometimes between patients. Often, it is difficult to obtain a clear answer on what the proper method is, what codes to use, and how to determine coverage. This was a challenge for me as I entered into a private practice that had no experience with billing and coding for specialty lenses, so it took much time and effort (and many mistakes) to finally learn some of the best tactics. I hope to share some of those strategies with you so that you may avoid a few of the

headaches and mistakes that I made early in my career.



Coding and Billing Resources

The following resources are available pertaining to medically necessary contact lenses:

- [Webinar: Specialty Contact Lens Coding and Billing Update. Presented in August 2016 by Clarke Newman, OD. CE credit available.](#)
- [Billing, Coding and ICD-10 for Medically Indicated Contact Lenses \(as of April 2017\)](#)
- [Coding and Billing FAQ](#)
- [CPT Codes, HCPCS Codes and ICD-10 Codes \(February 2016\)](#)
- [Sample Patient Brochure](#)
- [Sample Insurance Letter of Medical Necessity 1](#)
- [Sample Insurance Letter of Medical Necessity 2](#)
- [Sample Insurance Letter of Medical Necessity 3](#)
- [Top 10 Errors in Coding and Billing](#)



FINAL QUESTIONS?

BILLING AND CODING SPECIALTY CONTACT LENSES

Stephanie L. Woo, O.D., F.A.A.O., F.S.L.S.

  @drstephaniewoo

drwoo@clinevada.com

www.drstephaniewoo.com