Codes for Medically Necessary Contact Lenses

CPT Codes for Medically Necessary Prescribing

Preamble for the 9231X Codes

“The prescription of contact lenses includes specification of optical and physical characteristics (such as power, size, curvature, flexibility, gas-permeability). It is NOT a part of the general ophthalmological services.

The fitting of a contact lens includes instruction and training of the wearer and incidental revision of the lens during the training period.

Follow-Up of successfully fitted extended wear lenses is reported as part of a general ophthalmological service. (92012 et seq)

The supply of contact lenses may be reported as part of the fitting. It may also be reported separately by using the appropriate supply code.”

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

92311—Corneal Lens for Aphakia, One Eye

92312—Corneal Lens for Aphakia, Both Eyes

92313—Corneoscleral Lens

92070—Fitting of a contact lens for the treatment of disease, including supply of lens

92325—Modification of Contact Lens (Separate Procedure), With Medical Supervision of Adaptation

92326—Replacement of Contact Lens

92070—Bandage Contact Lens Code—NO LONGER IN USE!!!! IT HAS BEEN DELETED.

92071—Fitting of Contact Lens for Treatment of Ocular Surface Disease

Do not Report 92071 in Conjunction with 92072

Report Supply of Lens Separately With 99070 or Appropriate Supply Code
92072—Fitting of Contact Lens for Management of Keratoconus, Initial Fitting

For Subsequent Fittings, Report Using Evaluation and Management Services or General Ophthalmological Services

Do not Report 92072 in Conjunction With 92071

Report Supply of Lens Separately With 99070 or Appropriate Supply Code

**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
V2530—Contact Lens, GP, Scleral, Per Lens
V2531—Contact Lens, GP, Scleral, Per Lens
V2699—Contact Lens, Other Type
V2627—Scleral Cover Shell

**ICD-9 Codes for Medically Necessary Prescribing**

367.0—Hypermetropia
367.1—Myopia
367.3—Anisometropia
367.32—Aniseikonia
368.5—Color Vision Deficiencies
368.51—Protan Defect
368.51—Deutran Defect
368.53—Tritan Defect

370.00—Corneal Ulcer, Unspecified

370.01—Marginal Corneal Ulcer

370.02—Ring Corneal Ulcer

370.03—Central Corneal Ulcer

370.21—Superficial Punctate Keratitis

370.33—Keratoconjunctivitis Sicca, not specified as Sjögren’s

370.34—Exposure Keratoconjunctivitis

370.35—Exposure Keratoconjunctivitis

371.24—Corneal edema Due to Wearing Contact Lenses

371.61—Keratoconus, Stable Condition

371.62—Keratoconus, Acute Hydrops

371.71—Corneal Ectasia

375.15—Tear Film Insufficiency, Unspecified

379.31—Aphakia

379.32—Subluxation of the Lens

379.41—Anisochoria

379.50—Nystagmus, Unspecified

379.51—Congenital Nystagmus

710.2—Sjögren’s Syndrome or Disease (Keratoconjunctivitis Sicca)

743.45—Aniridia, Congenital

This information is provided by the GP Lens Institute.

For more Coding and Billing resources, visit www.gpli.info/coding-billing/.