



UEI Coding Alert # 29 June 7, 2006

When Does Medicare pay for Glasses?

Medicare will only pay for refractive lenses for aphakic beneficiaries (patients who are lacking the organic lens of the eye due to surgical removal, e.g., after cataract surgery, or who have congenital absence. Medicare covers one pair of glasses after each cataract surgery with insertion of an artificial intraocular lens. Your claim for refractive lenses must be linked to one of these ICD-9 codes to prove medical necessity:

- 379.31--*Aphakia*
- 743.35--*Congenital aphakia*
- V43.1--*Organ or tissue replaced by other means; lens (pseudophakia).*

Append KX for Doctor-Ordered Extras

The prescribing doctor must specifically order the special lens; it cannot be simply the patient's preference for one type of lens over another. If a doctor specifically orders a particular type of lens or lens treatment, append modifier KX (*Specific required documentation on file*) to the HCPCS code. This modifier tells Medicare that you have documentation to support the medical necessity of the item you're claiming.

Example: In most cases, Medicare will not pay for polycarbonate lenses (V2784). Patients often prefer polycarbonate lenses because they are sturdier and lighter than regular lenses. However, many optometrists prescribe polycarbonate lenses for patients with monocular vision, to help protect the remaining eye.

In these cases, report v2784-KX and make sure documentation of the patient's condition is on file. For example, a note in the patient's record saying, "best corrected VA OS 20/400" should suffice".

Additionally, Medicare considers ultraviolet protection (V2755, *U-V lens, per lens*) reasonable and necessary after a cataract extraction.

Along with V2755 and V2784, Medicare will sometimes pay for these items, if they are medically necessary:

- Tints (V2744, V2745)
- Anti-reflective coating (V2750)
- Oversize lenses (V2780).

Use EY and GA for Patient Preferences

What if the prescribing doctor did not specifically order an item, but the patient wants it anyway? Append modifier EY (*No physician or other licensed healthcare provider order for this item or service*) to patient-preference items. EY is the opposite of KX and is used on items that are sometimes medically necessary and sometimes not medically necessary.

Append modifier EY to V2744, V2745, V2750, V2780 and V2784 if the patient selects them without a specific order from the prescribing physician, says Palmetto's DMERC billing manual.

Noncovered items: There are a few codes that Medicare will never cover. Make sure that the Medicare beneficiary knows he is fully responsible for payment for noncovered items. Have him sign an advance beneficiary notice (ABN) and keep it on file. Append modifier GA (*Waiver of liability statement on file*) to these HCPCS codes.

Although individual rules may vary, do not expect coverage from your DMERC carrier for the following:

- V2025--*Deluxe frame*
- V2702--*Deluxe lens feature*
- V2756--*Eyeglass case*
- V2760--*Scratch-resistant coating, per lens*
- V2761--*Mirror coating, any type, solid, gradient or equal, any lens material, per lens*
- V2762--*Polarization, any lens material, per lens*
- V2781--*Progressive lens, per lens*
- V2782--*Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens*
- V2783--*Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens.*

You don't need to append modifier EY to these codes. If an item is never approved, like V2025, then GA is the only modifier used.