



# A Small talk with **Patrick Miller** Medically Necessary Contact Lenses.



**Dr. Stephanie Woo**  
OD, FAAO, FSLs

📍 9260 W.SUNSET ROAD # 209  
LAS VEGAS, NV 89148

✉️ [drwoo@clinevada.com](mailto:drwoo@clinevada.com)

☎️ (702) 747-4070



DR. STEPHANIE WOO

# Ask the Expert: A Live Interview with A VSP representative answering questions about Medically Necessary Contact Lenses.

If you accept VSP for Medically Necessary Contact Lenses, you will find this article incredibly helpful!

**To view the entire video interview, please click here.**

<https://youtu.be/2De4VksrA5c>

I had the rare opportunity to speak with **VSP Senior Provider Relationship Manager, Patrick Miller**, to answer some questions about **VSP Medically Necessary Contact Lenses (MNCL)**.

Billing and coding medically necessary contact lenses can be frustrating and time consuming. Different insurance companies have different requirements and reimbursement rates. Since VSP is one of the most widely accepted insurance plans, I decided to reach out to the VSP company to get some clear answers to some of our commonly asked questions.

## Some of the key takeaways:

The recognized contact lens codes for **MNCL** are: **92311, 92312, 92313, 92072**

### **Important**

**Always have these 4 things:**

- Make sure you have proper ICD 10 codes, Usual
- Usual + Customary Fees
- Material Codes
- Number of Units

**For piggyback contact lenses:**

Use your clinical judgement when selecting **CPT** and **V codes**

**If you fit a patient in two different lens modalities** (*ex: scleral in one eye and corneal gas permeable in the other eye*), contact customer service to help you file the claim since you have different V codes

Refer to your manual for clear guidance and reimbursement details:

[eyefinity.com](https://www.eyefinity.com)

→ VSP online → Manuals → VSP → Plans and coverage → Scroll down to contact lens section

V2599 should be reserved for hybrid lenses and any other contact lens in which NO OTHER V code is relevant. This should be used sparingly.

You cannot bill more than one 92\_\_\_\_ contact lens fitting code on EyeFINITY

You should bill VSP for MNCL after service is completed; You should use the date of service as the day you started the fitting (*example: You start a contact lens fitting on 1-2-2020 and completed it on 2-13-2020, you would bill VSP on 2-13-2020 but the date of service would be 1-2-2020*)

Add ons such as F1 toric, Multifocal optics, Hydrapeg, etc can be billed directly to the patient as long as that is what is done typically within your office.

For instance, you use V2531 for a basic scleral lens and then use code V2799 for adding hydrapeg, it is ok to collect the hydrapeg charge to the patient since that is what you do with cash patients.

Any additional equipment used such as anterior segment OCT that is above and beyond a typical fitting can be billed directly to the patient.

Global period for **MNCL** is 90 days

If you have a fee that is over \$999, **simply add the U+C fees into Box 19 to alert them.**



If you have a complicated contact lens (custom keratoconus soft lens, prosthetic lens, etc), it is up to you to make the best judgement on what to code to use.

### **You have 180 days to file and adjust claims**

If a patient is fit with a **MNCL** and then for any reason is unsuccessful, you would collect you U+C fees at 85% (*per the VSP contract*) directly from the patient.

*VSP individual plans do not provide coverage for MNCL.*

*Every office is audited – it doesn't mean you've done anything wrong.*

*Answers to some of the follow up questions:*

***Q: Can you describe who is on the VSP board for reviewing MNCL claims? ODs or MDs or others or a mix?***

VSP's Quality Management Committee (QMC) is comprised of both optometrists and ophthalmologists.

***Q: What kind of studies or research do you use to figure out the proper ICD 10 codes that are covered for MNCL?***

VSP researches all eye related ICD-10-CM codes annually when they are published by CMS; partnering with our Quality Management Committee (QMC) for review. They also actively monitor new technologies and emerging standards of care designed for visually necessary contact lens wearers.

***Q: How often do the ICD codes and reimbursement rates change? Every year?***

ICD-10-CM codes and reimbursement rates are reviewed annually.



**Q: What happens if you fit the patient with 2 different types of contact lenses (scleral in one eye and corneal gas permeable lens in the other eye as an example)?**

Assuming both lenses billed are covered under VSP's MNCL benefit, and includes an appropriate diagnosis to supports the clinical findings, VSP would pay the claim based on the highest maximum allowed for the codes billed.

**Other helpful information:**

Here are all of the V codes (contact lens materials codes) that VSP recognizes:

Covered Contacts & Base Visually Necessary Contact Lens Maximums			
HCPES	Annual Replacement <sup>1</sup>	Planned Replacement <sup>1</sup>	Daily Replacement <sup>1</sup>
V2500*	\$251	_____	_____
V2501*	\$385	_____	_____
V2502*	\$491	_____	_____
V2503*	\$405	_____	_____
V2510*	\$450	_____	_____
V2511*	\$650	_____	_____
V2512*	\$750	_____	_____
V2513*	\$500	_____	_____
V2520*	\$375	\$525	\$750
V2521*	\$525	\$650	\$870
V2522*	\$537	\$650	\$1000
V2523*	\$475	\$600	\$625
V2530*	\$499	_____	_____
V2531*	\$987	_____	_____
V2599**	\$1,150	\$1,500	_____
Piggyback	\$1,150	\$1,500	_____



# Here is a list of ICD 10 codes that VSP recognizes when billing MNCL

## Visually Necessary Specialty Lenses

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

***\*Codes may not be billed together on the same claim.***

Description	ICD-10 Codes:
Absence of Iris (Aniridia)	Q13.1
Achromatopsia	H53.51
Adherent leukoma	H17.00 through H17.03
Albinism	H70.30
Aphakia	H27.00 through H27.03
Band Keratopathy	H18.421 through H18.429
Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts	T85.318A through T85.318S
Bullous Keratopathy	H18.10 through H18.13
Central Corneal Opacity	H17.10 through H17.13
Coloboma of Iris	Q13.0
Congenital Aphakia	Q12.3
Congenital Corneal Opacity	Q13.3
Corneal Ectasia	H18.711 through H18.719
Corneal Scars & Opacities	H17.00 through H17.9, A18.59
Corneal Staphyloma	H18.721 through H18.729
Corneal Transplant Failure	T86.841
Corneal Transplant Rejection	T86.840



Description	ICD-10 Codes:
Corneal Transplant Status	Z94.7
Corrosion of Cornea & Conjunctival sac	T26.60XA through T26.62XS
Deep Vascularization of Cornea	H16.441 through H6.449
Displacement of other Ocular Prosthetic devices, implants & graphts	T85.328 through T85.328S
Endothelial Corneal Dystrophy	H18.51
Enophthalmos due to atrophy of orbital tissue	H05.419
Epithelial (Juvenile) corneal dystrophy	H18.52
Folds & rupture in Bowman's membrane	H18.311 through H18.319
Graft-versus-host disease	D89.813
Granular corneal dystrophy	H18.53
Keratitis	H16.001 through H16.079
Keratoconus, stable	H18.611 through H18.619
Keratoconus, unspecified	H18.601 through H18.629
Keratoconus, unstable	H16.21 through H18.629
Keratoconjunctivitis sicca, in Sjorgren's syndrome	M35.01
Keratomalacia	H18.441 through H18.449
Lattice corneal dystrophy	H18.54
Localized vascularization of cornea	H16.431 - 16.439
Macular corneal dystrophy	H18.55
Minor opacity of cornea	H17.811 through H17.819
Nodular corneal degeneration	H18.451 through H18.459
Ocular laceration & rupture with prolapse loss of intraocular tissue	S05.20XA through S05.22XS





Description	ICD-10 Codes:
Ocular laceration without prolapse or loss of intraocular tissues	S05.30XA through S05.32XS
Other calcerous corneal degeneration	H18.43
Other congenital corneal malformations	Q13.4
Other corneal degeneration	H18.49
Other corneal scars and opacities	H17.89
Other hereditary corneal dystrophies	H18.59
Other injuries of eye and orbit	S05.8X1A through S05.8X9S
Other keratitis	H16.8
Other mechanical complication of other ocular prosthetic devices, implants and graphts	T85.398A through T85.398S
Orher tuberculosis of eye	A18.59
Penetrating wound with foreign body	S05.50XA through T85.398S
Peripheral corneal degeneration	H18.461 through H18.469
Peripheral opacity of cornea	H17.821 through H17.829
Pupillary abnormility	H21.561 through H21.569
Recurrent erosion of cornea	H18.831 through H18.839
Unspecified corneal deformity	H18.70
Unspecified corneal degeneration	H18.40
Unspecified corneal membrane change	H18.30
Unspecified corneal scar & opacity	H17.9
Unspecified hereditary corneal dystrophies	H18.50 through H18.59
Unspecified injury of unspecified eye & orbit	S05.90XA through S05.92XS
Vitamin A deficiency with xerophthalmic scars os cornea	E50.6





Here is a list of VSP maximum payout per V code

Visually Necessary Contact Lens Specialty Maximums			
HCPCS	Annual Replacement <sup>1</sup>	Planned Replacement <sup>1</sup>	Daily Replacement <sup>1</sup>
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	_____

*\*All information is from 12/23/2020. Information and amounts are subject to change per VSP guidelines.*



If you found this information useful and need more help, please book an appointment with me at [www.drstephaniewoo.com/optometry-consulting](http://www.drstephaniewoo.com/optometry-consulting)

The information in this article is based on an interview between ***Dr. Stephanie Woo and Patrick Miller.***

The numbers used in this article are for illustrative purposes only, and they are not recommendations for your unique practice.

**Dr. Stephanie Woo is not suggesting or recommending any specific fee or amount that should be charged.**

Each doctor's fee will be different based on their own clinic setting. Dr. Stephanie Woo is not responsible for any legal issues pertaining from information interpreted from this article.

This is purely informational and should be used as a guide, with no specific dollar amount recommendations.



DR. STEPHANIE WOO

9260 W.SUNSET ROAD # 209 LAS VEGAS, NV 89148

[drwoo@clinevada.com](mailto:drwoo@clinevada.com)

(702) 747-4070