Dr. Harvey Richman is a graduate of the New England College of Optometry where his education emphasized the evaluation of children with behavioral and perceptual difficulties. After several years of pediatric practice and research, Dr. Harvey Richman achieved the credentials of Fellow of the College of Optometrists in Vision Development. This was immediately followed by earning the credentials of Fellow of the American Academy of Optometry. In 2006, Dr. Richman was asked to join the American Optometric Associations Third Party Executive Committee to work on the Coding Committee due to his work for the state of New Jersey. Dr. Richman has lectured nationally on billing and coding, electronic health records, and PQRS. He has published work on Coding for Vision Therapy and Vision Rehabilitation for the AOA and COVD.
Health Care Procedures Classification System
HCPCS

Topics to be covered:

1. Explain the purpose of the HCPCS code set.
2. Differentiate between HCPCS Level I (CPT) and HCPCS Level II codes.
3. Identify circumstances under which codes from both HCPCS Level I and HCPCS Level II are required.
4. Compare permanent and temporary HCPCS codes.
5. Describe the content and organization of the index, the Table of Drugs, and the main text in HCPCS.
6. Describe the purpose and correct use of HCPCS modifiers, including the ABN modifiers.
7. Choose the correct medication code based on the route of administration and the amount of medication administered.
8. Apply rules for choosing which level of HCPCS codes to assign.
9. Discuss the sources of information to keep up to date on current HCPCS codes.
10. Assign HCPCS codes with appropriate modifiers based on procedural statements.
• Advance beneficiary notice (ABN)
• Certificate of medical necessity (CMN)
• CMS HCPCS Workgroup
• Durable medical equipment (DME)
• DME Medicare Administrative Contractors (DME MACs)
• Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)
• Durable Medical Equipment Regional Carriers (DMERCS)
• Food and Drug Administration (FDA)
• Level I
• Level II
• LCD (local coverage determination)
• Medicare Carrier Manual (MCM)
• NCD (National coverage determination)
• Notice of Exclusions from Medicare Benefits (NEMB)
• Permanent codes
• Table of Drugs
• Temporary codes
• Unclassified HCPCS code
Omnibus Budget Reconciliation Act of 1986 (OBRA) required CPT/HCPCS coding for outpatient services for federally funded patients.

CMS (formerly called HCFA) developed a three-part system to standardize the coding system used to process Medicare claims.

Developed HCPCS to support the need to bill for all services (not just those in CPT).

Used for all services: surgical, medical, supplies, materials and injections.
The HCFA Common Procedure Coding System (HCPCS) was developed in 1983 to standardize codes on health care claims for the Medicare program. In 2002 changed the name to the Healthcare Common Procedure Coding System (HCPCS).

HCPCS has two parts:

- **Level I**
  - CPT maintained by the AMA
  - 5 digit numeric codes except for category II and II codes

- **Level II**
  - Use for products, supplies, services not included in CPT
  - 5 digit alphanumeric codes beginning with letters A – V.
• System for identifying medical services and supplies, not a payment methodology.

• Just because a HCPCS code is valid does not guarantee reimbursement for that service.

• Most HCPCS represent the actual supply of an item, not the professional service or procedure that is supplied by Level I (CPT).

• Over 4,000 HCPCS codes.

• Level II codes are used to file services of physicians and non-physicians, surgical supplies, medications administered, ambulance transports, and durable medical equipment.

• Like CPT, HCPCS has its own set of codes and unique modifiers. Deleted codes and modifiers appear in the HCPCS file for four years.
• In 2003, a specific CMS HCPCS Workgroup was developed to maintain, update, and distribute HCPCS Level II codes.
• HCPCS codes are submitted to insurance carriers by physician offices, facilities and other providers.
• HCPCS are required for reporting services, injections, materials and supplies to federally funded programs.
• Many private insurance companies mandate the use of HCPCS as well.
• HCPCS codes have a significant effect on the financial bottom line for practice and facilities.
Permanent and Temporary Codes

Permanent Codes
- Maintained by CMS HCPCS Workgroup
- Available for use by all government and private payers

Temporary Codes
- Begin with C, G, H, K, Q, S and T; added, changed, and deleted on a quarterly basis.
- They serve the purpose of meeting the immediate needs of a particular payer.
- Once established and approved are usually implemented within 90 days
- May be given permanent status if widely used
1. HCPCS Index and Tabular Sections
   • Index arranged alphabetically
   • Tabular is organized by the code range

2. Special Features: Appendixes
   • Most books have a table of drugs
   • Some books have specific modifiers, abbreviations and acronyms
   • Some indicate non-Medicare covered codes

3. Symbols
   • Similar to those in CPT
HCPCS Symbols

- A  Adult-only service
- M  Maternity only
- P  Pediatrics
- I  Infant
- ▲  Revised code
- ⊗  SNF Excluded
- MED  Pub 100/NCD reference
- Wheelchair  DMEPOS Paid
- □  Quantity Alert
- ●  New code
- O  Reinstated Code
- A-Y Boxed  APC status indicator
- ♂  Female only
- ♂  Male only
HCPCS Level II are categorized into medical products and supplies to ease coding.

Sections:
A: Transportation Services, Including Ambulance, Medical and Surgical Supplies (A0000-A9999)
B: Enteral and Parenteral Therapy (B4000-B9999)
C: Outpatient PPS (C1000-C9999)
D: Dental Procedures (D0000-D9999)
E: Durable Medical Equipment (E0100-E9999)
G: Procedures/Professional Services (G0000-G9999)
H: Alcohol and drug abuse treatment services (H0001-H2037)
J: Drugs administered other than oral method (J0000-J9999)
K: Temporary Codes (K0000-K9999)
Sections:

L: Orthotic Procedures (L0000-L4999)
M: Medical Services (M0000-M0301)
P: Pathology and Laboratory Services (P0000-P9999)
Q: Temporary Codes (Q0000-Q9999)
R: Diagnostic Radiology Services (R0000-R5999)
S: Temporary National Codes (Non-Medicare) (S0000-S9999)
T: National T Codes (T1000-T9999)
V: Vision and Hearing Services (V0000-V2999)

Unclassified codes – a number of unclassified codes exist in each section of HCPCS
Assigning HCPCS Codes

- Read the documentation to determine the item, service, or procedure to be coded
- Review all sub-terms and code ranges
- Read the guidelines for the sections and read each description
- Pay attention to all color coding and symbols
- Select the code and assign all appropriate
Determining whether to assign HCPCS Level II or CPT

- Coder must follow these rules
  - For non-Medicare patients, if the CPT code has the same description as the HCPCS code, use the CPT.
  - For Medicare patients, if there is no CPT code that describes the procedure or service, use a HCPCS code instead of assigning an unlisted code.
  - The determination of which code to use varies with the carrier so check carrier documentation.
  - Medicare has G codes that supersede any other CPT code.
Using the HCPCS Table of Drugs

- Codes describe drugs based on their generic and trade names, amounts and routes of administration.
- Determine the mode of administration
- Determine the units of medication
- Modes of Drug Administration
  - IA  intra-arterial
  - INH  inhalant solution
  - INJ  injection, not otherwise specified
  - IT  intrathecal
  - IV  intravenous
  - IM  intramuscular
  - ORAL  oral
  - OTH  other routes
  - SC  Subcutaneous
  - VAR  Various routes
• HCPCS codes can be modified at the request of a provider.
• The HCPCS code review process is an ongoing effort.
• An errata for HCPCS codes is available on the AMA and CMS websites.
• Internet Resource
  • http://www.cms.hhs.gov/medicare/hcpcs
Components of HCPCS

Level I: CPT Codes
80% of HCPCS can be coded using CPT

Level II: HCPCS (AKA National Codes)
Developed by CMS to identify other services

Level III: Local Codes
Codes developed by local Medicare carriers
Discontinued in 2003
Level I: Current Procedure Terminology (CPT)

- Published, copyrighted by AMA since 1966
- Developed as a method of communication between physicians and third-party payers
- **Intended to be used for reimbursement** (unlike ICD-9-CM)
- Nomenclature
- Updated annually on January 1
- **Official Reference**: *CPT Assistant*

*Source: Copyright 2010-2011. American Medical Association. All Rights Reserved.*
Level I: HCPCS Codes

- One alphabetic character followed by four digits (A0000 – V9999)
- CMS (formerly HCFA) developed the Healthcare Procedural Coding System in 1983.
- Because CPT lacks many codes for non-physician procedures and services, CMS created codes to supplement CPT and to describe supplies and drugs.
- Required by Medicare but…
  - Used by most insurance companies that understand the value of accurate codes
Level II: HCPCS Codes

- Allows for continuity and specificity when billing.
- Uniformity helps the effort to collect uniform health service data.
- Codes are approved and maintained jointly by the Alpha-Numeric Workgroup, consisting of CMS, the Health Insurance Association of America, and the Blue Cross and Blue Shield Association.
- Codes and descriptions are updated every January by CMS.
• Supplies: wheelchairs, hearing aid batteries and crutches, e.g., S0514 Color contact lens, per lens

• Injection codes: identify actual substances, e.g., C9105 Injection, hepatitis B immune globulin, per 1ml

• Other: dental, chiropractic, vision, orthotics, e.g., S0620 Routine ophthalmological examination including refraction; new patient
Frame Codes

• V2020  FRAMES, PURCHASES
• V2025  DELUXE FRAME
• S0516  SAFETY EYEGlass FRAMES
• S0518  SUNGLASSES FRAMES
Single Vision Lens Codes

- V2100 SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS
- V2101 SPHERE, SINGLE VISION, PLANO OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
- V2102 SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS
- V2103 SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
- V2104 SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
- V2105 SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
- V2106 SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYL, PER LENS
- V2107 SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS
- V2108 SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
- V2109 SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
- V2110 SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
- V2111 SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS
- V2112 SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS
- V2113 SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
- V2114 SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS
- V2115 LENTICULAR, (MYODISC), PER LENS, SINGLE VISION
- V2118 ANISEIKONIC LENS, SINGLE VISION
- V2121 LENTICULAR LENS, PER LENS, SINGLE
- V2199 NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS
Bifocal Lens Codes

- V2200  SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
- V2201  SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
- V2202  SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS
- V2203  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS
- V2204  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS
- V2205  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
- V2206  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
- V2207  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYL, PER LENS
- V2208  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYL, PER LENS
- V2209  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYL, PER LENS
- V2210  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYL, PER LENS
- V2211  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYL, PER LENS
- V2212  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYL, PER LENS
- V2213  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYL, PER LENS
- V2214  SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS
- V2215  LENTICULAR (MYODISC), PER LENS, BIFOCAL
- V2218  ANISEIKONIC, PER LENS, BIFOCAL
- V2219  BIFOCAL SEG WIDTH OVER 28MM
- V2220  BIFOCAL ADD OVER 3.25D
- V2221  LENTICULAR LENS, PER LENS, BIFOCAL
- V2299  SPECIALTY BIFOCAL (BY REPORT)
Trifocal Lens Codes

- V2300  SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
- V2301  SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
- V2302  SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS
- V2303  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS
- V2304  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS
- V2305  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS
- V2306  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS
- V2307  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYL, PER LENS
- V2308  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYL, PER LENS
- V2309  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
- V2310  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYL, PER LENS
- V2311  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYL, PER LENS
- V2312  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS
- V2313  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS
- V2314  SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS
- V2315  LENTICULAR, (MYODISC), PER LENS, TRIFOCAL
- V2318  ANISEIKONIC LENS, TRIFOCAL
- V2319  TRIFOCAL SEG WIDTH OVER 28 MM
- V2320  TRIFOCAL ADD OVER 3.25D
- V2321  LENTICULAR LENS, PER LENS, TRIFOCAL
- V2399  SPECIALTY TRIFOCAL (BY REPORT)
Aspheric Lens Codes

- V2410  VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS
- V2430  VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS
- V2499  VARIABLE SPHERICITY LENS, OTHER TYPE
• S0500  DISPOSABLE CONTACT LENS, PER LENS
• S0512  DAILY WEAR SPECIALTY CONTACT LENS, PER LENS
• S0514  COLOR CONTACT LENS, PER LENS
• S0515  SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS
• V2500  CONTACT LENS, PMMA, SPHERICAL, PER LENS
• V2501  CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS
• V2502  CONTACT LENS PMMA, BIFOCAL, PER LENS
• V2503  CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS
• V2510  CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS
• V2511  CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS
• V2512  CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS
• V2513  CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS
• V2520  CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS
• V2521  CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS
• V2522  CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS
• V2523  CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS
• V2530  CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS
• V2531  CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS
• V2599  CONTACT LENS, OTHER TYPE
Low Vision Device Codes

- V2600  HAND HELD LOW VISION AIDS AND OTHER NON-SPECTACLE MOUNTED AIDS
- V2610  SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS
- V2615  TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM
Ocular Prosthesis Codes

- V2623 PROSTHETIC EYE, PLASTIC, CUSTOM
- V2624 POLISHING/RESURFACING OF OCULAR PROSTHESIS
- V2625 ENLARGEMENT OF OCULAR PROSTHESIS
- V2626 REDUCTION OF OCULAR
- V2627 SCLERAL COVER SHELL
- V2628 FABRICATION AND FITTING
- V2629 PROSTHETIC EYE, OTHER
Intraocular Lens Codes

- V2630  ANTERIOR CHAMBER INTRAOCULAR LENS
- V2631  IRIS SUPPORTED INTRAOCULAR LENS
- V2632  POSTERIOR CHAMBER INTRAOCULAR LENS
- V2787  ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS
- V2788  PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS
Lens Options Codes

- V2700  BALANCE LENS, PER LENS
- V2702  DELUXE LENS FEATURE
- V2710  SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS
- V2715  PRISM, PER LENS
- V2718  PRESS-ON LENS, FRESNELL PRISM, PER LENS
- V2730  SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS
- V2744  TINT, PHOTOCHROMATIC, PER LENS
- V2745  ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER LENS
- V2750  ANTI-REFLECTIVE COATING, PER LENS
- V2755  U-V LENS, PER LENS
- V2756  EYE GLASS 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
- V2770  OCCLUDER LENS, PER LENS
- V2780  OVERSIZE LENS, 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
- V2784  LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS
- S0580  POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)
- V2786  SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS
Other Codes

- V2785  PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE
- V2790  AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE
- V2797  VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE
- V2799  VISION SERVICE, MISCELLANEOUS
- S0504  SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
- S0506  BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
- S0508  TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
- S0510  NON-PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
- S0581  NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)
- S0590  INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPORTED SEPARATELY
- S0595  DISPENSING NEW SPECTACLE LENSES FOR PATIENT SUPPLIED FRAME
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S0592</td>
<td>COMPREHENSIVE CONTACT LENS EVALUATION</td>
</tr>
<tr>
<td>S0620</td>
<td>ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT</td>
</tr>
<tr>
<td>S0621</td>
<td>ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT</td>
</tr>
<tr>
<td>S0625</td>
<td>RETINAL TELESCREENING BY DIGITAL IMAGING OF MULTIPLE DIFFERENT FUNDUS AREAS TO SCREEN FOR VISION-THREATENING CONDITIONS, INCLUDING IMAGING, INTERPRETATION AND REPORT (CODE DELETED 12/31/2011)</td>
</tr>
<tr>
<td>S0800</td>
<td>LASER IN SITU KERATOMILEUSIS (LASIK)</td>
</tr>
<tr>
<td>S0810</td>
<td>PHOTOREFRACTIVE KERATECTOMY (PRK)</td>
</tr>
<tr>
<td>S0812</td>
<td>PHOTOTHERAPEUTIC KERATECTOMY (PTK)</td>
</tr>
</tbody>
</table>

Photo courtesy of Eyemaginations
The nearly 300 HCPCS Level II modifiers serve the same purpose as CPT modifiers.

Level II modifiers may be used with Level I or Level II codes.

Commonly used ones are listed in the front cover of the CPT book.

If both a Level I and a Level II modifier are required, the Level II modifier is sequenced first.

Level II modifiers are listed inside the cover of the HCPCS book or in appendix A.
Anatomical Modifiers

- E1 – upper left, eyelid
- E2 – lower left, eyelid
- E3 – upper right, eyelid
- E4 – lower right, eyelid

- LT  Left side (used to identify procedures performed on the left side of the body)
- RT  Right side (used to identify procedures performed on the right side of the body)
Modifiers Related to Medicare Coverage

- GA – used when a waiver of liability is on file
- GZ – used when payment for a service is expected to be denied as not reasonable and necessary, and the patient has been given but has not signed the ABN
- GY – used when an item or service is statutorily excluded or does not meet the definition of any Medicare benefit.
- GW – service not related to the hospice patient's terminal condition
- GK Reasonable and necessary item/service associated with a GA or GZ modifier
- GL Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no advance beneficiary notice (ABN)
- GO Services delivered under an outpatient occupational therapy plan of care
• Lab Test Modifier
  • -QW – appended to codes for CLIA waived tests
• Technical Component Modifier
  • -TC – charges submitted by facilities for use of equipment
• ASC-Only Modifier
  • - SG – when a surgery is performed in an ambulatory surgical center
• LS  FDA-monitored intraocular lens implant
• PL  Progressive addition lenses
New Codes of Interest
• G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes
• G0437 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes
Questions

Askthecodingexperts@aoa.org
This unit was brought to you through an unrestricted education grant from:

VISION WEST®