Contact lenses in corneal emergencies
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Billing and coding for ocular emergencies often includes billing for bandage contact lenses. The establishment of the medical necessity for using a lens as a bandage is contained in the CMS National Carrier Determination Policy 80.1, which states:

Some hydrophilic contact lenses are used as moist corneal bandages for the treatment of acute or chronic corneal pathology, such as bullous keratopathy, dry eyes, corneal ulcers and erosion, keratitis, corneal edema, descemetocele, corneal ectasis, Mooren's ulcer, anterior corneal dystrophy, neurotrophic keratoconjunctivitis, and for other therapeutic reasons.

Payment may be made under §1861(s)(2) of the Act for a hydrophilic contact lens approved by the Food and Drug Administration (FDA) and used as a supply incident to a physician’s service. Payment for the lens is included in the payment for the physician’s service to which the lens is incident…

The NCD states that any lens approved by the FDA can be used as a bandage lens. The lens does not have to have a therapeutic indication. That being said, it is best to stick with one of the lenses approved for therapeutic use.

The old CPT code for a bandage lens was deleted a couple of years ago, but I still see people trying to bill for it. So, do not bill a 92070. The new code is 92071. The plain language text and the two accompanying sub-text instructions for the new 92071 code are:

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

As you can see from the sub-text instructions, you should never use this code for keratoconus or in conjunction with prescribing a lens for a keratoconic patient.

There is a contradiction in the CPT sub-text instruction and 80.1. The CPT Code states to bill for the lens separately. However, 80.1 states that the payment for the lens is included in the service, which is how every carrier is treating it. So, don’t bill separately for the lens. It is a waste of time.

Dr. Newman is a 1986 graduate of the University of Houston College of Optometry. He is in private practice in Dallas, Texas, specializing in cornea, contact lens, and refractive surgery consultation. Dr. Newman is a Fellow in the American Academy of Optometry and a Diplomate in the Academy’s Section on Cornea, Contact Lenses, and Refractive Technologies, as well as the program chair. He is an adjunct professor for the University of Houston College of Optometry. Dr. Newman is a past president of the Texas Optometric Association (TOA) and the former editor of Texas Optometry, the Journal of the TOA. He has served as a trustee for the Southwest Council of Optometry. Dr. Newman serves on the board of the Gas Perm Lens Institute. Dr. Newman is a Distinguished Practitioner in the National Academies of Practice. He is a member of the AOA and AOA Cornea and Contact Lens Section and serves on the Federal Relations Committee. Dr. Newman is a contributing editor to Contact Lens Spectrum. He writes and lectures frequently on a wide variety of subjects.