

Vision Services Billing Tip Sheet



This tip sheet outlines information regarding our vision billing guidelines and protocol. Please follow these guidelines to help ensure that your claims are processed accurately and timely.

Our health plan offers a variety of vision benefits that may vary between products and employer groups. Therefore, it is important to check benefits and eligibility prior to rendering services. We require providers to verify a patient's vision eligibility and benefits via our website, Provider.ExcellusBCBS.com. We have a [Vision Eligibility & Benefits Tip Sheet](#) available to assist you in verifying a patient's active status, viewing his or her vision benefit details, and determining a patient's vision limits and benefit eligibility.

We also encourage you to review Administrative Policy 28 – Determination of Refractive State. This policy is applicable to members with Child Health Plus, Healthy NY, Essential Plan, MMC and HARP coverage. It is available on our website, Provider.ExcellusBCBS.com/policies/administrative. You must log in with your username and password to access our administrative policies.

For medical diagnoses, the claim will process in accordance with the terms and conditions of the subscriber's medical contract. A medical diagnosis is not dependent on coverage for routine vision services. If you are not sure whether a diagnosis is routine or non-routine, please contact Customer Care at the number on the back of the patient's member card.

How to Bill

To ensure consistency and streamline administrative processes, please bill all eyewear claims **exactly as you do for Medicare**.

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For non-standard or deluxe eyewear, bill with two lines to ensure that the member's full benefit allowance applies:

- When billing claims for deluxe frames, use code V2020 for the cost of standard frames and a second line item using code V2025 for the difference between the charges for the deluxe frames and the standard frames.
- When billing claims for progressive lenses, use the appropriate code for the standard bifocal (V2200 - V2299) or trifocal (V2300 - V2399) lens and a second line item using code V2781 for the difference between the charge for the progressive lens and the standard lens.

Balance Billing Examples

Commercial \$100.00 Allowance								
Procedure Code	Code Description	Code Type	Amt Charged	Allowed Amt*	Member's Benefit Allowance	Amount Paid	Units	Member Responsibility
V2020	Vision Svcs Frames Purchases	Standard	\$45.78	\$45.78	\$45.78	\$45.78	1	\$0.00
V2025	Eyeglasses Deluxe Frames	Deluxe	\$104.22 (\$150.00-\$45.78)	\$0.00	\$0.00	\$0.00	1	\$104.22
V2103	Spherocylindr 4.00d/12-2.00d	Standard	\$66.24	\$66.24	\$54.22	\$54.22	2	\$12.02
V2702	Deluxe lens feature	Deluxe	\$83.76 (\$150.00-\$66.24)	\$0.00	\$0.00	\$0.00	2	\$83.76
V2750	Anti-Reflective Coating	Deluxe	\$139.00	\$0.00	\$0.00	\$0.00	2	\$139.00
V2784	Lens, polycarbonate or equal, any index, per lens	Deluxe	\$61.00	\$0.00	\$0.00	\$0.00	2	\$61.00
Totals			\$500.00	\$112.02	\$100.00	\$100.00		\$400.00

Essential Covered in Full – Member Chooses to Upgrade to Deluxe								
Procedure Code	Code Description	Code Type	Amt Charged	Allowed Amt*	Member's Benefit Allowance	Amount Paid	Units	Member Responsibility
V2020	Vision Svcs Frames Purchases	Standard	\$43.09	\$43.09	\$43.09	\$43.09	1	\$0.00
V2025	Eyeglasses Deluxe Frames	Deluxe	\$156.91 (\$200.00-\$43.09)	\$0.00	\$0.00	\$0.00	1	\$156.91
V2100	Lens Spher Single Plano 4.00	Standard	\$35.89	\$35.89	\$35.89	\$35.89	1	\$0.00
V2781	Progressive Lens Per Lens	Deluxe	\$114.11 (\$150.00-\$35.89)	\$0.00	\$0.00	\$0.00	1	\$114.11
Totals			\$350.00	\$78.98	\$78.98	\$78.98		\$271.02

Contacts \$250.00 Allowance								
Procedure Code	Code Description	Code Type	Amt Charged	Allowed Amt*	Member's Benefit Allowance	Amount Paid	Units	Member Responsibility
V2520	Contact Lens Hydrophilic	Standard	\$203.08	\$203.08	\$203.08	\$203.08	2	\$0.00
V2551	Cntct Lens Hydrophilic Toric	Deluxe	\$196.92	\$196.92	\$46.92	\$46.92	2	\$150.00
Totals			\$400.00	\$400.00	\$250.00	\$250.00		\$150.00

* Please note that the fee schedule allowances used in the examples may not reflect the current rate. Please consult the current [fee schedule](#) for accurate allowances.

Billing Reminders

When rendering an eye exam to a member and he or she requires eyewear, bill the exam separately from the claim for eyewear. Both services, even when rendered together, require unique taxonomy codes and therefore require separate claims. The following taxonomy codes should be used:

- **Eye Exam:** When billing for an eye exam, use your provider specialty taxonomy code (e.g., 152W00000X).
- **Eyewear (frames/lenses/contact lenses/fittings):** When billing for eyewear, use taxonomy code 332H00000X. This taxonomy applies only to eyewear.

Claim Submission Details:

- **Paper - CMS-1500 Claim Form -** The taxonomy code should be identified with the qualifier “ZZ” in the shaded portion of Box 24I. The taxonomy code should be entered in the upper shaded portion of Box 24J and the NPI entered in the lower area. The taxonomy code should also be placed in Box 33B. For additional information regarding the CMS-1500 required fields, refer to [Tips for Completing the CMS-1500 Claim Form](#).
- **Electronic -** For electronic claim submissions with the 837P (ASCX12N/5010X222A1) format, the taxonomy code should be identified as follows:

2000A	PRV01 = BI	PRV02 = PXC	PRV03 = taxonomy code	If billing provider is an individual provider, then taxonomy code is reported in Loop 2000A (billing provider loop)
2310B	PRV01 = PE	PRV02 = PXC	PRV03 = taxonomy code	If billing provider is a group, then taxonomy code is reported in Loop 2310B (rendering provider loop)
2420A	PRV01 = PE	PRV02 = PXC	PRV03 = taxonomy code	Used if a service line rendering provider is different than claim level rendering provider, then the service line taxonomy code is reported in Loop 2420A (service line rendering provider loop)

Polycarbonate Lenses Coding for Child Health Plus

For eligible Child Health Plus members receiving polycarbonate lenses, submit the claim with procedure code S0580 (polycarbonate lens). List code S0580 in addition to the basic code for the lens. Do not submit code V2784 (lens, polycarbonate or equal, any index, per lens) as that will cause the claim to deny.

For children and adolescents up to 21 years of age, polycarbonate lenses are covered if needed for safety reasons. Medical documentation is not necessary.

Vision Code Classification (Standard vs Non-Standard Deluxe)

Procedure Code	Augmented Procedure Description	Standard vs Non-Standard Deluxe
V2020	Vision Svcs Frames Purchases	standard
V2025	Eyeglasses Delux Frames	non-standard/deluxe
V2100	Lens Spher Single Plano 4.00	standard
V2101	Single Visn Sphere 4.12-7.00	standard
V2102	Singl Visn Sphere 7.12-20.00	standard
V2103	Spherocylindr 4.00d/12-2.00d	standard
V2104	Spherocylindr 4.00d/2.12-4d	standard
V2105	Spherocylinder 4.00d/4.25-6d	standard
V2106	Spherocylinder 4.00d/>6.00d	standard
V2107	Spherocylinder 4.25d/12-2d	standard
V2108	Spherocylinder 4.25d/2.12-4d	standard
V2109	Spherocylinder 4.25d/4.25-6d	standard
V2110	Spherocylinder 4.25d/Over 6d	standard
V2111	Spherocylindr 7.25d/.25-2.25	standard
V2112	Spherocylindr 7.25d/2.25-4d	standard
V2113	Spherocylindr 7.25d/4.25-6d	standard
V2114	Spherocylinder Over 12.00d	standard
V2115	Lens Lenticular Bifocal	non-standard/deluxe
V2118	Lens Aniseikonic Single	non-standard/deluxe
V2121	Lenticular lens, per lens, single	non-standard/deluxe
V2199	Lens Single Vision Not Oth C	standard
V2200	Lens Spher Bifoc Plano 4.00d	standard
V2201	Lens Sphere Bifocal 4.12-7.0	standard
V2202	Lens Sphere Bifocal 7.12-20.	standard
V2203	Lens Sphcyl Bifocal 4.00d/.1	standard
V2204	Lens Sphcy Bifocal 4.00d/2.1	standard
V2205	Lens Sphcy Bifocal 4.00d/4.2	standard
V2206	Lens Sphcy Bifocal 4.00d/Ove	standard
V2207	Lens Sphcy Bifocal 4.25-7d/.	standard
V2208	Lens Sphcy Bifocal 4.25-7/2.	standard
V2209	Lens Sphcy Bifocal 4.25-7/4.	standard
V2210	Lens Sphcy Bifocal 4.25-7/Ov	standard
V2211	Lens Sphcy Bifo 7.25-12/.25-	standard
V2212	Lens Sphcyl Bifo 7.25-12/2.2	standard
V2213	Lens Sphcyl Bifo 7.25-12/4.2	standard
V2214	Lens Sphcyl Bifocal Over 12.	standard
V2215	Lens Lenticular Bifocal	non-standard/deluxe
V2218	Lens Aniseikonic Bifocal	non-standard/deluxe
V2219	Lens Bifocal Seg Width Over	non-standard/deluxe
V2220	Lens Bifocal Add Over 3.25d	non-standard/deluxe
V2221	Lenticular lens, per lens, bifocal	non-standard/deluxe
V2299	Lens Bifocal Specialty	standard
V2300	Lens Sphere Trifocal 4.00d	standard
V2301	Lens Sphere Trifocal 4.12-7.	Standard

Procedure Code	Augmented Procedure Description	Standard vs Non-Standard Deluxe
V2302	Lens Sphere Trifocal 7.12-20	standard
V2303	Lens Sphcy Trifocal 4.0/.12-	standard
V2304	Lens Sphcy Trifocal 4.0/2.25	standard
V2305	Lens Sphcy Trifocal 4.0/4.25	standard
V2306	Lens Sphcyl Trifocal 4.00/>6	standard
V2307	Lens Sphcy Trifocal 4.25-7/.	standard
V2308	Lens Sphc Trifocal 4.25-7/2.	standard
V2309	Lens Sphc Trifocal 4.25-7/4.	standard
V2310	Lens Sphc Trifocal 4.25-7/>6	standard
V2311	Lens Sphc Trifo 7.25-12/.25-	standard
V2312	Lens Sphc Trifo 7.25-12/2.25	standard
V2313	Lens Sphc Trifo 7.25-12/4.25	standard
V2314	Lens Sphcyl Trifocal Over 12	standard
V2315	Lens Lenticular Trifocal	non-standard/deluxe
V2317	Lens Lenticular Aspheric Tri	non-standard/deluxe
V2318	Aniseikonic Lens, Trifocal	non-standard/deluxe
V2319	Lens Trifocal Seg Width > 28	non-standard/deluxe
V2320	Lens Trifocal Add Over 3.25d	non-standard/deluxe
V2321	Lenticular lens, per lens, trifocal	non-standard/deluxe
V2399	Lens Trifocal Specialty	standard
V2410	Lens Variab Asphericity Sing	standard
V2430	Lens Variable Asphericity Bi	standard
V2499	Variable Asphericity Lens	standard
V2500	Contact Lens Pmma Spherical	standard
V2501	Cntct Lens Pmma-Toric/Prism	standard
V2502	Contact Lens Pmma Bifocal	standard
V2503	Cntct Lens Pmma Color Vision	standard
V2510	Cntct Gas Permeable Sphericl	standard
V2511	Cntct Toric Prism Ballast	non-standard/deluxe
V2512	Cntct Lens Gas Permbl Bifocl	non-standard/deluxe
V2513	Contact Lens Extended Wear	non-standard/deluxe
V2520	Contact Lens Hydrophilic	standard
V2521	Cntct Lens Hydrophilic Toric	non-standard/deluxe
V2522	Cntct Lens Hydrophil Bifocl	non-standard/deluxe
V2523	Cntct Lens Hydrophil Extend	non-standard/deluxe
V2530	Contact Lens Gas Impermeable	standard
V2531	Contact Lens Gas Permeable	standard
V2599	Contact Lens/Es Other Type	standard

Procedure Code	Augmented Procedure Description	Standard vs Non-Standard Deluxe
V2600	Hand Held Low Vision Aids	non-standard/deluxe
V2610	Single Lens Spectacle Mount	non-standard/deluxe
V2615	Telescop/Othr Compound Lens	non-standard/deluxe
V2630	Anter Chamber Intraocul Lens	standard
V2631	Iris Support Intraoclr Lens	standard
V2632	Post Chmbr Intraocular Lens	standard
V2700	Balance Lens	standard
V2702	Deluxe lens feature	non-standard/deluxe
V2710	Glass/Plastic Slab Off Prism	non-standard/deluxe
V2715	Prism Lens/Es	non-standard/deluxe
V2718	Fresnell Prism Press-On Lens	non-standard/deluxe
V2730	Special Base Curve	non-standard/deluxe
V2740	Rose Tint Plastic	non-standard/deluxe
V2741	Non-Rose Tint Plastic	non-standard/deluxe
V2744	Tint Photochromatic Lens/Es	non-standard/deluxe
V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photocroatic	non-standard/deluxe
V2750	Anti-Reflective Coating	non-standard/deluxe
V2755	Uv Lens/Es	non-standard/deluxe
V2756	Eye glass case	non-standard/deluxe
V2760	Scratch Resistant Coating	non-standard/deluxe
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	non-standard/deluxe
V2762	Polarization, any lens material, per lens	non-standard/deluxe
V2770	Occluder Lens/Es	standard
V2780	Oversize Lens/Es	standard
V2781	Progressive Lens Per Lens	non-standard/deluxe
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	non-standard/deluxe
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass	non-standard/deluxe
V2784	Lens, polycarbonate or equal, any index, per lens	non-standard/deluxe
S0580	Polycarbonate lens	Child Health Plus only. Refer to Polycarbonate Lenses Coding section above.
V2786	Specialty occupational multifocal lens, per lens	non-standard/deluxe
V2797	Vision supply, accessory and/or service component of another HCPCS vision code	non-standard/deluxe
V2799	Miscellaneous Vision Service	non-standard/deluxe