

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

Eyeglass Frames

This section contains information about eyeglass frames and program coverage (*California Code of Regulations* [CCR], Title 22, Section 51317[d]). For additional help, refer to the *Eyeglass Frames: Billing Example* section in this manual. For a list of modifiers to be billed with eyeglass frames, refer to the *Modifiers Used With Vision Care Procedure Codes* section in this manual.

Notice: Assembly Bill X3 5 (Evans, Chapter 20, Statutes of 2009) excluded several optional benefits from coverage under the Medi-Cal program, including dispensing optician and fabricating optical laboratory services. Refer to the *Optional Benefits Exclusion* section in this manual for policy details, including information regarding exemptions to the excluded benefits. All codes listed in this section are affected by the optional benefits exclusion policy. Ocularist services are not impacted by AB X3 5 and remain reimbursable for all Medi-Cal recipients.

Program Coverage

In addition to the policy described in the *Optional Benefits Exclusion* section, eyeglass frames that conform to the American National Standards Institute (ANSI) Requirements for Dress Ophthalmic Frames (Z80.5) are covered when recipients do not own a suitable frame for continued use.

Frames must be sturdy and of good quality, with the manufacturer's or American distributor's name or identification clearly stamped on the frame. Frames that providers offer to Medi-Cal recipients must also be available to the general public. Providers must have an adequate selection of frame styles, colors and sizes from which recipients may choose.

Non-Covered Frames

The following frames are not Medi-Cal benefits:

- Discontinued or closeout frames
- For use with non-covered eyeglass lenses
- For use with lenses that do not meet Medi-Cal's minimum requirements for prescription ophthalmic lenses, as defined in the *Eyeglass Lenses* section of this manual

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Billing

The following eyeglass frames must be billed on the *CMS-1500* claim when supplied by dispensing optical providers, ophthalmologists, optometrists and dispensing opticians).

<u>HCPCS Code</u>	<u>Description</u>
V2020	Frames, purchases
V2025	Deluxe frame
S0516	Safety eyeglass frames

Note: HCPCS codes V2025 and S0516 require authorization and must be submitted on the *50-3 TAR* form with medical justification. These codes are manually priced and reimbursed based on the wholesale price; therefore, claims require an attached invoice or catalog page. Refer to the *TAR Completion for Vision Care* section in this manual for more information.

Modifiers

In addition to the modifiers for long term care (beneficiaries receiving care in an NF-A, NF-B or ICF/DD), pregnancy-related and continuing care exemptions described in the *Optional Benefits Exclusion* section, eyeglass frames must be billed with an appropriate modifier on the *CMS-1500*. For a list of modifiers to be billed as specified in policy, refer to the *Modifiers Used With Vision Care Procedure Codes* section in this manual. Modifiers for billing frames include:

<u>Modifier</u>	<u>Description</u>
NU	New equipment
RA	Replacement

Use modifier NU when supplying frames to recipients with no prior history of usage. Modifier RA is used to indicate replacement of eyeglass frames.

Note: When both modifiers NU and RA are required for a service, providers must enter each procedure code/modifier combination on a separate claim line.

Replacements

Replacement of frames within two years of initial coverage is limited to the same model whenever feasible. Replacement of frames within two years is not covered if an existing frame can be made suitable for continued use by adjustment, repair or replacement of a broken frame part. Medi-Cal will not replace frames that are deliberately destroyed, abused or discarded by recipients.

Frame replacement may be covered for reasons other than loss, theft or destruction in circumstances beyond a recipient's control. Providers must obtain from a recipient a signed statement that explains the circumstances of the replacement and the reason the existing frame cannot be used, as specified in the *Eye Appliances* section of this manual. The signed statement must be retained in the recipient's file for at least three years.

Documentation Requirements

When frequency limits are exceeded, providers may be required to also submit the following documentation with claims for the repair or replacement of eyeglass frames:

- Patient's name and date
- Circumstances for repair or replacement
- A statement certifying that a loss, breakage or damage was beyond the patient's control, and the steps taken to recover the lost item
- Patient's signature or the signature of patient's representative or guardian

Date Appliance Delivered

Welfare and Institutions Code Section 14043.341 requires providers to obtain and keep a record of Medi-Cal recipients' signatures when dispensing a product or prescription or when obtaining a laboratory specimen.

Therefore, dispensing optical providers (ophthalmologists, optometrists and dispensing opticians) who dispense a device (eye appliances) requiring a written order or prescription must maintain the following items in their files to qualify for Medi-Cal reimbursement:

- Medi-Cal recipient's printed name and signature, or
 - Signature of the person receiving the eye appliance, and
 - Relationship of the recipient to the person receiving the prescription if the recipient is not picking up the eye appliance
- Date signed
- Prescription number or item description of the eye appliance dispensed

**Single Vision Eyeglasses
in Lieu of Bifocals**

Two pairs of single vision eyeglasses, one for near vision and one for distance vision, are covered in lieu of multifocal eyeglasses only when one of the following conditions exists:

- There is evidence that a recipient cannot wear bifocal lenses satisfactorily due to non-adaptation or a safety concern.
- A recipient currently uses two pairs of such eyeglasses and does not use multifocal eyeglasses.

Billing

When billing for two pairs of single vision eyeglasses in lieu of bifocals for recipients 38 years of age and older, if two eyeglass frames are prescribed, providers must enter HCPCS code V2020 (frames, purchases) on the same claim line with two units and include the following ICD-9-CM primary diagnosis code and one of the following secondary diagnosis codes on the claim:

- Primary
 - 367.4 Presbyopia
- Secondary
 - 368.10 Subjective visual disturbance
 - 368.13 Visual discomfort
 - 368.14 Visual distortions in shape and size
 - 368.15 Other visual distortions and entopic phenomena
 - 368.16 Psychophysical visual disturbances
 - 368.8 Other specified visual disturbances
 - 368.9 Unspecified visual disturbance

Multifocal and Nearpoint Prescription for Recipients Younger Than 38 Years of Age

All multifocal and nearpoint eyeglasses (in addition to the distance prescription) must be justified for recipients younger than 38 years of age on the date of service by documenting the need for eyeglasses in the medical record.

When billing for two pairs of single vision eyeglasses in lieu of bifocals for recipients younger than 38 years of age, if two eyeglass frames are prescribed, providers must enter HCPCS code V2020 (frames, purchases) on the same claim line with two units, document the need for the eyeglasses in the medical record and include one of the following ICD-9-CM diagnosis codes as a primary diagnosis code on the claim:

- 367.51 Paresis of accommodation
- 367.52 Total or complete internal ophthalmoplegia
- 367.53 Spasm of accommodation
- 367.9 Unspecified disorder of refraction and accommodation
- 378.35 Accommodative component in esotropia
- 378.84 Convergence excess or spasm

Frame Repair/Parts

Frame repairs and parts replacements are Medi-Cal benefits for recipients who meet the exemptions as specified in the *Optional Benefits Exclusion* section in this manual. Claims for frame repair and frame parts should be billed with either CPT-4 code 92370 (repair and refitting spectacles; except for aphakia) or 92371 (repair and refitting spectacle prosthesis for aphakia) on the *CMS-1500* claim form.

If different items are being repaired on the same date of service, providers must use either CPT-4 code 92370 or 92371 on a separate claim line per item billed.

Note: Claims for CPT-4 code 92370 or 92371 will be denied if billed with HCPCS code V2020 (frames, purchases) for the same recipient on the same date of service.

Eyeglass Cases

Eyeglass cases are not separately reimbursable and are included in Medi-Cal's maximum allowable for eyeglass frames and lenses.