Contact Lenses Example: CMS-1500

This example will help providers bill for contact lenses on the CMS-1500 claim form. Refer to the Contact Lenses section of this manual for policy information. Refer to the CMS-1500 Completion for Vision Care section of this manual for instructions to complete claim fields not explained in the following example. For additional claim preparation information, refer to the Forms: Legibility and Completion Standards section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts, or dollar signs with the charges. If requested information does not fit neatly in the Additional Claim Information field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.
Contact Lenses

Figure 1. Contact lenses.

This is a sample only. Please adapt to your billing situation.

In this example, the doctor has received authorization from the Department of Health Care Services (DHCS) Vision Services Branch (VSB) for the contact lens evaluation (CPT® code 92312) and replacement of a pair of soft or hydrophilic contact lenses (HCPCS code V2520) for a patient with aphakia. Authorization for these services is indicated by the 10-digit TAR Control Number (TCN) followed by the Pricing Indicator (PI) in the Prior Authorization Number field (Box 23).

CPT code 92312 (prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes) with modifier SC (medically necessary service/supply) and HCPCS code V2520 (contact lens, hydrophilic, spherical, per lens) with modifier RA (replacement) are entered in the Procedures, Services, or Supplies field (Box 24D).

Because the optometrist is billing for one contact lens evaluation and two contact lenses, “1” and “2” are entered in the Days or Units field (Box 24G) respectively, for the corresponding procedure codes. Enter the usual and customary charges in the Charges field (Box 24F).

Enter “11” in the Place of Service field (Box 24B) to indicate that services were rendered in an office. An ICD-10-CM code is entered in the Diagnosis or Nature of Illness or Injury field (Box 21).

Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the ICD Ind. area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Refer to the Contact Lenses and TAR Completion for Vision Care sections in this manual for policy and required authorization information.

Refer to the Modifiers for Vision Care Services section in this manual for a list of required modifiers and their corresponding procedure codes.
**Figure 1:** Contact Lenses.
<<Legend>>

"Symbols used in the document above are explained in the following table."

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