Oscar Clinical Guideline: Contact Lenses and Eyeglasses (CG039, Ver. 10)

Contact Lenses and Eyeglasses

Summary

The Plan members with certain conditions affecting the eye may be eligible for eyeglasses or contact lenses as a medical benefit when medical necessity criteria are met. Contact lenses are soft gel-like or hard lenses that are placed directly on the eye. They are commonly used to correct refractive vision errors such as near- or far-sightedness, but can also be used for therapeutic indications to aid in the treatment of various diseases affecting the eyes. Eyeglasses are worn externally and can also be used to correct certain ophthalmic conditions. Both eyeglasses and contact lenses come in a number of different materials for specific indications. The Plan considers contact lenses or eyeglasses for specific ophthalmic diseases medically necessary. The Plan does not consider glasses or contact lenses for common vision conditions such as refractive error as medically necessary under the medical benefit.

Definitions

"Soft Contact Lenses" are common, everyday lenses accounting for the majority of all prescribed lenses. They are made of a gel-like material that covers the cornea only, and used to treat common vision conditions as described below.

"Scleral Shell Contact Lenses" are a hard-shell type of lens that are worn over a larger area than a typical soft contact lens. They can be specifically designed to match irregularities on a patient's eye and painted or designed to address cosmetic and functional deficits.

"Intraocular Lenses" are artificial implants used to replace the natural lens for conditions such as cataracts, congenital aphakia, or injury.

"Hydrophilic Contact Lenses" also known as "Corneal Bandages" are soft protective lenses placed over the cornea. They are used to treat conditions where the cornea needs to be protected from the mechanical trauma of the eyelid rubbing across it to allow for healing.

"Cornea" refers to the transparent membrane on the front part of the eye. A number of disorders can affect this structure.

"Lens" of the human eye is a small transparent structure in the anterior eye that can be stretched by muscles of the eye to change the focusing power of vision.

"Aphakia" is the absence of the lens of the eye, which can be from surgical removal (cataract surgery), perforating wound or ulcer, or congenital absence. Loss of the lens causes inability for the eye to change focus.

"Pseudophakia" is a condition in which the natural lens of the eye has been removed and replaced by an intraocular lens; pseudophakia indicates a member has undergone cataract surgery.

"Keratoconus" is a condition where the cornea of the eye has an irregular shape or cone-shaped bulge.

"Keratoconjunctivitis Sicca" is a condition of dry eyes that can occur alone or in conjunction with a number of local and systemic diseases.

"Aniridia" is the absence of the iris of the eye, which is the colored part of the eye surrounding the pupil. Aniridia can be caused by a congenital absence in one or both eyes, or by penetrating trauma or injury.

"Anisometropia" refers to when the eyes have different refractive power and unequal focus between the eyes. Some difference is accountable with normal physiology, but a difference of two diopters or more is considered anisometropia.

"Pathological Myopia" is a condition of nearsightedness that is so severe it causes an alteration in the shape of the eye, and is a leading cause of legal blindness. This condition is also known as degenerative myopia.

"Aniseikonia" is a condition where images appear different sizes when viewed from each eye individually. Uncorrected, it can cause balance problems, eyestrain, and headache.

"Irregular Astigmatism" is a condition where abnormal shaping of the cornea, often from injury, scarring, or congenital malformations, causes distortion of the perceived image. It differs from regular astigmatism

which is a minor refractive distortion in the lens of the eye. Keratoconus is a leading cause of irregular astigmatism.

"Common Vision Conditions" is a term that is used here to define common visual deficits including but not limited to:

- Nearsightedness: when a person can see objects up close but more distant things may appear distorted or blurry
- Farsightedness: when a person can see objects far away but closer things may appear distorted or blurry
- Astigmatism: when the lens of the eye is not perfectly shaped, resulting in some distortion of visual images
- Presbyopia: farsightedness caused by loss of the elasticity of the lens, typically associated with aging, that decreases the ability to change focus.

Clinical Indications

Scleral Shell Contact Lenses

The Plan considers scleral shell contact lenses medically necessary for members, (up to 2 contact lenses per eye, per benefit period) with at least ONE of the following criteria:

1. Severe dry eyes, such as that resulting from:
    a. Sjogren's disease
    b. Chronic graft-versus-host disease
    c. The effects of radiation
    d. The effects of prior surgery
    e. Meibomian gland deficiency; *or*
2. Symptomatic moderate or severe dry eye disease after trial and failure of topical, systemic, or procedural management:
    a. Two or more of the below:
        i. LFA-1 antagonists (e.g., lifitegrast)
        ii. Non-corticosteroid immunomodulatory agents (e.g. Cyclosporine)
        iii. Oral macrolide and/or tetracycline antibiotics
        iv. Preservative-Free Artificial Tears or inability to afford continuous medical non-tear supplements
        v. Punctal occlusion
        vi. Topical secretagogues; *or*
3. To support orbital tissue when the eye is sightless or shrunken by injury, congenital condition, or autoimmune/inflammatory disease; *or*
4. Corneal ectatic disease, including but not limited to the following:
    a. Keratoconus
    b. Keratoglobus
    c. Pellucid marginal degeneration

    d. Post-LASIK ectasia
    e. Terrien's marginal degeneration; *or*
5. Irregular corneal astigmatism with two (+ or -) diopters of irregular astigmatism present in either eye; *or*
6. Severe ocular surface disease, such as that resulting from:
    a. Steven-Johnsons Syndrome (SJS) or Toxic Epidermal Necrolysis syndrome (TENS)
    b. Chemical or thermal ocular injury
    c. Surgical procedures
    d. Iatrogenic or accidental injury
    e. Aniridia (congenital or acquired)
    f. Ocular pemphigoid
    g. Idiopathic corneal stem cell deficiency
    h. Surgical intervention
    i. Trigeminal ganglionectomy or rhizotomy
    j. Herpes simplex or zoster of the cornea
    k. Congenital corneal anesthesia
    l. Keratitis
    m. Recurrent corneal ulceration
7. Iatrogenic or accidental injury resulting in functional limitation of the anterior eye.

Replacement of scleral shell lenses is considered medically necessary when there is a change in condition or ongoing need as documented by the treating physician. Replacement is not covered for refractive changes or if lost or damaged.

Hydrophilic Contact Lenses (Corneal Bandage)

The Plan considers hydrophilic contact lenses medically necessary in members, (up to 2 contact lenses per eye, per benefit period) with at least ONE of the following criteria:

1. Severe dry eyes, such as that resulting from:
    a. Sjogren's disease
    b. Chronic graft-versus-host disease
    c. The effects of radiation
    d. The effects of prior surgery
    e. Meibomian gland deficiency
2. Corneal diseases associated with systemic autoimmune disorders; including but not limited to the following conditions:
    a. Rheumatoid arthritis
    b. Epidermal dysplasia
    c. Epidermolysis bullosa
    d. Atopic dermatitis
3. Corneal exposure from cranial nerve 7 dysfunction or other anatomic or paralytic abnormality preventing closure of the eyelid; *or*

4. Corneal or limbal stem cell deficiency, including but not limited to damage resulting from:
    a. Steven-Johnsons Syndrome (SJS) or Toxic Epidermal Necrolysis syndrome (TENS)
    b. Chemical or thermal ocular injury
    c. Surgical procedures
    d. Iatrogenic or accidental injury
    e. Aniridia (congenital or acquired)
    f. Ocular pemphigoid
    g. Idiopathic corneal stem cell deficiency
5. Neurotrophic corneal conditions, including but not limited as a result of the following:
    a. Surgical intervention
    b. Trigeminal ganglionectomy or rhizotomy
    c. Herpes simplex or zoster of the cornea
    d. Congenital corneal anesthesia
    e. Keratitis
    f. Recurrent corneal ulceration.

Replacement of hydrophilic lenses is considered medically necessary when there is a change in condition or ongoing need as documented by the treating physician. Replacement is not considered medically necessary for refractive changes or if lost or damaged.

Contact Lenses and Eyeglasses for Aphakia

Medically Necessary Criteria for Initial Authorization

The Plan considers contact lenses or eyeglasses medically necessary for members with congenital or acquired aphakia, such as after cataract surgery. If a member has cataract surgery, the request for eye-wear must be within 1 year of the surgery.

The following may be eligible for aphakic members WITHOUT intraocular lens:

1. One pair of bifocal eyeglasses; *or*
2. One pair of eyeglasses for far or near vision; *or*
3. Contact lenses for far vision: Unless otherwise indicated by the prescriber, the Plan considers up to six aphakic contact lenses per eye (including fitting and dispensing) medically necessary per calendar year; *or*
4. A combination of contact lenses and/or one pair of near/far eyeglasses to simulate bifocal eye function; *and/or*
5. The following may also be considered medically necessary for patients receiving prosthetic eyeglasses or contacts for aphakia:
    a. UV coating
    b. Cataract sunglasses (tinted lenses)
    c. Impact resistant material (e.g., polycarbonate, Trivex) is considered medically necessary ONLY in members with only one functional eye

The following may be eligible for aphakic members WITH intraocular lens:

1. One pair of bifocal eyeglasses; *or*
2. One pair of eyeglasses for far or near vision; *or*
3. One pair of contact lenses for far vision; *or*
4. A combination of one pair of contact lenses and/or one pair of near/far eyeglasses to simulate bifocal eye function; *and/or*
5. The following may also be considered medically necessary for patients receiving prosthetic eyeglasses or contacts for aphakia:
    a. UV coating
    b. Cataract sunglasses (tinted lenses)
    c. Impact resistant material (e.g., polycarbonate, Trivex) is considered medically necessary ONLY in members with only one functional eye

Medical Necessity Criteria for Reauthorization

For post-cataract surgery WITHOUT intraocular lens:

1. For eyeglasses, an additional request is considered medically necessary when there is a change in condition or ongoing need as documented by the treating physician for members; *or*
2. For contact lenses, up to six aphakic contact lenses per eye per benefit period (annually) are allowed; *or*
3. Replacement of contact lenses or eyeglasses are not considered medically necessary if lost or damaged.

For post-cataract surgery WITH intraocular lens:

1. Additional pairs of prescription eyeglasses and contact lenses are not considered medically necessary; *and/or*
2. Replacement of contact lenses or eyeglasses are not considered medically necessary if lost or damaged.

Associated Services

When the member meets criteria outlined above for contact lenses or eyeglasses, the following services may be considered medically necessary:

1. General examination
2. Refractive examination
3. Advanced corneal topographic modeling
4. Prescription
5. Fitting of contact lenses or scleral lenses

Experimental or Investigational / Not Medically Necessary

The following accessories or modifications to eyeglasses and contact lenses are NOT considered medically necessary by the Plan as a medical benefit:

- Glasses cases
- Contact solution
- Mirror coating
- Polarization
- Progressive lenses
- Scratch resistant coating
- Tinted or colored lenses
- Anti-reflective coatings
- Oversized eyeglasses
- Designer frames
- Colored contact lenses
- Any other accessory or modification designed for cosmetic purposes

Contact lenses and eyeglasses, regardless of the type or material, and associated services are NOT considered medically necessary by the Plan as a medical benefit for the following indications:

- Nearsightedness
- Farsightedness
- Presbyopia
- Astigmatism, except as specifically defined in the medical necessity criteria above

Applicable Billing Codes (HCPCS/CPT Codes)

Table 1	
CPT/HCPCS Codes considered medically necessary if criteria are met:	
Code	*Description*
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report
92071	Fitting of contact lens for treatment of ocular surface disease
92072	Fitting of contact lens for management of keratoconus, initial fitting
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia

92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
92352	Fitting of spectacle prosthesis for aphakia; monofocal
92353	Fitting of spectacle prosthesis for aphakia; multifocal
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
S0515	Scleral lens, liquid bandage device, per lens
S0592	Comprehensive contact lens evaluation
V2020	Frames, purchases
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus 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 cylinder, 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
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 cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lensSpherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2218	Aniseikonic, per lens, bifocal

V2219	Bifocal seg width over 28 mm
V2220	Bifocal add over 3.25d
V2221	Lenticular lens, per lens, bifocal
V2299	Specialty bifocal (by report)
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 cylinder, per lens
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, 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 cylinder, per lens
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lensSpherocylinder, trifocal, sphere over plus or minus 12.00d, 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)
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
V2501	Contact lens, pmma, toric or prism ballast, per lens
V2502	Contact lens, pmma, bifocal, 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
V5222	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2525	Contact lens, hydrophilic, dual focus, per lens
V2530	Contact lens, scleral, gas impermeable, per lens

V2531	Contact lens, scleral, gas permeable, per lens
V2627	Scleral cover shell
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular 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
ICD-10 codes considered medically necessary for Table 1 if criteria are met:	
Code	*Description*
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
G90.1	Familial dysautonomia [Riley-Day]
H04.121 - H04.129	Dry eye syndrome
H05.10	Unspecified chronic inflammatory disorders of orbit
H05.30	Unspecified deformity of orbit
H05.311 - H05.319	Atrophy of orbit
H05.321 - H05.329	Deformity of orbit due to bone disease

H05.331 - H05.339	Deformity of orbit due to trauma or surgery
H05.341 - H05.349	Enlargement of orbit
H05.351 - H05.359	Exostosis of orbit
H16.211 - H16.219	Exposure keratoconjunctivitis
H16.221 - H16.229	Keratoconjunctivitis sicca, not specified as Sjogren's
H16.231 - H16.239	Neutrophic keratoconjunctivitis
H17.00 - H17.9	Corneal scars and opacities
H18.40 - H18.49	Corneal degeneration
H18.501 - H18.599	Hereditary Corneal Dystrophies
H18.601 - H18.609	Keratoconus
H18.711 - H18.719	Corneal ectasia
H18.811 - H18.819	Anesthesia and hypoesthesia of cornea
H25.011 - H25.099	Age-related cataract
H26.001 - H26.9	Other cataract
H27.00 - H27.03	Aphakia
H44.601 - H44.699	Retained (old) intraocular foreign body, magnetic

H44.701 - H44.799	Retained (old) intraocular foreign body, nonmagnetic
L12.1	Cicatricial pemphigoid
L51.1	Stevens-Johnson syndrome
L51.2	Toxic epidermal necrolysis [Lyell]
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
M05.00 - M05.9	Rheumatoid arthritis with rheumatoid factor
M06.00 - M06.9	Other rheumatoid arthritis
M35.00 - M35.09	Sjogren syndrome
Q12.0	Congenital cataract
Q12.3	Congenital aphakia
Q13.1	Absence of iris
Q13.4	Other congenital corneal malformations
Q15.0	Congenital glaucoma
Q81.0 - Q81.9	Epidermolysis bullosa
Q82.4	Ectodermal dysplasia (anhidrotic)
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
S00.10XA - S00.12XS	Contusion of eyelid and periocular area
S00.201A - S00.279S	Other and unspecified superficial injury of eyelid and periocular area
S01.101A - S01.159S	Open wound of eyelid and periocular area
T15.00XA - T15.92XS	Foreign body on external eye

T26.00XA - T26.92XS	Burn and corrosion confined to eye and adnexa
T66.XXXA - T66.XXXS	Radiation sickness, unspecified ● Due to multiple unspecified adverse effects of radiation represented by these ICD-10 diagnosis codes, specific indications are the following: ● When the diagnosis codes are billed for for dry eyes due to radiation, it is considered medically necessary
Z87.821	Personal history of retained foreign body fully removed
Z96.1	Presence of intraocular lens
Z98.41 - Z98.49	Cataract extraction status
ICD-10 codes *not* considered medically necessary for Table 1:	
Code	*Description*
H52.221- H52.229	Regular astigmatism
H52.4	Presbyopia
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction

Table 2	
CPT/HCPCS Codes considered medically necessary but may be subject to medical-necessity review:	
Code	*Description*
92326	Replacement of contact lens
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia

Table 3	
CPT/HCPCS codes *not* considered medically necessary:	
Code	*Description*

S0514	Color contact lens, per lens
S0518	Sunglasses frames
S0580	Polycarbonate lens (list this code in addition to the basic code for the 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
V2025	Deluxe frame
V2500	Contact lens, PMMA, spherical, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens
V2599	Contact lens, other type
V2702	Deluxe lens feature
V2744	Tint, photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2750	Antireflective coating, 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
V2780	Oversize lens, per lens

Table 4	
CPT/HCPCS codes considered experimental, investigational, or unproven:	
Code	*Description*
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens

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