



PROVIDER COMPLIANCE TIPS FOR LENSES



PROVIDER TYPES AFFECTED

Physicians and Non-Physician Practitioners (NPPs) who write orders for lenses

BACKGROUND

According to the 2018 Medicare Fee-for-Service (FFS) Supplemental Improper Payment Data, the Medicare FFS improper payment rate for lenses was 85.2 percent, representing a projected improper payment amount of more than \$31.6 million.¹

REASONS FOR DENIAL

For the 2018 reporting period, insufficient documentation accounted for 77.4 percent of improper payments for lenses. Additional error types for lenses were: other (19.4 percent); medical necessity (2.1 percent); and no documentation (1.1 percent).¹

¹ [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

TO PREVENT DENIALS²

Health care providers must keep the following coverage guidelines in mind:

- For aphakic beneficiaries who had a cataract removed but no implanted intraocular lens (IOL) or who have a congenital absence of the lens, the following lenses or combination of lenses are covered when medically necessary:
 - Bifocal lenses in frames
 - Lenses in frames for far vision and lenses in frames for near vision
 - Lenses in frames for near vision to be worn at the same time as contacts prescribed for far vision (including binocular and monocular aphakia)
 - Lenses in frames to be worn when the contacts have been removed
 - Replacement lenses
- Medical necessity must be documented by the treating physician for anti-reflective coating (V2750), tints (V2744, V2745) or oversize lenses (V2780) to be covered
- Anti-reflective coating, tints or oversize lenses billed with an EY modifier (beneficiary request) will be denied as not reasonable and necessary
- UV protection is considered reasonable and necessary following cataract extraction; therefore, additional medical necessity justification by the treating physician beyond inclusion on the order is not necessary
 - The addition of UV coating (V2755) is not reasonable and necessary for polycarbonate lenses (V2784)
 - Claims for code V2755 billed in addition to code V2784 will be denied as not reasonable and necessary
- Tinted (V2745) and photochromatic lenses (V2744) used as sunglasses, prescribed in addition to regular prosthetic lenses will be denied as not reasonable and necessary
- Lenses made of polycarbonate or other impact-resistant materials (V2784) are covered only for beneficiaries with functional vision in only one eye
 - Impact-resistant material is covered for both lenses, if eyeglasses are covered
 - Claims for code V2784 that do not meet this coverage criterion will be denied as not reasonable and necessary

Note: Please see Local Coverage Determination (LCD): Refractive Lenses (L33793) for additional coverage requirements and coding information.

² [Local Coverage Determination \(LCD\): Refractive Lenses \(L33793\)](#)

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
2018 Medicare Fee-for-Service Supplemental Improper Payment Data	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFSSupplementalImproperPaymentData.pdf
Local Coverage Determination (LCD): Refractive Lenses (L33793)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33793&ContrID=140

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