

Correct Coding - RT and LT Modifier Usage Change for Ophthalmic Professionals

Beginning March 1, 2019, such claims **MUST** be submitted using **two separate lines**, using the **RT and LT modifier** on each. Units of service (UOS) should be "1" on each line. Claim lines for HCPCS codes requiring use of the RT and LT modifiers, billed without the RT and / or LT modifier or with RTLT on a single claim line, will be rejected as incorrect coding.

Suppliers who have been submitting codes for bilateral devices using one line are advised to start billing on two separate lines NOW.

As always, each claim line should also include the **modifier KX** to indicate that all required compliance documentation is on file.

The RT and/or LT modifiers must be used with all HCPCS codes in this policy **except codes V2020, V2025 and V2600**. Effective for claims with dates of service (DOS) on or after 3/1/2019, when lenses are provided bilaterally and the same code is used for both lenses, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

Medical Necessity Coverage and Payment Rules

1. For any item to be covered by Medicare, it must
 - o 1) be eligible for a defined Medicare benefit category,
 - o 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and
 - o 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").
2. Refractive lenses are covered under the Prosthetics and Artificial Limbs benefit category (Social Security Act §1861(s)(8)). In order for a beneficiary's equipment to be eligible for reimbursement, the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.
3. Refractive lenses are covered when they are used to restore the vision normally provided by the natural lens of the eye of an individual lacking the organic lens because of surgical removal or congenital absence. Covered diagnoses are limited to pseudophakia (condition in which the natural lens has been replaced with an artificial intraocular lens [IOL]), aphakia (condition in which the natural lens has been removed but there is no IOL), and congenital aphakia. Lenses provided for other diagnoses will be denied as noncovered.
4. Refractive lenses are covered even though the surgical removal of the natural lens occurred before Medicare entitlement.
5. For beneficiaries with pseudophakia, coverage is limited to one pair of eyeglasses or contact lenses after each cataract surgery with insertion of an IOL. Replacement frames, eyeglass lenses and contact lenses are noncovered. If a beneficiary has a cataract extraction with IOL insertion in one eye, subsequently has a cataract extraction with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, Medicare covers only one pair of eyeglasses or contact lenses after the second surgery. If a beneficiary has a pair of eyeglasses, has a cataract extraction with IOL insertion, and receives only new

lenses but not new frames after the surgery, the benefit would not cover new frames at a later date (unless it follows subsequent cataract extraction in the other eye).

6. Tinted lenses (V2745), including photochromatic lenses (V2744), used as sunglasses, which are prescribed in addition to regular prosthetic lenses to a pseudophakic beneficiary, will be denied as noncovered.
7. Scratch resistant coating (V2760), mirror coating (V2761), polarization (V2762), deluxe lens feature (V2702) and progressive lenses (V2781) will be denied as noncovered.
8. Use of polycarbonate or similar material (V2784) or high index glass or plastic (V2782, V2783) for indications such as light weight or thinness will be denied as a noncovered deluxe feature.
9. Specialty occupational multifocal lenses (V2786) will be denied as noncovered.
10. Only standard frames (V2020) are covered. Additional charges for deluxe frames (V2025) will be denied as noncovered.
11. When hydrophilic soft contact lenses (V2520–V2523) are used as a corneal dressing, they are denied as noncovered because in this situation they do not meet the definition of a prosthetic device.
12. Eyeglass cases (V2756) will be denied as noncovered.
13. Contact lens cleaning solution and normal saline for contact lenses will be denied as noncovered.
14. Low vision aids (V2600-V2615) will be denied as noncovered because coverage under the Medicare prosthetic benefit is limited to persons with congenital absence or surgical removal of the lens of the eye.
15. Vision supplies, accessories, and/or service components of another HCPCS vision code (V2797) will be denied as not separately payable.

Coding Guidelines for Refractive Lenses

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11. Codes V2115, V2118, V2121, V2215, V2218 – V2221, V2315, V2318 – V2321, V2710 - V2760, and V2780 – V2797 describe add-on features of lenses. They are billed in addition to codes for the basic lens.
12. 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.
13. When billing claims for progressive lens, 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.
14. **The RT and/or LT modifiers must be used with all HCPCS codes in this policy except codes V2020, V2025 and V2600.** Effective for claims with dates of service (DOS) on or after **3/1/2019**, when lenses are provided bilaterally and the same code is used for both lenses, **bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line.** Do not use the **R/LT modifier on the same claim line and billed with 2 UOS.** Claims billed without modifiers **RT and/or LT, or with R/LT on the same claim line and 2 UOS, will be rejected as incorrect coding.**

Modifiers: KX, GA, GY and GZ

- **KX Modifier**
 - For anti-reflective coating (**V2750**), tints (**V2744, V2745**) or oversized lenses (**V2780**), if **medical necessity** is documented by the treating physician, **the KX modifier** must be added to the code.
 - For polycarbonate or Trivex TM lenses (**V2784**), if they are for a beneficiary with **monocular** vision, the **KX modifier** must be added to the code.
 - The KX modifier may only be used when these requirements are met.
 - When the KX modifier is billed, documentation to support the medical necessity of the lens feature must be available upon request.
- **GA or GZ Modifier**
 - For anti-reflective coating (**V2750**), polycarbonate or Trivex TM lenses (**V2784**), tints (**V2744, V2745**) or oversized lenses (**V2780**), if the coverage criteria have not been met, the GA or GZ modifier must be added to the code.
 - When there is an expectation of a denial as not reasonable and necessary, suppliers must enter the
 - **GA** modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the
 - **GZ** modifier if they have not obtained a valid ABN.
- Claims lines for anti-reflective coating (V2750), tints (V2744, V2745), oversized lenses (V2780) or polycarbonate or Trivex TM lenses (V2784) billed without a KX, GA, GY or GZ modifier will be rejected as missing information.

CMS References:

- Standard Documentation Requirements Policy Article ([A55426](#)) for additional coding and documentation requirements.



- Eye Protheses ([A52462](#))
- Refractive Lenses ([A52499](#))