

**Distribution:** Practitioner 01-10  
Vision 01-05

**Issued:** November 1, 2001

**Subject:** Corrections/Clarification to Vision Uniform Billing

**Effective:** August 1, 2001

**Programs Affected:** Medicaid, Children's Special Health Care Services

This bulletin corrects and clarifies Bulletin MSA 01-08 (Practitioner 01-03 and Vision 01-03) issued April 1, 2001.

### **Prior Approval**

When a provider fills out a Vision Services Approval/Order form (DCH-0893) to request prior approval or as an order for hardware, the Current Procedural Terminology (CPT)/ Health Care Financing Administration Common Procedure Coding System (HCPCS) coding/modifier structure must be used as well as the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis coding (to the highest specificity).

When requesting prior approval, the provider may:

- mail the Vision Services Approval/Order form (DCH-0893) to:

MDCH VISION CONTRACT MANAGER  
6<sup>th</sup> FLOOR CAPITOL COMMONS CENTER  
P.O. BOX 30479  
LANSING, MI 48909-7979

**or**

- fax the DCH-0893 to (517) 241-7813

## Claim Submission Requirements

For all dates of service, the provider must use:

- National Electronic Data Interchange Transaction Set Health Care Claim: Professional 837 (ASC X12N 837, version 3051 or Michigan Medicaid interim version 4010) for electronic submission or HCFA 1500 (12/90) for paper claim submission.
- ICD-9-CM diagnosis coding (to the highest specificity)
- CPT/HCPCS modifiers

**NOTE:** The procedure codes (CPT/HCPCS/Medicaid established local codes) in effect for the specific date of service being billed must be used.

## Crosswalk

Attached is a corrected crosswalk of the local vision codes to the CPT and HCPCS procedure codes. Providers are urged to review the corrected crosswalk carefully, as it supersedes the crosswalk distributed with Bulletin MSA 01-08.

Provider Types 10, 11, and 77 are included on the corrected crosswalk because they also use some of these procedure codes. These provider types are instructed to ignore the column indicating that therapeutic pharmaceutical agent (TPA) certification is required, and also the column indicating old (local) codes.

When ordering spectacle lenses from the vision hardware contractor, providers must use any applicable modifiers to indicate the lens material being requested. The vision hardware contractor (Provider Type 95) uses these modifiers when billing the Michigan Department of Community Health.

Of special interest:

- Since there is no direct crosswalk for lenses or frames paid for by Medicare, procedure code 92499 is used for these instances.
- If a frame style is discontinued from the Medicaid selection of frames and the provider has that particular style frame in his/her sample kit, the provider may utilize that frame, using procedure code V2799. If lenses are required, they must be ordered from the vision hardware contractor. If the provider sends the sample frame to the vision hardware contractor for lens insertion, this fact must be indicated in Item 29 on the DCH-0893 order form.
- Procedure code V2799 may also be used if frames must be obtained outside the volume purchase contract.
- Procedure codes for dispensing services depend upon the type of spectacles fitted to the beneficiary. There is no longer a procedure code for dispensing the replacement of complete frames because a provider would always dispense the frame with lenses inserted (i.e., a pair of spectacles). For example: single vision except for aphakia 92340; multifocal for aphakia 92353.
- Procedure code Z3001 is for the vision hardware contractor's use only.

## Copayment

Bulletin MSA 01-08 directed providers to the updated Chapter IV for the correct billing of copayments. However, Chapter IV does not contain billing information relative to copayments.

It is the provider's (Provider Types 10, 11, 77, 86, 94) responsibility to collect the \$2 copayment required for each routine ophthalmological examination and each dispensing service for spectacles or contact lenses from the beneficiary if he/she is 21 years of age or older and does not reside in a nursing facility. A copayment is not required if the service is covered by Medicare.

When more than one reimbursable service requiring a copayment is provided during one visit, they should be reported on **one claim** and only **one \$2** copayment charged to the beneficiary. In cases where several visits are required to complete a service (e.g., follow-up visits on contact lenses), only **one \$2** copayment is charged to the beneficiary.

During processing, the system will automatically deduct the \$2 copayment from the amount billed for applicable codes. If the provider deducts the copayment from the amount billed, an underpayment may result. Addition of the copayment amount to the provider's usual and customary fee is not allowed.


## Manual Maintenance

Retain this bulletin and attachment for future reference.

The crosswalk distributed as Attachment 1 of Bulletin MSA 01-08 is incorrect and should not be used.

## Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at [ProviderSupport@state.mi.us](mailto:ProviderSupport@state.mi.us). When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approved  
  
James K. Haveman, Jr.  
Director

  
Robert M. Smedes  
Deputy Director for  
Medical Services Administration

### CROSSWALK VISION CPT/HCPCS PROCEDURE CODES

1. Codes requiring prior approval are designated with a Y in the "PA" column.
2. Codes requiring the optometrist to have an expanded scope of practice via therapeutic pharmaceutical agent (TPA) certification are designated with a Y in the "Cert." column. These codes may also be restricted to specific diagnosis codes.
3. Codes that may be reported with a specific modifier indicate the available modifier(s) in the "Modifier" column.
4. Copayments apply to each routine ophthalmological examination performed by an ophthalmologist or optometrist if the beneficiary is 21 years of age or older and does not reside in a nursing facility.  
**NOTE:** A copayment is NOT required if the examination is covered by Medicare.
5. Copayments apply to each dispensing service for spectacles or contact lenses billed by Provider Types 86 and 94 if the beneficiary is 21 years of age or older and does not reside in a nursing facility.  
**NOTE:** A copayment is NOT required if the service is covered by Medicare.

CODES THAT ARE NOT SEPARATELY REIMBURSABLE BY THE DEPARTMENT OF COMMUNITY HEALTH OR THOSE STRICTLY FOR USE BY OPHTHALMOLOGISTS ARE NOT INCLUDED IN THIS LIST.

Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
65205		Y	10, 11, 77, 94			41039
65220		Y	10, 11, 77, 94			N/A
65222		Y	10, 11, 77, 94			41039
65430		Y	10, 11, 77, 94			41039
65435		Y	10, 11, 77, 94			N/A
66821		Y	10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66840			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66850			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66852			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66920			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66930			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66940			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66983			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66984			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66985			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
66986			10, 11, 77, 94		PT 94 must bill with modifier 55	N/A
67820		Y	10, 11, 77, 94			41039

Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
67938		Y	10, 11, 77, 94			41007
68761		Y	10, 11, 77, 94			41039
68801		Y	10, 11, 77, 94			N/A
76511			10, 11, 77, 94			N/A
76512			10, 11, 77, 94			N/A
76516			10, 11, 77, 94			N/A
76519		Y	10, 11, 77, 94			41039
92002			10, 11, 77, 94			41000 – 41006
92004		Y	10, 11, 77, 94			41006
92012			10, 11, 77, 94			41000 – 41006
92014		Y	10, 11, 77, 94			41006
92020			10, 11, 77, 94			41039
92060			10, 11, 77, 94			41170
92065	Y		10, 11, 77, 94		PA required for age 21 and older	41171
92070		Y	10, 11, 77, 94			41176 – 41177
92081			10, 11, 77, 94			41020
92082			10, 11, 77, 94			41020
92083			10, 11, 77, 94			41020
92100			10, 11, 77, 94			41022
92120			10, 11, 77, 94			41024
92135		Y	10, 11, 77, 94			N/A
92225			10, 11, 77, 94			41039
92226			10, 11, 77, 94			41039
92250		Y	10, 11, 77, 94			41007
92283			10, 11, 77, 94			41039
92284			10, 11, 77, 94			41039
92310	Y		10, 11, 77, 86, 94		Copayment applies	41176 – 41177

Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
92311	Y		10, 11, 77, 86, 94		PA required for age 6 and older Copayment applies	41177
92312	Y		10, 11, 77, 86, 94		PA required for age 6 and older Copayment applies	41176
92313	Y		10, 11, 77, 86, 94		Copayment applies	41176 – 41177
92326	Y		86, 94		Copayment applies	41179
92340			86, 94		Copayment applies	41260, 41263
92341			86, 94		Copayment applies	41261, 41263
92342			86, 94		Copayment applies	41261, 41263
92352			86, 94		Copayment applies	41262 – 41263
92353			86, 94		Copayment applies	41262 – 41263
92370			86, 94			
92371			86, 94			
92396	Y		86, 94		Manufacturer's invoice required PA required for age 6 and older	41178 - 41179
92499			10, 11, 77, 94			41159, 41169, 41173, 41199, 41270, 41271
95060		Y	10, 11, 77, 94			N/A
97112			10, 11, 77, 94			41181
97116			10, 11, 77, 94			41181
97530			10, 11, 77, 94			41181
99201			10, 11, 77, 94			41000 – 41003, 41006 – 41007, 41010
99202			10, 11, 77, 94			41000, 41010
99203			10, 11, 77, 94			41006
99204		Y	10, 11, 77, 94			41007
99205		Y	10, 11, 77, 94			41180
99211			10, 11, 77, 94			41007, 41010
99212			10, 11, 77, 94			41007, 41010
99213			10, 11, 77, 94			41000 – 41003, 41006 – 41007, 41010
99214		Y	10, 11, 77, 94			41007
99215		Y	10, 11, 77, 94			41180
99221		Y	10, 11, 77, 94			N/A

Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
99222		Y	10, 11, 77, 94			N/A
99223		Y	10, 11, 77, 94			N/A
99231		Y	10, 11, 77, 94			N/A
99232		Y	10, 11, 77, 94			N/A
99233		Y	10, 11, 77, 94			N/A
99241		Y	10, 11, 77, 94			N/A
99242		Y	10, 11, 77, 94			N/A
99243		Y	10, 11, 77, 94			N/A
99244		Y	10, 11, 77, 94			N/A
99245		Y	10, 11, 77, 94			N/A
99251		Y	10, 11, 77, 94			N/A
99252		Y	10, 11, 77, 94			N/A
99253		Y	10, 11, 77, 94			N/A
99254		Y	10, 11, 77, 94			N/A
99255		Y	10, 11, 77, 94			N/A
99261		Y	10, 11, 77, 94			N/A
99262		Y	10, 11, 77, 94			N/A
99263		Y	10, 11, 77, 94			N/A
99281		Y	10, 11, 77, 94			N/A
99282		Y	10, 11, 77, 94			N/A
99283		Y	10, 11, 77, 94			N/A
99284		Y	10, 11, 77, 94			N/A
99285		Y	10, 11, 77, 94			N/A
99311			10, 11, 77, 94			N/A
99312			10, 11, 77, 94			N/A
99313			10, 11, 77, 94			N/A
99321			10, 11, 77, 94			N/A

Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
99322			10, 11, 77, 94			N/A
99323			10, 11, 77, 94			N/A
99331			10, 11, 77, 94			N/A
99332			10, 11, 77, 94			N/A
99333			10, 11, 77, 94			N/A
99341			10, 11, 77, 94			N/A
99342			10, 11, 77, 94			N/A
99343			10, 11, 77, 94			N/A
99344			10, 11, 77, 94			N/A
99345			10, 11, 77, 94			N/A
99347			10, 11, 77, 94			N/A
99348			10, 11, 77, 94			N/A
99349			10, 11, 77, 94			N/A
99350			10, 11, 77, 94			N/A
S0620			10, 11, 77, 94		Copayment applies	41000 – 41003, 41006
S0621			10, 11, 77, 94		Copayment applies	41000 – 41003, 41006
V2020			86, 94, 95		Billable by PT95 only	41250, 41251, 41253, 41256
V2100			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2101			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2102			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41200 – 41202
V2103			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2104			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2105			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2106			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2107			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2108			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2109			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202



Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
V2110			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41200 – 41202
V2111			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41200 – 41202
V2112			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41200 – 41202
V2113			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41200 – 41202
V2114			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41200 – 41202
V2115			86, 94, 95		Billable by PT95 only	41241
V2117			86, 94, 95		Billable by PT95 only	41230
V2199	Y		86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41240
V2200			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2201			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2202			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2203			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2204			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2205			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2206			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2207			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2208			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2209			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 - 41216
V2210			86, 94, 95	none, VC, VI, VG	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2211			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2212			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2213			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2214			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41206 – 41208, 41212 – 41213, 41215 – 41216
V2217			86, 94, 95		Billable by PT95 only	41231 – 41232
V2219			86, 94, 95		Billable by PT95 only	41214, 41217 – 41218
V2220			86, 94, 95		Billable by PT95 only	41214, 41217 – 41218, 41244
V2299	Y		86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41240, 41285

Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
V2300			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2301			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2302			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2303			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2304			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2305			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2306			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2307			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2308			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2309			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2310			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2311			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2312			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2313			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2314			86, 94, 95	none, VI	Billable by PT95 only	41220 – 41221
V2320			86, 94, 95		Billable by PT95 only	41244
V2399	Y		86, 94, 95	none, VI	Billable by PT95 only	N/A
V2410			86, 94, 95		Billable by PT95 only	41233
V2430			86, 94, 95		Billable by PT95 only	41234 – 41235
V2499	Y		86, 94, 95		Billable by PT95 only	N/A
V2500	Y		86, 94			41178 - 41179
V2501	Y		86, 94			41178 - 41179
V2510	Y		86, 94			41178 - 41179
V2511	Y		86, 94			41178 - 41179
V2520	Y		86, 94			41178 - 41179
V2521	Y		86, 94			41178 - 41179
V2599	Y		86, 94	VP if for aphakia		41178 - 41179
V2600	Y		86, 94			41185 – 41186
V2610	Y		86, 94			41185 – 41186
V2615	Y		86, 94			41185 – 41186

Code	PA	Cert	Prov Types	Modifier	Comments	Old Codes
V2623			86			41150 – 41155
V2624			86, 94			41150 – 41155, 41159
V2625	Y		86, 94			41150 – 41155
V2626	Y		86, 94			41150 – 41155
V2627			86, 94			41153 – 41155
V2628			86, 94			41150 – 41155
V2629	Y		86, 94			41150 – 41155
V2700			86, 94, 95	none, VC, VI, VG, VH	Billable by PT95 only	41238
V2710			86, 94, 95		Billable by PT95 only	41245
V2715			86, 94, 95		Billable by PT95 only	41242
V2718			86, 94, 95		Billable by PT95 only	41246 – 41247
V2740	Y		86, 94, 95		Billable by PT95 only	41280
V2741	Y		86, 94, 95		Billable by PT95 only	41280
V2742	Y		86, 94, 95		Billable by PT95 only	41280
V2743	Y		86, 94, 95		Billable by PT95 only	41280
V2744	Y		86, 94, 95		Billable by PT95 only Covered for glass lens only	41281 – 41282
V2755	Y		86, 94, 95		Billable by PT 95 only Covered for plastic lens only	41283
V2799	Y		86, 94, 95			41149, 41259

Procedure Code	PA	Description	Provider Types	Old Codes
Z3001		Spectacle case	95	41256
Z3002		Replacement of front, including insertion of lenses	86, 94, 95	41134
Z3003		Replacement of temples	86, 94, 95	41135
Z3004		Replacement of adjustable nose pads	86, 94, 95	41136