



Figure 56 Posterior intraocular lenses.

- ⊙ **V2745** Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens ⊕ Qp & A

Includes photochromatic lenses (V2744) used as sunglasses, which are prescribed in addition to regular prosthetic lenses for aphakic patient will be denied as not medically necessary.

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- ⊙ **V2750** Anti-reflective coating, per lens ⊕ Qp & A

Requires prior authorization.

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- ⊙ **V2755** U-V lens, per lens ⊕ Qp & A

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- * **V2756** Eye glass case ⊕ E
- * **V2760** Scratch resistant coating, per lens ⊕ & A
- ⊙ **V2761** Mirror coating, any type, solid, gradient or equal, any lens material, per lens ⊕ Qp Qh B

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- ⊙ **V2762** Polarization, any lens material, per lens ⊕ & A

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- * **V2770** Occluder lens, per lens ⊕ Qp Qh & A

Requires prior authorization.
- * **V2780** Oversize lens, per lens ⊕ Qp Qh & A

Requires prior authorization.
- * **V2781** Progressive lens, per lens ⊕ Qp Qh B

Requires prior authorization.

- ⊙ **V2782** Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens ⊕ Qp Qh & A

Do not bill in addition to V2784

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- ⊙ **V2783** Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens ⊕ Qp Qh & A

Do not bill in addition to V2784

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- ⊙ **V2784** Lens, polycarbonate or equal, any index, per lens ⊕ Qp & A

Covered only for patients with functional vision in one eye—in this situation, an impact-resistant material is covered for both lenses if eyeglasses are covered. Claims with V2784 that do not meet this coverage criterion will be denied as not medically necessary.

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- * **V2785** Processing, preserving and transporting corneal tissue ⊕ Qp Qh F4 F

For ASC, bill on paper. Must attach eye bank invoice to claim.

For Hospitals, bill charges for corneal tissue to receive cost based reimbursement.

IOM: 100-4, 4, 200.1
- ⊙ **V2786** Specialty occupational multifocal lens, per lens ⊕ & A

IOM: 100-02, 15, 120; 100-04, 3, 10.4
- ⊖ **V2787** Astigmatism correcting function of intraocular lens ⊕ E

Medicare Statute 1862(a)(7)
- ⊖ **V2788** Presbyopia correcting function of intraocular lens ⊕ E

Medicare Statute 1862a7

V2745 – V2788 VISION SERVICES

▶ New	↻ Revised	✓ Reinstated	Deleted Deleted	⊖ Not covered or valid by Medicare
⊕ Special coverage instructions	* Carrier discretion	⊕ Bill local carrier	⊕ Bill DME MAC	