Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Transmittal Letter VIS-44
July 2023

TO: Vision Care Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: *Vision Care Manual* (2023 HCPCS)

This letter transmits updates to Subchapter 6 of the *Vision Care Manual* to add the following:

- a clarification of the billing instruction for codes V2512, V2520, V2521, V2522, and V2599;
- the addition of seven Healthcare Common Procedure Coding System (HCPCS) codes effective January 1, 2023; and
- the deletion of three discontinued HCPCS codes, effective January 1, 2023.

Clarification of Billing Instruction for Codes V2512, V2520, V2521, V2522, and V2599

The above-listed contact lens service codes may only be billed once per lens order per eye.

Subchapter 6 Code Additions and Deletions

The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2023. MassHealth has updated Service Codes and Descriptions (Subchapter 6) to delete discontinued service codes and add service codes effective for dates of service on or after January 1, 2023, in order to obtain reimbursement.

MassHealth providers must refer to the American Medical Association's 2023 *Current Procedural Terminology* (CPT) codebook or the *Healthcare Common Procedure Coding System Vision Care Manual.*

Delete	Discontinued on
99328	01/01/2023
99337	01/01/2023
99343	01/01/2023

Add	Effective date
65205	01/01/2023
65210	01/01/2023
65222	01/01/2023
65778	01/01/2023
68761	01/01/2023
68801	01/01/2023
68840	01/01/2023

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulation for Vision Care Services and Ophthalmic Materials is 101 CMR 315.00 and the regulation for Rates for Medicine Services is 101 CMR 317.00.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

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Questions

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900,TDD/TTY: 711; email your inquiry to providersupport@mahealth.net; or fax your inquiry to (617) 988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Vision Care Manual

Pages 6-1 through 6-12

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Vision Care Manual

Pages vi, and 6-1 through 6-14 — transmitted by Transmittal Letter VIS-43

6. Service Codes and Descriptions

601 Introduction

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 402.000 and 450.000. A vision care provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. §§ 1396d(a)(4)(B), and 42 U.S.C. § 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Vision Care Manual*.

602 Definitions

The following terms used in Subchapter 6 shall have the meanings given below.

(A) Consultation — a type of service provided by a physician or an optometrist whose opinion or advice about the evaluation or management of a specific problem is requested by a physician, optometrist, or other appropriate source.

(1) A consultant may initiate diagnostic or therapeutic services, or both.

(2) The request for a consultation from the attending physician, optometrist, or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

(3) Any procedure identified with a specific CPT code and performed on or subsequent to the date of the initial consultation should be reported separately. If a consultant subsequently assumes responsibility for management of a portion or all of the patient's conditions, the consultation codes should not be used.

(B) Established Patient — a patient who has received professional services from the physician or optometrist within the past three years.

(C) New Patient — a patient who has not received any professional services from the physician or optometrist within the past three years.

(D) Ophthalmological Service Levels

(1) Intermediate Services — a level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination, and other diagnostic procedures as indicated; may include the use of mydriasis. Intermediate services do not usually include determination of the refractive state but may do so in an established patient who is under continuing active treatment. For example:

(a) review of history, external examination, ophthalmoscopy, biomicroscopy for an acute complicated condition (for example, iritis) not requiring comprehensive ophthalmological services; and

(b) review of interval history, external examination, ophthalmoscopy, biomicroscopy, and tonometry in an established patient with a known cataract not requiring comprehensive ophthalmological services.

(2) Extended Services — a level of service requiring an unusual amount of effort or judgment, including a detailed history, review of medical records, examination, and a formal conference with patient, family, or staff, or a comparable medical diagnostic and/or therapeutic service.

602 Definitions (cont.)

(3) Comprehensive Services — a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields, and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis, and tonometry. It always includes initiation of diagnostic and treatment programs as indicated. For example: the comprehensive services required for diagnosis and treatment of a patient with symptoms indicating possible disease of the visual system, such as glaucoma, cataract or retinal disease, or to rule out disease of the visual system, new or established patient.

603 Explanation of Abbreviations

The following abbreviations are used in Subchapter 6.

(A) "IC" indicates that the claim will receive individual consideration to determine payment. (See 130 CMR 402.407.)

(B) "PA" indicates that prior authorization is required. (See 130 CMR 402.408.)

(C) "SP" is an abbreviation for separate procedure, and indicates that the procedure is commonly performed as an integral part of a total service and, as such, does not usually warrant a separate fee. The procedure must be performed alone for a specific purpose to receive the separate fee. (See 130 CMR 402.409.)

604 Service Codes and Descriptions: Visual Analysis

Use Modifier 52 (reduced services) when billing for eye examinations performed without cycloplegic or mydriatic drops.

EVALUATION AND MANAGEMENT (E/M) SERVICES – OPTOMETRISTS ONLY

Office or Other Outpatient E/M Visits: New Patient

Service Code	Service Description
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: - an expanded problem-focused history; - an expanded problem-focused examination; and - straightforward medical decision making Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

604 Service Codes and Descriptions: Visual Analysis (cont.)

Service Code	Service Description
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: - a detailed history; - a detailed examination; and - medical decision making of low complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
	Office or Other Outpatient E/M Visits: Established Patient
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

604 Service Codes and Descriptions: Visual Analysis (cont.)

Service Code	Service Description
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: - a problem-focused history; - a problem-focused examination; - straightforward medical decision making Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: - an expanded problem-focused history; - an expanded problem-focused examination; and - medical decision making of low complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: - a detailed history; - a detailed examination; and - medical decision making of moderate complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

604 Service Codes and Descriptions: Visual Analysis (cont.)

Service Code	Service Description
	Nursing Facility E/M Visits: New or Established Patient
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: - a detailed or comprehensive history; - a detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - a problem focused interval history; - a problem focused examination; and - straightforward medical decision making Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.

604 Service Codes and Descriptions: Visual Analysis (cont.)

Service Code	Service Description
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - an expanded problem focused interval history; - an expanded problem focused examination; and - medical decision making of low complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - a detailed interval history; - a detailed examination; and - medical decision making of moderate complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - a comprehensive interval history; - a comprehensive examination; and - medical decision making of high complexity Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
	Domiciliary or Rest Home E/M Visits: New or Established Patient
	Home Services
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - a problem focused history; - a problem focused examination; and - straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

604 Service Codes and Descriptions: Visual Analysis (cont.)

Service Code	Service Description
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - an expanded problem focused history; - an expanded problem focused examination; and - medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - a problem focused interval history; - a problem focused examination; and - straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - an expanded problem focused interval history; - an expanded problem focused examination; and - medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: - a detailed interval history; - a detailed examination; and - medical decision making of moderate complexity.

604 Service Codes and Descriptions: Visual Analysis (cont.)

Service Code | Service Description

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

OPHTHALMOLOGICAL OR OTHER SERVICES PROVIDED DURING AN E/M VISIT, NEW OR ESTABLISHED PATIENT – OPTOMETRISTS ONLY

65205 Removal of foreign body, external eye; conjunctival superficial
65210 Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65222 Removal of foreign body, external eye; corneal, with slit lamp
65778 Placement of amniotic membrane on the ocular surface; without sutures
68761 Closure of the lacrimal punctum; by plug, each
68801 Dilation of lacrimal punctum, with or without irrigation
68840 Probing of lacrimal canaliculi, with or without irrigation
67820 Correction of trichiasis; epilation, by forceps only
92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004 comprehensive, new patient, one or more visits
92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014 comprehensive, established patient, one or more visits
92015 Determination of refractive state

605 Service Codes and Descriptions: Supplementary Testing

SUPPLEMENTARY TESTING – OPTOMETRISTS ONLY

92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation (PA)
92081 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082 intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083 extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30º, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100 Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure) (SP)

605 Service Codes and Descriptions: Supplementary Testing (cont.)

Service Code	Service Description
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	retina

SUPPLEMENTARY TESTING – LEVEL II AND LEVEL III OPTOMETRISTS ONLY

76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed nonquantitative A-scan)
76513	anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
92020	Gonioscopy (separate procedure) (SP)
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral
92227	Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
92250	Fundus photography with interpretation and report (PA) (Both eyes equal one unit.)
92260	Ophthalmodynamometry
92273	Electroretinography (ERG), with interpretation and report; full field (i.e., ffERG, flash ERG, Ganzfeld ERG)
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)
92285	External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo-photography)
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	Positional nystagmus test, minimum of four positions, with recording
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

606 Service Codes and Descriptions: Contact Lenses

CONTACT LENSES – OPTICIANS AND OPTOMETRISTS ONLY

V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens (PA)
V2510	Contact lens, gas permeable, spherical, per lens

606 Service Codes and Descriptions: Contact Lenses (cont.)

V2511 Contact lens, gas permeable, toric, prism ballast, per lens (PA)

Codes in this section can only be billed once per lens order per eye.

V2512 Contact lens, gas permeable, bifocal, per lens (PA)
V2520 Contact lens, hydrophilic, spherical, per lens
V2521 Contact lens, hydrophilic, toric or prism ballast, per lens (PA)
V2522 Contact lens, hydrophilic, bifocal, per lens (PA)
V2599 Contact lens, other type (PA) (IC)

607 Service Codes and Descriptions: Contact Lens Services

CONTACT LENS PROFESSIONAL SERVICES – OPTICIANS AND OPTOMETRISTS ONLY

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 (IC)
92326 Replacement of contact lens

608 Service Codes and Descriptions: Dispensing of Ophthalmic Materials: Fitting of Prescription Spectacles, Glass/Plastic Lenses

FITTING OF SPECTACLES – ACUTE HOSPITALS, COMMUNITY HEALTH CENTERS, OPHTHALMOLOGISTS, OPTICIANS, AND OPTOMETRISTS ONLY

92340 Fitting of spectacles, except for aphakia; monofocal (use for dispensing entire new initial eyeglasses, or entire new replacement eyeglasses, frame with lenses)
92341 bifocal (use for dispensing entire new initial eyeglasses, or entire new replacement eyeglasses, frame with lenses)
92342 multifocal, other than bifocal (use for dispensing entire new initial eyeglasses, or entire new replacement eyeglasses, frame with lenses)

609 Service Codes and Descriptions: Dispensing of Ophthalmic Materials: Repairs and Replacement Parts

Service Code-Modifier	Service Description

REPAIRS AND REPLACEMENT PARTS – ACUTE HOSPITALS, COMMUNITY HEALTH CENTERS, OPHTHALMOLOGISTS, OPTICIANS, AND OPTOMETRISTS ONLY

92340-RB Fitting of spectacles, except for aphakia; monofocal – **Replacement and repair** (use for dispensing replacement single vision lens, glass or plastic, including cataract lenses, per lens)

92341-RB bifocal – **Replacement and repair** (use for dispensing replacement bifocal lens, glass or plastic, including cataract lenses, per lens)

92342-RB multifocal, other than bifocal – **Replacement and repair** (use for dispensing replacement multifocal lens, other than bifocal, glass or plastic, including cataract lenses, per lens)

609 Service Codes and Descriptions: Dispensing of Ophthalmic Materials: Repairs and Replacement Parts (cont).

Service Code-Modifier	Service Description
92370	Repair and refitting spectacles; except for aphakia (use for dispensing a replacement frame only, or any replacement frame components such as hinges or temples)

610 Service Codes and Descriptions: Miscellaneous

MISCELLANEOUS – OCULARISTS, OPHTHALMOLOGISTS, OPTICIANS, AND OPTOMETRISTS

99173	Screening test of visual acuity, quantitative, bilateral (use for titmus vision test)
99174	Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with remote analysis and report
99177	Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis
T2002	Nonemergency transportation, per diem (once per member per date of service for each member for whom the provider delivered or picked up eyeglasses, or to whom vision care services were provided out of the office)
V2799	Vision service, miscellaneous (PA) (IC)

MISCELLANEOUS – OPHTHALMOLOGISTS, OPTICIANS, AND OPTOMETRISTS ONLY

V2600	Hand-held low-vision aids and other nonspectacle-mounted aids (PA) (IC)
V2610	Single-lens spectacle-mounted low-vision aids (PA) (IC)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes, and compound microscopic lens system (PA) (IC)

MISCELLANEOUS – OCULARISTS ONLY

V2623	Prosthetic eye, plastic, custom (IC)
V2624	Polishing/resurfacing of ocular prosthesis (IC)
V2625	Enlargement of ocular prosthesis (IC)
V2626	Reduction of ocular prosthesis (IC)
V2627	Scleral cover shell (IC)
V2628	Fabrication and fitting of ocular conformer (IC)
V2629	Prosthetic eye, other type (PA) (IC)

611 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

Modifier	Modifier Description
26	Professional Component
TC	Technical Component

611 Modifiers (cont.)

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations.

Modifier	Modifier Description
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Physician's Current Procedural Terminology (CPT) code book.