

Written Order – usually the glasses or contact lens prescription with:

- Treating provider's name or NPI and signature
- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Date(s) of surgery
- Order Date
- General Description of the item (e.g., Is the prescription for lenses, frames, etc.?)
- Quantity to be dispensed, if applicable

Is the patient a resident of a skilled nursing facility (SNF) under a Medicare Part A benefit?

YES – Consolidated billing rules apply. Seek payment from SNF directly. Do not file claim to DMERC.

NO – Submit claim to DMERC.

Submit Claim to DMERC Medicare Administrative Contractor (MAC)

- Place of service is the patient's home (POS 12)
 - A claim for a patient with a primary residence in MN spending the winter in FL is filed with the DME MAC for MN
- Date of service is date of delivery (not date of order)
 - For deceased patient, use date of death
- Coding:
 - Diagnosis: Pseudophakia (Z96.1); Aphakia (H27.01, H27.02, or H27.03); Congenital Aphakia (Q12.3)
 - Use proper HCPCS Codes:

<ul style="list-style-type: none"> ▪ V2020 for standard frame ▪ V21xx – Single vision lenses ▪ V23xx – Trifocal lenses ▪ V25xx – Contact lenses 	<ul style="list-style-type: none"> ▪ V22xx – Bifocal lenses ▪ V24xx – Variable aspheric lenses ▪ V27xx - Miscellaneous
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 - Specialty Items:
 - Anti-reflective coating (V2750), tints (V2744, V2745) or oversize lenses (V2780)
 - Polycarbonate lenses or other impact-resistant materials (V2784)
 - Append KX modifier for any items that may be covered when ordered by the physician
 - Advance Beneficiary Notice (ABN): Execute for all non-covered items and upgrades
 - Append Modifiers GA and GY for non-covered items listed on the ABN
 - Collect for non-covered items listed on the ABN at time of order
- Proof of Delivery
 - Beneficiary's name
 - A detailed description of the item(s) being delivered (e.g., narrative, model, brand, etc.)
 - Quantity
 - Beneficiary (or designee) signature
 - If shipping to a patient, request proof of delivery/signature required (e.g., UPS, FedEx)

General Optical Compliance

- Physician-owned optical must have a surety bond in place if servicing non-practice patients
- Optical must comply with Medicare DMEPOS Supplier Standards
- Supplier standards are posted in the optical or disclosed to all patients
- Documentation must be available in the event of audit or appeal
- Supplier NPI number is required for each location (not per practice)
- Non-Medicare payers may have different guidelines, benefits, and eligibility requirements

Resources:

- National Supplier Clearinghouse Supplier Manual.
(<https://www.cgsmedicare.com/jc/pubs/supman/index.html>)
- Medicare DMEPOS Supplier Standards
([https://www.palmettogba.com/Palmetto/Providers.Nsf/files/abbreviatedstandards020816.pdf/\\$File/abbreviatedstandards020816.pdf](https://www.palmettogba.com/Palmetto/Providers.Nsf/files/abbreviatedstandards020816.pdf/$File/abbreviatedstandards020816.pdf))
- Noridian and CGS Local Coverage Article: Refractive Lenses (A52499)
(<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=52499&ver=16&KeyWord=refractive&KeyWordLookUp=Title&KeyWordSearchType=Exact&bc=CAAAAAAAAAAAAA>)
- Noridian and CGS Local Coverage Determination: Refractive Lenses (L33793)
(<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33793&ver=20&articleid=52499&KeyWord=refractive&KeyWordLookUp=Title&KeyWordSearchType=Exact&bc=CAAAAAAAEAAA&>)