



Pediatric Vision Benefits

Blue Cross and Blue Shield of Alabama offers pediatric vision service benefits through some plans as mandated by the Patient Protection and Affordable Care Act (PPACA). The Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes below are included for these types of pediatric vision services. Keep in mind that this information only pertains to coding and limitations for pediatric vision service benefits. Coverage may vary depending on the member’s plan. Always check eligibility and benefits through ProviderAccess or your vendor practice management system since benefits are subject to change.

Claims for vision hardware will process based on the usual, customary and reasonable fee (UCR), and the member will be responsible for any difference between the UCR and billed charges. Providers may collect that difference up front.

Frames

Benefits are limited to one pair of frames per 365 calendar days and defined as follows:

S0516	V2020
S0518	V2025

Lenses

Benefits are limited to one pair per 365 calendar days and are defined below. (This can be one set of contacts or two for one eye.)

Non-Disposable Lenses			
V2100 – V2199	V2300 – V2399	92310 – 92316	92390 – 92392
V2200 – V2299	V2500 – V2599	92325 – 92326	
Disposable Lenses			
S0500	S0512	S0514	

Eye Exam

For members up to age 19, pediatric vision benefits include one eye exam and refraction per 365 days with an optometrist or ophthalmologist (not allowed inpatient). Benefits are defined as follows:

S0620	92002	92012
S0621	92004	92014
Eye Refraction		
92015		

Note: This coding information is subject to change.

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