



2018 Supplemental Benefit Code Set

For dates of service from 1/1/2018-12/31/2018

| Supp Benefit | CPT/ HCPCS | Description |
|-----------------|---------------|--|
| Eye Exam | 92002 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF |
| Eye Exam | 92004 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION |
| Eye Exam | 92012 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION O |
| Eye Exam | 92014 | OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION |
| Eye Exam | 92015 | DETERMINATION OF REFRACTIVE STATE |
| Vision Hardware | 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE |
| Vision Hardware | V2020 | FRAMES, PURCHASES |
| Vision Hardware | V2100 | SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS |
| Vision Hardware | V2101 | SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS |
| Vision Hardware | V2102 | SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS |
| Vision Hardware | V2103 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO |
| Vision Hardware | V2104 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 |
| Vision Hardware | V2105 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 |



2018 Supplemental Benefit Code Set

For dates of service from 1/1/2018-12/31/2018

| Supp Benefit | CPT/ HCPCS | Description |
|-----------------|---------------|---|
| Vision Hardware | V2106 | SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D |
| Vision Hardware | V2107 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, |
| Vision Hardware | V2108 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS |
| Vision Hardware | V2109 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS |
| Vision Hardware | V2110 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER |
| Vision Hardware | V2111 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS |
| Vision Hardware | V2112 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS |
| Vision Hardware | V2113 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS |
| Vision Hardware | V2114 | SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER |
| Vision Hardware | V2115 | LENTICULAR, (MYODISC), PER LENS, SINGLE VISION |
| Vision Hardware | V2118 | ANISEIKONIC LENS, SINGLE VISION |
| Vision Hardware | V2121 | LENTICULAR LENS, PER LENS, SINGLE |
| Vision Hardware | V2199 | NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS |
| Vision Hardware | V2200 | SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS |
| Vision Hardware | V2201 | SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS |
| Vision Hardware | V2202 | SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS |
| Vision Hardware | V2203 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO |
| Vision Hardware | V2204 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO |
| Vision Hardware | V2205 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO |
| Vision Hardware | V2206 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER |
| Vision Hardware | V2207 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D |
| Vision Hardware | V2208 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 |
| Vision Hardware | V2209 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 |
| Vision Hardware | V2210 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER |
| Vision Hardware | V2211 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 |
| Vision Hardware | V2212 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D |
| Vision Hardware | V2213 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D |
| Vision Hardware | V2214 | SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS |
| Vision Hardware | V2215 | LENTICULAR (MYODISC), PER LENS, BIFOCAL |
| Vision Hardware | V2218 | ANISEIKONIC, PER LENS, BIFOCAL |
| Vision Hardware | V2219 | BIFOCAL SEG WIDTH OVER 28MM |
| Vision Hardware | V2220 | BIFOCAL ADD OVER 3.25D |
| Vision Hardware | V2221 | LENTICULAR LENS, PER LENS, BIFOCAL |
| Vision Hardware | V2299 | SPECIALTY BIFOCAL (BY REPORT) |



2018 Supplemental Benefit Code Set

For dates of service from 1/1/2018-12/31/2018

| Supp Benefit | CPT/ HCPCS | Description |
|-----------------|---------------|---|
| Vision Hardware | V2300 | SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS |
| Vision Hardware | V2301 | SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS |
| Vision Hardware | V2302 | SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS |
| Vision Hardware | V2303 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12- |
| Vision Hardware | V2304 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25- |
| Vision Hardware | V2305 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO |
| Vision Hardware | V2306 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER |
| Vision Hardware | V2307 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 |
| Vision Hardware | V2308 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D |
| Vision Hardware | V2309 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D |
| Vision Hardware | V2310 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D |
| Vision Hardware | V2311 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D |
| Vision Hardware | V2312 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D |
| Vision Hardware | V2313 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D |
| Vision Hardware | V2314 | SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS |
| Vision Hardware | V2315 | LENTICULAR, (MYODISC), PER LENS, TRIFOCAL |
| Vision Hardware | V2318 | ANISEIKONIC LENS, TRIFOCAL |
| Vision Hardware | V2319 | TRIFOCAL SEG WIDTH OVER 28 MM |
| Vision Hardware | V2320 | TRIFOCAL ADD OVER 3.25D |
| Vision Hardware | V2321 | LENTICULAR LENS, PER LENS, TRIFOCAL |
| Vision Hardware | V2399 | SPECIALTY TRIFOCAL (BY REPORT) |
| Vision Hardware | V2410 | VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER |
| Vision Hardware | V2430 | VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS |
| Vision Hardware | V2499 | VARIABLE SPHERICITY LENS, OTHER TYPE |
| Vision Hardware | V2625 | ENLARGEMENT OF OCULAR PROSTHESIS |
| Vision Hardware | V2626 | REDUCTION OF OCULAR PROSTHESIS |
| Vision Hardware | V2627 | SCLERAL COVER SHELL |
| Vision Hardware | V2628 | FABRICATION AND FITTING OF OCULAR CONFORMER |
| Vision Hardware | V2770 | OCCLUDER LENS, PER LENS |
| Hearing Exam | 92590 | Hearing Aid Examination & Selection |
| Hearing Exam | 92591 | Hearing Aid Examination & Selectio |
| Hearing Exam | 92592 | Hearing Aid Check Monaural |
| Hearing Exam | 92593 | Hearing Aid Check Binaural |
| Hearing Exam | 92594 | Electroacous Eval Hearing Aid Monau |
| Hearing Exam | 92595 | Electroacous Eval Hearing Aid Binau |
| Hearing Aide | V5008 | HEARING SCREENING |
| Hearing Aide | V5010 | ASSESSMENT FOR HEARING AID |
| Hearing Aide | V5011 | FITTING/ORIENTATION/CHECKING OF HEARING AID |
| Hearing Aide | V5014 | REPAIR/MODIFICATION OF A HEARING AID |



2018 Supplemental Benefit Code Set

For dates of service from 1/1/2018-12/31/2018

| Supp Benefit | CPT/ HCPCS | Description |
|--------------|---------------|--|
| Hearing Aide | V5020 | CONFORMITY EVALUATION |
| Hearing Aide | V5030 | HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION |
| Hearing Aide | V5040 | HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION |
| Hearing Aide | V5050 | HEARING AID, MONAURAL, IN THE EAR |
| Hearing Aide | V5060 | HEARING AID, MONAURAL, BEHIND THE EAR |
| Hearing Aide | V5070 | GLASSES, AIR CONDUCTION |
| Hearing Aide | V5080 | GLASSES, BONE CONDUCTION |
| Hearing Aide | V5090 | DISPENSING FEE, UNSPECIFIED HEARING AID |
| Hearing Aide | V5095 | SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS |
| Hearing Aide | V5100 | HEARING AID, BILATERAL, BODY WORN |
| Hearing Aide | V5110 | DISPENSING FEE, BILATERAL |
| Hearing Aide | V5120 | BINAURAL, BODY |
| Hearing Aide | V5130 | BINAURAL, IN THE EAR |
| Hearing Aide | V5140 | BINAURAL, BEHIND THE EAR |
| Hearing Aide | V5150 | BINAURAL, GLASSES |
| Hearing Aide | V5160 | DISPENSING FEE, BINAURAL |
| Hearing Aide | V5170 | HEARING AID, CROS, IN THE EAR |
| Hearing Aide | V5180 | HEARING AID, CROS, BEHIND THE EAR |
| Hearing Aide | V5190 | HEARING AID, CROS, GLASSES |
| Hearing Aide | V5200 | DISPENSING FEE, CROS |
| Hearing Aide | V5210 | HEARING AID, BICROS, IN THE EAR |
| Hearing Aide | V5220 | HEARING AID, BICROS, BEHIND THE EAR |
| Hearing Aide | V5230 | HEARING AID, BICROS, GLASSES |
| Hearing Aide | V5240 | DISPENSING FEE, BICROS |
| Hearing Aide | V5241 | DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE |
| Hearing Aide | V5242 | HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL) |
| Hearing Aide | V5243 | HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL) |
| Hearing Aide | V5244 | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC |
| Hearing Aide | V5245 | HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC |
| Hearing Aide | V5246 | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE |
| Hearing Aide | V5247 | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR) |
| Hearing Aide | V5248 | HEARING AID, ANALOG, BINAURAL, CIC |
| Hearing Aide | V5249 | HEARING AID, ANALOG, BINAURAL, ITC |
| Hearing Aide | V5250 | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC |
| Hearing Aide | V5251 | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC |
| Hearing Aide | V5252 | HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE |
| Hearing Aide | V5253 | HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE |
| Hearing Aide | V5254 | HEARING AID, DIGITAL, MONAURAL, CIC |
| Hearing Aide | V5255 | HEARING AID, DIGITAL, MONAURAL, ITC |



2018 Supplemental Benefit Code Set

For dates of service from 1/1/2018-12/31/2018

| Supp Benefit | CPT/ HCPCS | Description |
|--------------|-----------------------------|--|
| Hearing Aide | V5256 | HEARING AID, DIGITAL, MONAURAL, ITE |
| Hearing Aide | V5257 | HEARING AID, DIGITAL, MONAURAL, BTE |
| Hearing Aide | V5258 | HEARING AID, DIGITAL, BINAURAL, CIC |
| Hearing Aide | V5259 | HEARING AID, DIGITAL, BINAURAL, ITC |
| Hearing Aide | V5260 | HEARING AID, DIGITAL, BINAURAL, ITE |
| Hearing Aide | V5261 | HEARING AID, DIGITAL, BINAURAL, BTE |
| Hearing Aide | V5262 | HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL |
| Hearing Aide | V5263 | HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL |
| Hearing Aide | V5264 | EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE |
| Hearing Aide | V5265 | EAR MOLD/INSERT, DISPOSABLE, ANY TYPE |
| Hearing Aide | V5266 | BATTERY FOR USE IN HEARING DEVICE |
| Hearing Aide | V5298 | HEARING AID, NOT OTHERWISE CLASSIFIED |
| Chiropractic | HCPCS S8990 | Chiropractic adjustments |
| Chiropractic | 99201; 99205 | New Patient; Office or other outpatient visit for the evaluation and management of a new patient |
| Chiropractic | 99211; 99215 | Established Patient; Office or other outpatient visit for the evaluation and management of an established patient |
| Chiropractic | 98940 (with no AT modifier) | Chiropractic manipulative treatment (CMT); spinal, one to two regions |
| Chiropractic | 98941 (with no AT modifier) | Chiropractic manipulative treatment (CMT); spinal, three to four regions |
| Chiropractic | 98942 (with no AT modifier) | Chiropractic manipulative treatment (CMT); spinal, five regions |
| Chiropractic | 98943 with no AT modifier | Chiropractic manipulative treatment (CMT); extraspinal, one or more regions |
| Chiropractic | 97012 | Modalities (Supervised); traction, mechanical |
| Chiropractic | 97014 | Modalities (Supervised); electrical stimulation (unattended) |
| Chiropractic | 97032 | Modalities (Constant Attendance); Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes |
| Chiropractic | 97035 | Modalities (Constant Attendance); ultrasound, each 15 minutes |
| Chiropractic | 72010 | Diagnostic Imaging - Spine; Radiologic examination, spine, entire, survey study, anteroposterior and lateral |
| Chiropractic | 72020 | Diagnostic Imaging - Spine; Radiologic examination, spine, single view, specify level |
| Chiropractic | 72040 | Diagnostic Imaging - Spine; Radiologic examination, spine, cervical; two or three views |



2018 Supplemental Benefit Code Set

For dates of service from 1/1/2018-12/31/2018

| Supp Benefit | CPT/ HCPCS | Description |
|--------------|---------------------|---|
| Chiropractic | 72050 | Diagnostic Imaging - Spine; minimum of four views |
| Chiropractic | 72052 | Diagnostic Imaging - Spine; complete, including oblique and flexion and/or extension studies |
| Chiropractic | 72069 | Diagnostic Imaging - Spine; Radiologic examination, spine, thoracolumbar, standing (scoliosis) |
| Chiropractic | 72070 | Diagnostic Imaging - Spine; Radiologic examination, spine, thoracic, two views |
| Chiropractic | 72072 | Diagnostic Imaging - Spine; thoracic, three views |
| Chiropractic | 72074 | Diagnostic Imaging - Spine; thoracic, minimum of four views |
| Chiropractic | 72080 | Diagnostic Imaging - Spine; thoracolumbar, two views |
| Chiropractic | 72090 | Diagnostic Imaging - Spine; scoliosis study, including supine and erect studies |
| Chiropractic | 72100 | Diagnostic Imaging - Spine; Radiologic examination, spine, lumbosacral; two or three views |
| Chiropractic | 72110 | Diagnostic Imaging - Spine; minimum of four views |
| Chiropractic | 72114 | Diagnostic Imaging - Spine; complete, including bending views |
| Chiropractic | 72120 | Diagnostic Imaging - Spine; Radiologic examination, spine, lumbosacral, bending views only, minimum of four views |
| Chiropractic | 72170 | Diagnostic Imaging - Spine; Radiologic examination, pelvis; one or two views |
| Chiropractic | 72190 | Diagnostic Imaging - Spine; complete, minimum of three views |
| Chiropractic | 72200 | Diagnostic Imaging - Spine; Radiologic examination, sacroiliac joints; less than three views |
| Chiropractic | 72202 | Diagnostic Imaging - Spine; three or more views |
| Chiropractic | 72220 | Diagnostic Imaging - Spine; Radiologic examination, sacrum and coccyx; minimum of two views |
| Podiatry | 11055; 11056; 11057 | Cutting or removal of corns and calluses including: Trim skin lesion Trim skin lesions, 2 to 4 Trim skin lesions, over 4 |



2018 Supplemental Benefit Code Set

For dates of service from 1/1/2018-12/31/2018

| Supp Benefit | CPT/ HCPCS | Description |
|--------------|-------------------------------|--|
| Podiatry | 11719; 11720; 11721; G0127 | Trimming, cutting, clipping, or debriding of nails including: Trim nail(s) Trimming dystrophic nails, any number Debride nail, 1-5 Debride nail, 6 or more |
| Podiatry | S0390 | Routine footcare |