



**November 13, 2025**

**TO:** All Vision Care Providers

**RE:** NYS Medicaid Vision Care Codes Manual – Reminder on Billing for Contact Lens Fitting Services

**IMPACTED PLANS:** Medicaid, HIV-SNP (Partnership in Care), and HARP (Health and Recovery Plans)

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**Dear MetroPlusHealth Provider,**

This is a reminder of the New York State Medicaid regulations for vision care billing and criteria including contact lens fitting and corneal lens reimbursement:

According to the **NYS Medicaid Vision Care Procedure Codes Manual**, billing for the fitting of contact lens and for corneal lenses should be done with the following CPT codes:

**Contact Lens Service Codes (92310–92326):**

92310 - Prescription of optical and physical characteristics of and fitting of contact lens, (including materials) with medical supervision of adaptation (for ocular pathology); corneal lens, both eyes, except for aphakia.
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- (Reimbursement for both eyes require BR)

92311- corneal lens for aphakia, one eye (LT or RT modifier valid)
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92312- corneal lens for aphakia, both eyes
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92313- corneal scleral lens (one or both eyes) (LT, RT modifiers valid)
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92326- Replacement of contact lens (one or both eyes) (LT, RT modifiers valid)
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**Please refer to** the NYS Medicaid billing guidelines and codes in the published *NYS Medicaid Vision Care Procedure Codes Manual* for additional information:

[https://www.emedny.org/ProviderManuals/VisionCare/PDFS/VisionCare\\_Procedure\\_Codes.pdf](https://www.emedny.org/ProviderManuals/VisionCare/PDFS/VisionCare_Procedure_Codes.pdf)

Thank you for your continued commitment to accurate and compliant billing practices.

If you have any questions regarding this memo, please contact MetroPlusHealth at: [ProviderRelationsOps@metroplus.org](mailto:ProviderRelationsOps@metroplus.org).

Thank you,

MetroPlusHealth

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