

RCMP – Blue Cross Common Codes

Effective November 1, 2011

| Description | Code | Preauthorize Required | Maximum Allowance | Comments Prescriber O = Ophthalmologist, OP = Optometrist |
|---|-------------|------------------------------|--------------------------|--|
| Lens Material | | | | |
| Lens – Left Lens (Corrective All Types) | 604127 | No | Regular Fees | O or OP – 1/24 months |
| Lens – Right Lens (Corrective All Types) | 604129 | No | Regular Fees | O or OP – 1/24 months |
| Lenses – High Index | 600241 | Yes | Regular Fees | O or OP – 1/24 months |
| Lenses – Progressive – Hi Index | 600243 | Yes | Regular Fees | O or OP – 1/24 months |
| Rx Safety Glasses with cable temple – V3 medical profile | 604130 | Yes | Regular Fees | O or OP |
| Lens Coating – AR – New Frame/Lenses Only | 603002 | No | Regular Fees | O or OP |
| Lens Coating – AR/SRC – New Frame/Lenses Only | 603004 | No | Regular Fees | O or OP |
| Lens Coating – Harden/Impact Resistant– New Frame/Lenses Only | 604120 | No | Regular Fees | O or OP |
| Lens Coating – SRC – New Frame/Lenses Only | 603324 | No | Regular Fees | O or OP |
| Dispensing Fee – Unifocal | 601323 | No | Regular Fees | O or OP – 1/24 months |
| Dispensing Fee – Bifocal | 601886 | No | Regular Fees | O or OP – 1/24 months |
| Dispensing Fee – Multifocal/Trifocal | 601945 | No | Regular Fees | O or OP – 1/24 months |
| Prism – Fresnel Prism | 630160 | No | Regular Fees | O or OP – 1/24 months |

| | | | | |
|-----------------------------------|--------|-----|--------------|-----------------------|
| Frames | | | | |
| Frames – New | 604115 | No | \$200.00 | O or OP – 1/24 months |
| Dispensing Fee/New Frame | 602576 | No | Regular Fees | O or OP – 1/24 months |
| Dispensing Fee/Old Frame | 602853 | No | Regular Fees | O or OP – 1/24 months |
| Repairs & Maintenance | 600217 | No | Regular Fees | |
| Shipping and Handling | 626340 | No | Regular Fees | |
| Sunglasses or Clip-ons – Tint > 2 | 602500 | Yes | Regular Fees | |

| | | | | |
|---|--------|-----|--------------|-----------------------|
| Contact Lenses | | | | |
| Fitting & Dispense – Sphere | 602560 | No | \$400.00 | O or OP – 1/24 months |
| Fitting & Dispense – Toric | 602156 | No | \$400.00 | O or OP – 1/24 months |
| Fitting & Dispense – Multifocal | 602560 | No | \$400.00 | O or OP – 1/24 months |
| Keratoconus/Irregular Astigmatism Fitting | 602504 | Yes | Regular Fees | O or OP – 1/24 months |

Providers will be reimbursed their usual and customary charges to a maximum of the dollar limits indicated on the benefit grid.

Should you have any questions, please contact your regional Blue Cross office Provider Inquiry Line toll free at 1-888-261-4033.

When billing for lenses you will be required to indicate an occurrence of left and/or right lenses. Members are eligible for one (1) pair of eye glass lenses or soft contact lenses each 24 calendar months, unless there is a significant change in prescription, i.e.: 0.5 diopters or more within 24 calendar months.