

# KY Medicaid Vision Fee Schedule 2023 revised 7.6.2023

## Notes:

- Red indicates new codes or changes for the most current revision date.
- Blue indicates deleted codes made by the AMA
- Contact lenses must be medically necessary per regulation
- Vision benefits for adults and children effective 1/1/2023
- TPL Vision Insurance must be billed primary to Medicaid
- For Medicare/Medicaid dual eligible members, services added to Medicare bypass list. Medicaid will pay effective 1/1/2023 (Not QMB or SLMB)
- It is the responsibility of the provider to check member eligibility.
- More than one (1) pair of eyeglasses per recipient per calendar year requires a prior authorization.
- The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.
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|                |          |   | Facility    | Non-Facility | Eyeglasses |                                       |
|----------------|----------|---|-------------|--------------|------------|---------------------------------------|
| Procedure Code | Modifier | Description   | Optometrist | Optometrist  | Rate       | Notes                                 |
| 10060          |          | SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS   | \$39.74     | \$45.64      |            | adult and children Effective 1/1/2023 |
| 10061          |          | COMPLICATED OR MULTIPLE DRAINAGE OF SKIN ABSCESS  | \$82.81     | \$91.40      |            | adult and children Effective 1/1/2023 |
| 10140          |          | DRAINAGE OF BLOOD OR FLUID ACCUMULATION   | \$51.08     | \$57.52      |            | adult and children Effective 1/1/2023 |
| 10160          |          | ASPIRATION OF ABSCESS, BLOOD, OR CYST   | \$40.06     | \$45.15      |            | adult and children Effective 1/1/2023 |
| 11000          |          | DEBRIDE INFECTED SKIN   | \$33.04     | \$38.40      |            | adult and children Effective 1/1/2023 |
| 11200          |          | REMOVAL OF SKIN TAGS <W/15  | \$26.99     | \$32.75      |            | adult and children Effective 1/1/2023 |
| 11201          |          | REMOVE SKIN TAGS ADD-ON   | \$10.40     | \$12.68      |            | adult and children Effective 1/1/2023 |
| 11310          |          | SHAVE SKIN LESION 0.5 CM/<  | \$32.13     | \$41.39      |            | adult and children Effective 1/1/2023 |
| 11311          |          | SHAVE SKIN LESION 0.6-1.0 CM  | \$44.15     | \$55.55      |            | adult and children Effective 1/1/2023 |
| 11312          |          | SHAVE SKIN LESION 1.1-2.0 CM  | \$52.91     | \$67.93      |            | adult and children Effective 1/1/2023 |
| 11313          |          | SHAVE SKIN LESION >2.0 CM   | \$71.16     | \$91.15      |            | adult and children Effective 1/1/2023 |
| 11440          |          | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5 CM OR LESS | \$42.99     | \$52.24      |            | adult and children Effective 1/1/2023 |
| 11441          |          | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-1.0 CM     | \$59.12     | \$70.52      |            | adult and children Effective 1/1/2023 |
| 11442          |          | REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1-2.0 CM     | \$71.10     | \$86.12      |            | adult and children Effective 1/1/2023 |
| 11900          |          | INJECT SKIN LESIONS <W 7  | \$24.80     | \$41.61      |            | adult and children Effective 1/1/2023 |
| 11901          |          | INJECT SKIN LESIONS >7  | \$38.68     | \$53.17      |            | adult and children Effective 1/1/2023 |
| 12011          |          | RPR F/E/N/L/M 2.5 CM/<  | \$71.48     | \$71.48      |            | adult and children Effective 1/1/2023 |



|                |                   |  | Facility                                  | Non-Facility                              | Eyeglasses |  |
|----------------|-------------------|--|---|---|------------|--|
| Procedure Code | Modifier          | Description  | Optometrist                               | Optometrist                               | Rate       | Notes  |
| 15851          |                   | REMOVE SUTURES DIFF SURGEON  | \$29.99                                   | \$34.01                                   |            | adult and children Effective 1/1/2023  |
| 17000          |                   | DESTRUCT PREMALG LESION  | \$43.54                                   | \$43.54                                   |            | adult and children Effective 1/1/2023  |
| 17003          |                   | DESTRUCT PREMALG LES 2-14  | \$7.92                                    | \$7.92                                    |            | adult and children Effective 1/1/2023  |
| 17110          |                   | DESTRUCT B9 LESION 1-14  | \$22.23                                   | \$27.60                                   |            | adult and children Effective 1/1/2023  |
| 64612          |                   | DESTROY NERVE FACE MUSCLE  | \$79.62                                   | \$99.07                                   |            | adult and children Effective 1/1/2023  |
| 65205          |                   | REMOVE FOREIGN BODY FROM EYE   | \$28.34                                   | \$33.30                                   |            | adult and children Effective 1/1/2023  |
| 65210          |                   | REMOVE FOREIGN BODY FROM EYE   | \$31.55                                   | \$37.72                                   |            | adult and children Effective 1/1/2023  |
| 65220          |                   | REMOVAL OF FOREIGN BODY IN CORNEA                                      | \$28.78                                   | \$35.75                                   |            | adult and children Effective 1/1/2023  |
| 65222          |                   | REMOVAL OF FOREIGN BODY IN CORNEA USING SLIT LAMP                      | \$35.66                                   | \$43.31                                   |            | adult and children Effective 1/1/2023  |
| 65286          |                   | REPAIR OF EYE WOUND  | \$221.73                                  | \$285.96                                  |            | adult and children Effective 1/1/2023  |
| 65430          |                   | CORNEAL SMEAR  | \$33.50                                   | \$40.74                                   |            | adult and children Effective 1/1/2023  |
| 65435          |                   | CURETTE/TREAT CORNEA   | \$38.29                                   | \$48.62                                   |            | adult and children Effective 1/1/2023  |
| 65436          |                   | CURETTE/TREAT CORNEA   | \$139.54                                  | \$160.06                                  |            | adult and children Effective 1/1/2023  |
| 65600          |                   | REVISION OF CORNEA   | \$130.97                                  | \$166.11                                  |            | adult and children Effective 1/1/2023  |
| 65778          |                   | PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE FOR WOUND HEALING        | \$65.57                                   | \$1,095.71                                |            | adult and children Effective 1/1/2023  |
| 65855          |                   | TRABECULOPLASTY LASER SURG   | \$229.68                                  | \$310.28                                  |            | adult and children Effective 1/1/2023  |
| 65880          |                   | INCISE INNER EYE ADHESIONS   | \$389.03                                  | \$389.03                                  |            | adult and children Effective 1/1/2023  |
| 66030          |                   | INJECTION TREATMENT OF EYE   | \$126.82                                  |   |            | adult and children Effective 1/1/2023  |
| 66761          |                   | IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE  | \$190.44                                  | \$258.84                                  |            | adult and children Effective 1/1/2023  |
| 66762          |                   | IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV | \$219.81                                  | \$299.21                                  |            | adult and children Effective 1/1/2023  |
| 66821          |                   | AFTER CATARACT LASER SURGERY   | \$192.76                                  | \$192.76                                  |            | adult and children Effective 1/1/2023  |
| 66982          | 55/56<br>LT/RT/50 | COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS          | 55 post-op care 20%<br>56 Pre-op care 10% | 55 post-op care 20%<br>56 Pre-op care 10% |            | Effective Date: 8/1/2022<br>Modifier 55 post-op care payable at 20% of Physician Fee Schedule amount or<br>Modifier 56 Pre-op care payable at 10% of Physician Fee Schedule amount or<br>Both Modifier 55 and 56 to be paid 20% + 10% = 30%.<br>RT- Right eye or LT – Left eye or 50 – bilateral |
| 66984          |                   | XCAPSL CTRC RMVL W/O ECP   | \$652.61                                  | \$652.61                                  |            | adult and children Effective 1/1/2023  |
| 67515          |                   | INJECT/TREAT EYE SOCKET  | \$26.14                                   | \$33.65                                   |            | adult and children Effective 1/1/2023  |
| 67700          |                   | DRAINAGE OF EYELID ABSCESS   | \$45.45                                   | \$52.02                                   |            | adult and children Effective 1/1/2023  |
| 67710          |                   | INCISION OF EYELID   | \$43.47                                   | \$57.01                                   |            | adult and children Effective 1/1/2023  |
| 67800          |                   | REMOVE EYELID LESION   | \$53.44                                   | \$66.04                                   |            | adult and children Effective 1/1/2023  |
| 67801          |                   | REMOVE EYELID LESIONS  | \$74.87                                   | \$93.51                                   |            | adult and children Effective 1/1/2023  |
| 67805          |                   | REMOVE EYELID LESIONS  | \$84.13                                   | \$102.63                                  |            | adult and children Effective 1/1/2023  |

|                |          |   | Facility    | Non-Facility | Eyeglasses |  |
|----------------|----------|---|-------------|--------------|------------|--|
| Procedure Code | Modifier | Description                                       | Optometrist | Optometrist  | Rate       | Notes  |
| 67810          |          | BIOPSY EYELID & LID MARGIN                        | \$55.51     | \$66.37      |            | adult and children Effective 1/1/2023  |
| 67820          |          | REVISE EYELASHES                                  | \$31.70     | \$36.79      |            | adult and children Effective 1/1/2023  |
| 67825          |          | REVISE EYELASHES                                  | \$52.31     | \$64.38      |            | adult and children Effective 1/1/2023  |
| 67840          |          | REMOVE EYELID LESION                              | \$76.46     | \$92.82      |            | adult and children Effective 1/1/2023  |
| 67850          |          | TREAT EYELID LESION                               | \$60.34     | \$71.33      |            | adult and children Effective 1/1/2023  |
| 67914          |          | REPAIR EYELID DEFECT                              | \$238.76    | \$238.76     |            | adult and children Effective 1/1/2023  |
| 67915          |          | REPAIR EYELID DEFECT                              | \$109.43    | \$126.19     |            | adult and children Effective 1/1/2023  |
| 67921          |          | REPAIR EYELID DEFECT                              | \$204.74    | \$204.74     |            | adult and children Effective 1/1/2023  |
| 67922          |          | REPAIR EYELID DEFECT                              | \$105.10    | \$121.06     |            | adult and children Effective 1/1/2023  |
| 67930          |          | REPAIR EYELID WOUND                               | \$123.44    | \$140.47     |            | adult and children Effective 1/1/2023  |
| 67938          |          | REMOVE EYELID FOREIGN BODY                        | \$45.26     | \$52.24      |            | adult and children Effective 1/1/2023  |
| 68020          |          | INCISE/DRAIN EYELID LINING                        | \$46.30     | \$53.14      |            | adult and children Effective 1/1/2023  |
| 68040          |          | TREATMENT OF EYELID LESIONS                       | \$31.46     | \$37.50      |            | adult and children Effective 1/1/2023  |
| 68100          |          | BIOPSY OF EYELID LINING                           | \$54.35     | \$67.63      |            | adult and children Effective 1/1/2023  |
| 68110          |          | REMOVE EYELID LINING LESION                       | \$68.80     | \$85.43      |            | adult and children Effective 1/1/2023  |
| 68115          |          | REMOVE EYELID LINING LESION                       | \$122.22    | \$122.22     |            | adult and children Effective 1/1/2023  |
| 68135          |          | REMOVE EYELID LINING LESION                       | \$63.42     | \$73.35      |            | adult and children Effective 1/1/2023  |
| 68200          |          | TREAT EYELID BY INJECTION                         | \$22.08     | \$29.05      |            | adult and children Effective 1/1/2023  |
| 68440          |          | INCISE TEAR DUCT OPENING                          | \$37.28     | \$47.47      |            | adult and children Effective 1/1/2023  |
| 68530          |          | CLEARANCE OF TEAR DUCT                            | \$148.28    | \$186.50     |            | adult and children Effective 1/1/2023  |
| 68705          |          | REVISE TEAR DUCT OPENING                          | \$73.87     | \$87.55      |            | adult and children Effective 1/1/2023  |
| 68760          |          | CLOSE TEAR DUCT OPENING                           | \$62.61     | \$74.95      |            | adult and children Effective 1/1/2023  |
| 68761          |          | CLOSE TEAR DUCT OPENING                           | \$51.75     | \$64.09      |            | adult and children Effective 1/1/2023  |
| 68801          |          | DILATE TEAR DUCT OPENING                          | \$36.96     | \$36.96      |            | adult and children Effective 1/1/2023  |
| 68810          |          | PROBE NASOLACRIMAL DUCT                           | \$51.50     | \$51.50      |            | adult and children Effective 1/1/2023  |
| 68840          |          | EXPLORE/IRRIGATE TEAR DUCTS                       | \$43.10     | \$49.67      |            | adult and children Effective 1/1/2023  |
| 76511          |          | OPH US DX QUAN A-SCAN ONLY                        | \$69.12     | \$69.12      |            | adult and children Effective 1/1/2023  |
| 76512          |          | OPH US DX B-SCAN                                  | \$69.95     | \$69.95      |            | adult and children Effective 1/1/2023  |
| 76513          |          | OPH US DX ANT SGM US UNI/BI                       | \$69.95     | \$69.95      |            | adult and children Effective 1/1/2023  |
| 76514          |          | ECHO EXAM OF EYE THICKNESS                        | \$9.01      | \$9.01       |            | adult and children Effective 1/1/2023  |
| 76516          |          | ECHO EXAM OF EYE                                  | \$57.38     | \$57.38      |            | adult and children Effective 1/1/2023  |
| 76519          |          | ECHO EXAM OF EYE                                  | \$52.34     | \$52.34      |            | adult and children Effective 1/1/2023  |
| 76529          |          | ECHO EXAM OF EYE                                  | \$61.73     | \$61.73      |            | adult and children Effective 1/1/2023  |
| 92002          |          | NEW PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM | \$51.67     | \$51.67      |            | 1 per recipient per provider per 3-year period.<br>Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215<br>adult and children Effective 1/1/2023 |
| 92004          |          | NEW PATIENT COMPLETE EXAM OF VISUAL SYSTEM        | \$94.51     | \$94.51      |            | 1 per recipient per provider per 3-year period. Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215<br>adult and children Effective 1/1/2023    |

|                |          |   | Facility    | Non-Facility | Eyeglasses |   |
|----------------|----------|---|-------------|--------------|------------|---|
| Procedure Code | Modifier | Description   | Optometrist | Optometrist  | Rate       | Notes   |
| 92012          |          | ESTABLISHED PATIENT PROBLEM<br>FOCUSED EXAM OF VISUAL SYSTEM              | \$46.92     | \$46.92      |            | 1 per recipient per provider per calendar year.<br>Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215<br><b>adult and children Effective 1/1/2023</b> |
| 92014          |          | EYE EXAM&TX ESTAB PT 1/>VST   | \$69.80     | \$69.80      |            | 1 per recipient per provider per calendar year.<br>Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215<br><b>adult and children Effective 1/1/2023</b> |
| 92015          |          | DETERMINE REFRACTIVE STATE  | \$20.22     | \$20.22      |            | 1 per recipient per year (additional covered if medically necessary)<br><b>adult and children Effective 1/1/2023</b>  |
| 92018          |          | EXAM OF RETINAL BLOOD VESSELS USING AN ENDOSCOPE AFTER INJECTION OF A DYE | \$57.64     | \$57.64      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92019          |          | LIMITED EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA                    | \$45.47     | \$51.78      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92020          |          | EXAM OF THE INTERNAL DRAINAGE SYSTEM OF EYE                               | \$14.99     | \$18.88      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92025          |          | CORNEAL TOPOGRAPHY  | \$21.74     | \$21.74      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92060          |          | EXAM TO MEASURE EYE DEVIATION AND RANGE OF MOTION                         | \$41.60     | \$41.60      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92065          |          | ORTHOPTIC TRAINING  | \$32.71     | \$32.71      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92071          |          | FITTING OF CONTACT LENS FOR TREATMENT OF EYE SURFACE DISEASE              | \$27.03     | \$30.13      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92072          |          | FITTING OF CONTACT LENS FOR MANAGEMENT OF CORNEAL CONDITION               | \$78.07     | \$96.16      |            | <b>adult and children Effective 1/1/2023</b>  |
| 92081          |          | EXAM OF VISUAL FIELD WITH LIMITED TESTING                                 | \$36.45     | \$36.45      |            | Limited to 1 per recipient per provider per date of service.<br>Cannot be billed w/92082 or 92083 as having occurred on the same date.<br><b>adult and children Effective 1/1/2023</b>    |
| 92082          |          | EXAM OF VISUAL FIELD WITH INTERMEDIATE TESTING                            | \$48.64     | \$48.64      |            | Limited to 1 per recipient per provider per date of service.<br>Cannot be billed w/92081 or 92083 as having occurred on the same date.  |
| 92083          |          | EXAM OF VISUAL FIELD WITH EXTENDED TESTING                                | \$55.27     | \$55.27      |            | Limited to 1 per recipient per provider per date of service.<br>Cannot be billed w/92081 or 92082 as having occurred on the same date.<br><b>adult and children Effective 1/1/2023</b>    |

|                |          |  | Facility    | Non-Facility | Eyeglasses |   |
|----------------|----------|--|-------------|--------------|------------|---|
| Procedure Code | Modifier | Description  | Optometrist | Optometrist  | Rate       | Notes   |
| 92100          |          | SERIAL TONOMETRY EXAM(S)   | \$30.59     | \$33.94      |            | adult and children Effective 1/1/2023   |
| 92132          |          | CMPTD OPTH DX IMG ANT SEGMENT  | \$31.75     | \$31.75      |            | adult and children Effective 1/1/2023   |
| 92133          |          | CMPTD OPTH DX IMG OPTIC NERVE  | \$38.87     | \$38.87      |            | adult and children Effective 1/1/2023   |
| 92134          |          | CPTR OPTH DX IMG POST SEGMENT  | \$38.87     | \$38.87      |            | adult and children Effective 1/1/2023   |
| 92136          |          | OPHTHALMIC BIOMETRY  | \$39.72     | \$39.72      |            | adult and children Effective 1/1/2023   |
| 92201          |          | OPSCPY EXTND RTA DRAW UNI/BI   | \$18.14     | \$19.70      |            | adult and children Effective 1/1/2023   |
| 92202          |          | OPSCPY EXTND ON/MAC DRAW   | \$11.73     |              |            | Added 1/1/2020<br>adult and children Effective 1/1/2023   |
| 92230          |          | EXAM OF RETINAL BLOOD VESSELS USING AN ENDOSCOPE AFTER INJECTION OF A DYE                                      | \$27.83     | \$37.09      |            | Limited to 2 per recipient per provider per date of service.<br>Cannot be billed as having occurred on the same date as 92235, 99250, or 92260<br>adult and children Effective 1/1/2023 |
| 92235          |          | EXAM OF RETINAL BLOOD VESSELS USING A SPECIAL CAMERA AFTER INJECTION OF A DYE                                  | \$68.33     | \$68.33      |            | Limited to 1 per recipient per provider per date of service.<br>Cannot be billed as having occurred on the same date as 92230, 99250, or 92260<br>adult and children Effective 1/1/2023 |
| 92240          |          | EXAM OF BLOOD VESSELS BETWEEN THE WHITE PART OF EYE AND RETINA USING A SPECIAL CAMERA AFTER INJECTION OF A DYE | \$157.53    |              |            | adult and children Effective 1/1/2023   |
| 92250          |          | PHOTOGRAPHY OF THE RETINA  | \$49.01     | \$49.01      |            | Limited to 1 per recipient per provider per date of service.<br>Cannot be billed as having occurred on the same date as 92230, 99235, or 92260<br>adult and children Effective 1/1/2023 |
| 92260          |          | MEASUREMENT OF EYE ARTERY PRESSURE   | \$22.64     | \$29.88      |            | Limited to 1 per recipient per provider per date of service.<br>Cannot be billed as having occurred on the same date as 92230, 99235, or 92250<br>adult and children Effective 1/1/2023 |
| 92265          |          | EYE MUSCLE EVALUATION  | \$32.03     | \$32.03      |            | adult and children Effective 1/1/2023   |
| 92270          |          | ELECTRO-OCULOGRAPHY  | \$42.95     |              |            | adult and children Effective 1/1/2023   |
| 92283          |          | COLOR VISION EXAMINATION   | \$15.65     | \$15.65      |            | adult and children Effective 1/1/2023   |
| 92284          |          | DARK ADAPTATION EYE EXAM   | \$23.41     | \$23.41      |            | adult and children Effective 1/1/2023   |
| 92285          |          | PHOTOGRAPHY OF CONTENT OF EYES   | \$13.89     | \$13.89      |            | adult and children Effective 1/1/2023   |
| 92286          |          | IMAGING OF FRONT THIRD OF EYE USING A SPECIAL MICROSCOPE   |             | \$53.79      |            | adult and children Effective 1/1/2023   |

|                |          |   | Facility        | Non-Facility | Eyeglasses                      |  |
|----------------|----------|---|-----------------|--------------|---------------------------------|--|
| Procedure Code | Modifier | Description   | Optometrist     | Optometrist  | Rate                            | Notes  |
| 92287          |          | IMAGING OF FRONT THIRD OF EYE USING A SPECIAL CAMERA AFTER INJECTION OF A DYE | <b>\$104.82</b> |              |                                 | adult and children Effective 1/1/2023                          |
| 92310          |          | CONTACT LENS SERVICES BOTH EYES   | \$69.74         | \$69.74      |                                 | adult and children Effective 1/1/2023                          |
| 92311          |          | CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT                      | \$44.49         | \$56.56      |                                 | adult and children Effective 1/1/2023                          |
| 92312          |          | CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT                  | \$53.26         | \$68.82      |                                 | adult and children Effective 1/1/2023                          |
| 92313          |          | CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA                         | \$39.53         | \$51.33      |                                 | adult and children Effective 1/1/2023                          |
| 92340          |          | FITTING OF MONOFOCAL SPECTACLES   | \$33.00         | \$33.00      | \$33.00                         | 1 per year per member<br>adult and children Effective 1/1/2023 |
| 92341          |          | FITTING OF BIFOCAL SPECTACLES   | \$38.00         | \$38.00      | \$38.00                         | 1 per year per member<br>adult and children Effective 1/1/2023 |
| 92352          |          | FITTING OF MONOFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT                  | \$33.00         | \$33.00      | \$33.00                         | 1 per year per member<br>adult and children Effective 1/1/2023 |
| 92353          |          | FITTING OF MULTIFOCA SPECTACLES WHERE NATURAL LENS IS ABSENT                  | \$39.00         | \$39.00      | \$39.00                         | 1 per year per member<br>adult and children Effective 1/1/2023 |
| 92370          |          | REPAIR AND REFITTING OF SPECTACLES  | \$29.00         | \$29.00      | \$29.00                         | 1 per year per member<br>adult and children Effective 1/1/2023 |
| 92371          |          | REPAIR AND REFITTING OF SPECTACLE WHERE NATURAL LENS IS ABSENT                | \$8.40          | \$16.31      | 65 percent of the billed amount | adult and children Effective 1/1/2023                          |
| 92499          | UC       | EYE SERVICE OR PROCEDURE  | \$14.00         | \$14.00      | \$14.00                         | adult and children Effective 1/1/2023                          |
| 92499          | LT/RT    | EYE SERVICE OR PROCEDURE  | \$3.50          | \$3.50       | \$3.50                          | adult and children Effective 1/1/2023                          |
| 92531          |          | SPONTANEOUS NYSTAGMUS STUDY   | \$6.96          | \$6.96       |                                 | adult and children Effective 1/1/2023                          |
| 92532          |          | POSITIONAL NYSTAGMUS TEST   | \$5.83          | \$5.83       |                                 | adult and children Effective 1/1/2023                          |
| 92533          |          | CALORIC VESTIBULAR TEST   | \$6.69          | \$6.69       |                                 | adult and children Effective 1/1/2023                          |
| 92534          |          | OPTOKINETIC NYSTAGMUS TEST  | \$2.76          | \$2.76       |                                 | adult and children Effective 1/1/2023                          |
| 92541          |          | SPONTANEOUS NYSTAGMUS TEST  | \$31.41         | \$31.41      |                                 | adult and children Effective 1/1/2023                          |
| 92542          |          | POSITIONAL NYSTAGMUS TEST   | \$27.75         | \$27.75      |                                 | adult and children Effective 1/1/2023                          |
| 92543          |          | CALORIC VESTIBULAR TEST   | \$35.33         | \$35.33      |                                 | adult and children Effective 1/1/2023                          |
| 92544          |          | OPTOKINETIC NYSTAGMUS TEST  | \$21.45         | \$21.45      |                                 | adult and children Effective 1/1/2023                          |
| 92545          |          | OSCILLATING TRACKING TEST   | \$18.45         | \$18.45      |                                 | adult and children Effective 1/1/2023                          |
| 92546          |          | SINUSOIDAL ROTATIONAL TEST  | \$23.94         | \$23.94      |                                 | adult and children Effective 1/1/2023                          |
| 92547          |          | SUPPLEMENTAL ELECTRICAL TEST  | \$15.67         | \$15.67      |                                 | adult and children Effective 1/1/2023                          |
| 94010          |          | BREATHING CAPACITY TEST   | \$24.44         | \$24.44      |                                 | adult and children Effective 1/1/2023                          |
| 95060          |          | EYE ALLERGY TESTS   | \$9.34          | \$9.34       |                                 | adult and children Effective 1/1/2023                          |
| 95930          |          | VISUAL EP TEST CNS W/I&R  | \$33.75         | \$33.75      |                                 | adult and children Effective 1/1/2023                          |
| 96112          |          | DEVEL TST PHYS/QHP 1ST HR   | \$108.86        | \$108.86     |                                 | adult and children Effective 1/1/2023                          |
| 96113          |          | DEVEL TST PHYS/QHP EA ADDL  | \$48.65         | \$48.65      |                                 | adult and children Effective 1/1/2023                          |
| 96116          |          | NUBHVL XM PHYS/QHP 1ST HR   | \$76.18         | \$81.03      |                                 | adult and children Effective 1/1/2023                          |
| 97110          |          | THERAPEUTIC EXERCISES   | \$20.90         | \$20.90      |                                 | adult and children Effective 1/1/2023                          |
| 97112          |          | NEUROMUSCULAR REEDUCATION   | \$21.66         | \$21.66      |                                 | adult and children Effective 1/1/2023                          |



|                |          |                              | Facility    | Non-Facility | Eyeglasses |   |
|----------------|----------|------------------------------|-------------|--------------|------------|---|
| Procedure Code | Modifier | Description                  | Optometrist | Optometrist  | Rate       | Notes   |
| 97150          |          | GROUP THERAPEUTIC PROCEDURES | \$13.77     | \$13.77      |            | adult and children Effective 1/1/2023   |
| 97530          |          | THERAPEUTIC ACTIVITIES       | \$21.61     | \$21.61      |            | adult and children Effective 1/1/2023   |
| 99050          |          | MEDICAL SERVICES AFTER HRS   | \$7.50      | \$10.00      |            | Must be billed with an E/M Code 99201 – 99499<br>adult and children Effective 1/1/2023  |
| 99202          |          | OFFICE O/P NEW SF 15-29 MIN  | \$39.73     | \$53.00      |            | 1 per recipient per provider per 3-year period.<br>Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br>adult and children Effective 1/1/2023 |
| 99203          |          | OFFICE O/P NEW LOW 30-44 MIN | \$60.57     | \$79.04      |            | 1 per recipient per provider per 3-year period.<br>Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br>adult and children Effective 1/1/2023 |
| 99204          |          | OFFICE O/P NEW MOD 45-59 MIN | \$102.79    | \$112.27     |            | 1 per recipient per provider per 3-year period.<br>Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br>adult and children Effective 1/1/2023 |
| 99205          |          | OFFICE O/P NEW HI 60-74 MIN  | \$131.98    | \$143.29     |            | 1 per recipient per provider per 3-year period.<br>Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br>adult and children Effective 1/1/2023 |
| 99211          |          | OFF/OP EST MAY X REQ PHY/QHP | \$7.48      | \$16.98      |            | 2 per recipient per year per provider.<br>Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br>adult and children Effective 1/1/2023          |

|                |          |                              | Facility    | Non-Facility | Eyeglasses |  |
|----------------|----------|------------------------------|-------------|--------------|------------|--|
| Procedure Code | Modifier | Description                  | Optometrist | Optometrist  | Rate       | Notes  |
| 99212          |          | OFFICE/OUTPATIENT VISIT EST  | \$20.41     | \$31.08      |            | 2 per recipient per year per provider.<br>Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br><b>adult and children Effective 1/1/2023</b>  |
| 99213          |          | OFFICE O/P EST LOW 20-29 MIN | \$40.36     | \$42.63      |            | 2 per recipient per year per provider.<br>Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255  |
| 99214          |          | OFFICE O/P EST MOD 30-39 MIN | \$61.98     | \$67.10      |            | <b>limitation of 2 per year removed</b><br>Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br><b>adult and children Effective 1/1/2023</b> |
| 99215          |          | OFFICE O/P EST HI 40-54 MIN  | \$87.17     | \$98.39      |            | <b>limitation of 2 per year removed</b><br>Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255<br><b>adult and children Effective 1/1/2023</b> |
| 99217          |          | OBSERVATION CARE DISCHARGE   | \$53.44     | \$53.44      |            | AMA deleted 12/31/2022   |
| 99218          |          | INITIAL OBSERVATION CARE     | \$51.39     | \$51.39      |            | AMA deleted 12/31/2022   |
| 99219          |          | INITIAL OBSERVATION CARE     | \$85.09     | \$85.09      |            | AMA deleted 12/31/2022   |
| 99220          |          | INITIAL OBSERVATION CARE     | \$119.51    | \$119.51     |            | AMA deleted 12/31/2022   |
| 99221          |          | INITIAL HOSPITAL CARE        | \$51.66     | \$51.66      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99222          |          | INITIAL HOSPITAL CARE        | \$85.60     | \$85.60      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99223          |          | INITIAL HOSPITAL CARE        | \$119.25    | \$119.25     |            | <b>adult and children Effective 1/1/2023</b>   |
| 99231          |          | SUBSEQUENT HOSPITAL CARE     | \$25.89     | \$25.89      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99232          |          | SUBSEQUENT HOSPITAL CARE     | \$42.24     | \$42.24      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99233          |          | SUBSEQUENT HOSPITAL CARE     | \$60.07     | \$60.07      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99238          |          | HOSPITAL DISCHARGE DAY       | \$53.44     | \$53.44      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99239          |          | HOSPITAL DISCHARGE DAY       | \$72.89     | \$72.89      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99241          |          | OFFICE CONSULTATION          | \$26.20     | \$36.55      |            | AMA deleted 12/31/2022   |
| 99242          |          | OFFICE CONSULTATION          | \$54.91     | \$67.83      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99243          |          | OFFICE CONSULTATION          | \$76.53     | \$90.43      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99244          |          | OFFICE CONSULTATION          | \$121.37    | \$128.22     |            | <b>adult and children Effective 1/1/2023</b>   |
| 99245          |          | OFFICE CONSULTATION          | \$150.75    | \$166.18     |            | <b>adult and children Effective 1/1/2023</b>   |
| 99251          |          | INPATIENT CONSULTATION       | \$35.76     | \$35.76      |            | AMA deleted 12/31/2022   |
| 99252          |          | INPATIENT CONSULTATION       | \$55.73     | \$55.73      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99253          |          | INPATIENT CONSULTATION       | \$74.75     | \$74.75      |            | <b>adult and children Effective 1/1/2023</b>   |
| 99254          |          | INPATIENT CONSULTATION       | \$107.50    | \$107.50     |            | <b>adult and children Effective 1/1/2023</b>   |



|                |          |                              | Facility    | Non-Facility | Eyeglasses |   |
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| Procedure Code | Modifier | Description                  | Optometrist | Optometrist  | Rate       | Notes   |
| 99255          |          | INPATIENT CONSULTATION       | \$148.20    | \$148.20     |            | adult and children Effective 1/1/2023   |
| 99281          |          | EMERGENCY DEPT VISIT         | \$15.97     | \$15.97      |            | adult and children Effective 1/1/2023   |
| 99282          |          | EMERGENCY DEPT VISIT         | \$24.71     | \$24.71      |            | adult and children Effective 1/1/2023   |
| 99283          |          | EMERGENCY DEPT VISIT         | \$47.40     | \$47.40      |            | adult and children Effective 1/1/2023   |
| 99284          |          | EMERGENCY DEPT VISIT         | \$74.05     | \$74.05      |            | adult and children Effective 1/1/2023   |
| 99285          |          | EMERGENCY DEPT VISIT         | \$116.04    | \$116.04     |            | adult and children Effective 1/1/2023   |
| 99341          |          | HOME VISIT NEW PATIENT       |             | \$74.38      |            | 1 per recipient per provider per 3-year period<br>adult and children Effective 1/1/2023 |
| 99342          |          | HOME VISIT NEW PATIENT       |             | \$98.05      |            | 1 per recipient per provider per 3-year period  |
| 99343          |          | HOME VISIT NEW PATIENT       |             | \$128.50     |            | AMA deleted 12/31/2022  |
| 99442          |          | PHONE E/M PHYS/QHP 11-20 MIN |             | \$67.10      |            | adult and children Effective 1/1/2023   |
| 99443          |          | PHONE E/M PHYS/QHP 21-30 MIN |             | \$98.39      |            | adult and children Effective 1/1/2023   |
| V2020          |          | VISION SVCS FRAMES PURCHASES |             |              | \$50.00    | 1 per recipient per calendar year - adult and children                                  |
| V2100          |          | LENS SPHER SINGLE PLANO 4.00 |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2101          |          | SINGLE VISN SPHERE 4.12-7.00 |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2102          |          | SINGL VISN SPHERE 7.12-20.00 |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2103          |          | SPHEROCYLINDR 4.00D/12-2.00D |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2104          |          | SPHEROCYLINDR 4.00D/2.12-4D  |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2105          |          | SPHEROCYLINDER 4.00D/4.25-6D |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2106          |          | SPHEROCYLINDER 4.00D/>6.00D  |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2107          |          | SPHEROCYLINDER 4.25D/12-2D   |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2108          |          | SPHEROCYLINDER 4.25D/2.12-4D |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2109          |          | SPHEROCYLINDER 4.25D/4.25-6D |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2110          |          | SPHEROCYLINDER 4.25D/OVER 6D |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2111          |          | SPHEROCYLINDR 7.25D/.25-2.25 |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2112          |          | SPHEROCYLINDR 7.25D/2.25-4D  |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |
| V2113          |          | SPHEROCYLINDR 7.25D/4.25-6D  |             |              | \$28.00    | 2 per recipient per calendar year - adult and children                                  |

|                |          |                              | Facility    | Non-Facility | Eyeglasses |   |
|----------------|----------|------------------------------|-------------|--------------|------------|---|
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| V2114          |          | SPHEROCYLINDER OVER 12.00D   |             |              | \$28.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2115          |          | LENS LENTICULAR BIFOCAL      |             |              | \$28.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2118          |          | LENS ANISEIKONIC SINGLE      |             |              | \$28.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2121          |          | LENTICULAR LENS, SINGLE      |             |              | \$28.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2199          |          | LENS SINGLE VISION NOT OTH C |             |              | \$28.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2200          |          | LENS SPHER BIFOC PLANO 4.00D |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2201          |          | LENS SPHERE BIFOCAL 4.12-7.0 |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2202          |          | LENS SPHERE BIFOCAL 7.12-20. |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2203          |          | LENS SPHCYL BIFOCAL 4.00D/.1 |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2204          |          | LENS SPHCY BIFOCAL 4.00D/2.1 |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2205          |          | LENS SPHCY BIFOCAL 4.00D/4.2 |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2206          |          | LENS SPHCY BIFOCAL 4.00D/OVE |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2207          |          | LENS SPHCY BIFOCAL 4.25-7D/. |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2208          |          | LENS SPHCY BIFOCAL 4.25-7/2. |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2209          |          | LENS SPHCY BIFOCAL 4.25-7/4. |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2210          |          | LENS SPHCY BIFOCAL 4.25-7/OV |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2211          |          | LENS SPHCY BIFO 7.25-12/.25- |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2212          |          | LENS SPHCYL BIFO 7.25-12/2.2 |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2213          |          | LENS SPHCYL BIFO 7.25-12/4.2 |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2214          |          | LENS SPHCYL BIFOCAL OVER 12. |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2215          |          | LENS LENTICULAR BIFOCAL      |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2218          |          | LENS ANISEIRKOKIC            |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |

|                |          |   | Facility    | Non-Facility | Eyeglasses |   |
|----------------|----------|---|-------------|--------------|------------|---|
| Procedure Code | Modifier | Description                               | Optometrist | Optometrist  | Rate       | Notes   |
| V2219          |          | LENS BIFOCAL SEG WIDTH OVER               |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2220          |          | LENS BIFOCAL ADD OVER 3.25D               |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2221          |          | LENTICULAR LENS, BIFOCAL                  |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2299          |          | LENS BIFOCAL SPECIALITY                   |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2300          |          | LENS SPHERE TRIFOCAL 4.00D                |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2301          |          | LENS SPHERE TRIFOCAL 4.12-7.              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2302          |          | LENS SPHERE TRIFOCAL 7.12-20              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2303          |          | LENS SPHCY TRIFOCAL 4.0/.12-              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2304          |          | LENS SPHCY TRIFOCAL 4.0/2.25              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2305          |          | LENS SPHCY TRIFOCAL 4.0/4.25              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2306          |          | LENS SPHCYL TRIFOCAL 4.00/>6              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2307          |          | LENS SPHCY TRIFOCAL 4.25-7/.              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2308          |          | LENS SPHC TRIFOCAL 4.25-7/2.              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2309          |          | LENS SPHC TRIFOCAL 4.25-7/4.              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2310          |          | LENS SPHC TRIFOCAL 4.25-7/>6              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2311          |          | LENS SPHC TRIFO 7.25-12/.25-              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2312          |          | LENS SPHC TRIFO 7.25-12/2.25              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2313          |          | LENS SPHC TRIFO 7.25-12/4.25              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2314          |          | LENS SPHCYL TRIFOCAL OVER 12              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2315          |          | LENTICULAR, (MYODISC), PER LENS, TRIFOCAL |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2318          |          | LENS ANISEIKONIC TRIFOCAL                 |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2319          |          | LENS TRIFOCAL SEG WIDTH > 28              |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |

|                |          |   | Facility    | Non-Facility | Eyeglasses |   |
|----------------|----------|---|-------------|--------------|------------|---|
| Procedure Code | Modifier | Description   | Optometrist | Optometrist  | Rate       | Notes   |
| V2320          |          | LENS TRIFOCAL ADD OVER 3.25D  |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2321          |          | LENTICULAR LENS, PER LENS, TRIFOCAL                                   |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2399          |          | SPECIALTY TRIFOCAL (BY REPORT)  |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2410          |          | LENS VARIAB ASPHERICITY SING  |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2430          |          | LENS VARIABLE ASPHERICITY BI  |             |              | \$43.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2499          |          | VARIABLE ASPHERICITY LENS   |             |              | \$56.00    | 2 per recipient per calendar year - <b>adult and children</b> |
| V2500          |          | CONTACT LENS, PMMA, SPHERICAL, PER LENS                               |             |              | \$58.24    | 1 year supply for each eye - <b>adult and children</b>        |
| V2501          |          | CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS                  |             |              | \$90.95    | 1 year supply for each eye - <b>adult and children</b>        |
| V2502          |          | CONTACT LENS, PMMA, BIFOCAL, PER LENS                                 |             |              | \$106.04   | 1 year supply for each eye - <b>adult and children</b>        |
| V2503          |          | CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS                 |             |              | \$102.58   | 1 year supply for each eye - <b>adult and children</b>        |
| V2510          |          | CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS                      |             |              | \$83.42    | 1 year supply for each eye - <b>adult and children</b>        |
| V2511          |          | CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS           |             |              | \$121.44   | 1 year supply for each eye - <b>adult and children</b>        |
| V2512          |          | CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS                        |             |              | \$149.20   | 1 year supply for each eye - <b>adult and children</b>        |
| V2513          |          | CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS                  |             |              | \$133.32   | 1 year supply for each eye - <b>adult and children</b>        |
| V2520          |          | CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS                        |             |              | \$84.93    | 1 year supply for each eye - <b>adult and children</b>        |
| V2521          |          | CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS          |             |              | \$130.57   | 1 year supply for each eye - <b>adult and children</b>        |
| V2522          |          | CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS                          |             |              | \$131.68   | 1 year supply for each eye - <b>adult and children</b>        |
| V2523          |          | CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS                    |             |              | \$127.63   | 1 year supply for each eye - <b>adult and children</b>        |
| V2524          |          | CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC ADDITIVE, PER LENS |             |              | \$132.59   | 1 year supply for each eye - <b>adult and children</b>        |
| V2530          |          | CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS                      |             |              | \$148.26   | 1 year supply for each eye - <b>adult and children</b>        |
| V2531          |          | CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS                        |             |              | \$506.52   | 1 year supply for each eye - <b>adult and children</b>        |

|                |          |  | Facility    | Non-Facility | Eyeglasses |  |
|----------------|----------|--|-------------|--------------|------------|--|
| Procedure Code | Modifier | Description  | Optometrist | Optometrist  | Rate       | Notes  |
| V2700          |          | BALANCE LENS, PER LENS   |             |              | \$46.04    | 1 year supply for each eye - adult and children  |
| V2750          |          | ANTI-REFLECTIVE COATING, PER LENS  |             |              | \$26.74    | 1 year supply for each eye - adult and children  |
| V2755          |          | U-V LENS, PER LENS   |             |              | \$19.33    | 1 year supply for each eye - adult and children  |
| V2760          |          | SCRATCH RESISTANT COATING, PER LENS  |             |              | \$14.40    | 1 year supply for each eye - adult and children  |
| V2770          |          | OCCLUDER LENS, PER LENS  |             |              | \$21.73    | 1 year supply for each eye - adult and children  |
| V2781          |          | PROGRESSIVE LENS, PER LENS   |             |              | \$60.00    | 1 year supply for each eye - adult and children  |
| V2782          |          | LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS                                   |             |              | \$60.41    | 1 year supply for each eye - adult and children  |
| V2783          |          | LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS |             |              | \$77.14    | 1 year supply for each eye - adult and children  |
| V2784          |          | LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS  |             |              | \$32.00    | 1 year supply for each eye - adult and children  |
| V2744          |          | TINT, PHOTOCHROMATIC, PER LENS   |             |              | \$104.00   | Effective 4/6/2022<br>Must be under 21 (EPSDT) Medical review is required and must be performed by contacting the EPSDT Coordinator within DMS |
| V2799          |          | HINGE REPAIR ONLY  |             |              | \$15.00    | Adult and children   |