

# KY Medicaid Vision Fee Schedule 2022

**Notes:**

- **Red indicates new codes or changes for the most current revision date.** □
- The appearance on this website of a code and rate is not an indication of
- Coverage of Eyeglasses and Frames: Member must be under the age of 21
- 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
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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		
10061		COMPLICATED OR MULTIPLE DRAINAGE OF SKIN ABSCESS	\$82.81	\$91.40		
10140		DRAINAGE OF BLOOD OR FLUID ACCUMULATION	\$51.08	\$57.52		
10160		ASPIRATION OF ABSCESS, BLOOD, OR CYST	\$40.06	\$45.15		
11000		DEBRIDE INFECTED SKIN	\$33.04	\$38.40		
11200		REMOVAL OF SKIN TAGS <W/15	\$26.99	\$32.75		
11201		REMOVE SKIN TAGS ADD-ON	\$10.40	\$12.68		
11310		SHAVE SKIN LESION 0.5 CM/<	\$32.13	\$41.39		
11311		SHAVE SKIN LESION 0.6-1.0 CM	\$44.15	\$55.55		
11312		SHAVE SKIN LESION 1.1-2.0 CM	\$52.91	\$67.93		
11313		SHAVE SKIN LESION >2.0 CM	\$71.16	\$91.15		
11440		EXC FACE-MM B9+MARG 0.5 CM/<	\$42.99	\$52.24		
11441		EXC FACE-MM B9+MARG 0.6-1 CM	\$59.12	\$70.52		
11442		EXC FACE-MM B9+MARG 1.1-2 CM	\$71.10	\$86.12		
11900		INJECT SKIN LESIONS <W 7	\$24.80	\$41.61		
11901		INJECT SKIN LESIONS >7	\$38.68	\$53.17		
12011		RPR F/E/N/L/M 2.5 CM/<	\$45.19	\$83.23		
15851		REMOVE SUTURES DIFF SURGEON	\$29.99	\$34.01		
17000		DESTRUCT PREMALG LESION	\$43.54	\$43.54		
17003		DESTRUCT PREMALG LES 2-14	\$7.92	\$7.92		
17110		DESTRUCT B9 LESION 1-14	\$22.23	\$27.60		
64612		DESTROY NERVE FACE MUSCLE	\$79.62	\$99.07		
65205		REMOVE FOREIGN BODY FROM EYE	\$28.34	\$33.30		
65210		REMOVE FOREIGN BODY FROM EYE	\$31.55	\$37.72		
65220		REMOVAL OF FOREIGN BODY IN CORNEA	\$28.78	\$35.75		
65222		REMOVAL OF FOREIGN BODY IN CORNEA USING SLIT LAMP	\$35.66	\$43.31		
65286		REPAIR OF EYE WOUND	\$221.73	\$285.96		
65430		CORNEAL SMEAR	\$33.50	\$40.74		
65435		CURETTE/TREAT CORNEA	\$38.29	\$48.62		

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65436		CURETTE/TREAT CORNEA	\$139.54	\$160.06		
65600		REVISION OF CORNEA	\$130.97	\$166.11		
65855		TRABECULOPLASTY LASER SURG	\$229.68	\$310.28		
65880		INCISE INNER EYE ADHESIONS	\$389.03	\$389.03		
66030		INJECTION TREATMENT OF EYE	\$126.82			
66761		IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE	\$190.44	\$258.84		
66762		IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV	\$219.81	\$299.21		
66821		AFTER CATARACT LASER SURGERY	\$192.76	\$192.76		
<b>66982</b>	<b>55/56 LT/RT/50</b>	<b>COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS</b>	<b>55 post-op care 20% 56 Pre-op care 10%</b>	<b>55 post-op care 20% 56 Pre-op care 10%</b>		<b>Effective Date: 8/1/2022 Modifier 55 post-op care payable at 20% of Physician Fee Schedule amount or Modifier 56 Pre-op care payable at 10% of Physician Fee Schedule amount or Both Modifier 55 and 56 to be paid 20% + 10% = 30%. RT- Right eye or LT – Left eye or 50 – bilateral</b>
66984		XCAPSL CTRC RMVL W/O ECP	\$652.61	\$652.61		
67515		INJECT/TREAT EYE SOCKET	\$26.14	\$33.65		
67700		DRAINAGE OF EYELID ABSCESS	\$45.45	\$52.02		
67710		INCISION OF EYELID	\$43.47	\$57.01		
67800		REMOVE EYELID LESION	\$53.44	\$66.04		
67801		REMOVE EYELID LESIONS	\$74.87	\$93.51		
67805		REMOVE EYELID LESIONS	\$84.13	\$102.63		
67810		BIOPSY EYELID & LID MARGIN	\$55.51	\$66.37		
67820		REVISE EYELASHES	\$31.70	\$36.79		
67825		REVISE EYELASHES	\$52.31	\$64.38		
67840		REMOVE EYELID LESION	\$76.46	\$92.82		
67850		TREAT EYELID LESION	\$60.34	\$71.33		
67914		REPAIR EYELID DEFECT	\$238.76	\$238.76		
67915		REPAIR EYELID DEFECT	\$109.43	\$126.19		
67921		REPAIR EYELID DEFECT	\$204.74	\$204.74		
67922		REPAIR EYELID DEFECT	\$105.10	\$121.06		
67930		REPAIR EYELID WOUND	\$123.44	\$140.47		
67938		REMOVE EYELID FOREIGN BODY	\$45.26	\$52.24		
68020		INCISE/DRAIN EYELID LINING	\$46.30	\$53.14		
68040		TREATMENT OF EYELID LESIONS	\$31.46	\$37.50		
68100		BIOPSY OF EYELID LINING	\$54.35	\$67.63		
68110		REMOVE EYELID LINING LESION	\$68.80	\$85.43		

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68115		REMOVE EYELID LINING LESION	\$122.22	\$122.22		
68135		REMOVE EYELID LINING LESION	\$63.42	\$73.35		
68200		TREAT EYELID BY INJECTION	\$22.08	\$29.05		
68440		INCISE TEAR DUCT OPENING	\$37.28	\$47.47		
68530		CLEARANCE OF TEAR DUCT	\$148.28	\$186.50		
68705		REVISE TEAR DUCT OPENING	\$73.87	\$87.55		
68760		CLOSE TEAR DUCT OPENING	\$62.61	\$74.95		
68761		CLOSE TEAR DUCT OPENING	\$51.75	\$64.09		
68801		DILATE TEAR DUCT OPENING	\$36.96	\$36.96		
68810		PROBE NASOLACRIMAL DUCT	\$51.50	\$51.50		
68840		EXPLORE/IRRIGATE TEAR DUCTS	\$43.10	\$49.67		
76511		OPH US DX QUAN A-SCAN ONLY	\$69.12	\$69.12		
76512		OPH US DX B-SCAN	\$69.95	\$69.95		
76513		OPH US DX ANT SGM US UNI/BI	\$69.95	\$69.95		
76514		ECHO EXAM OF EYE THICKNESS	\$9.01	\$9.01		
76516		ECHO EXAM OF EYE	\$57.38	\$57.38		
76519		ECHO EXAM OF EYE	\$52.34	\$52.34		
76529		ECHO EXAM OF EYE	\$61.73	\$61.73		
92002		EYE EXAM NEW PATIENT	\$51.67	\$51.67		1 per recipient per provider per 3-year period. Cannot be billed with 99202, 99203, 99204,99205, 99211, 99212, 99213,
92004		EYE EXAM NEW PATIENT	\$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
92012		EYE EXAM ESTABLISH PATIENT	\$46.92	\$46.92		1 per recipient per provider per 12 months. Cannot be billed with 99202, 99203, 99204,99205, 99211, 99212, 99213, 99214, or 99215
92014		EYE EXAM&TX ESTAB PT 1/>VST	\$69.80	\$69.80		1 per recipient per provider per 12 months.
92015		DETERMINE REFRACTIVE STATE	\$20.22	\$20.22		1 per recipient per year (additional
92018		NEW EYE EXAM & TREATMENT	\$57.64	\$57.64		
92019		EYE EXAM & TREATMENT	\$45.47	\$51.78		
92020		SPECIAL EYE EVALUATION	\$14.99	\$18.88		
92025		CORNEAL TOPOGRAPHY	\$21.74	\$21.74		
92060		SPECIAL EYE EVALUATION	\$41.60	\$41.60		
92065		ORTHOPTIC TRAINING	\$32.71	\$32.71		
92071		CONTACT LENS FITTING FOR TX	\$27.03	\$30.13		

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Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
92072		FIT CONTAC LENS FOR MANAGMNT	\$78.07	\$96.16		
92081		VISUAL FIELD EXAMINATION(S)	\$36.45	\$36.45		Limited to 1 per recipient per provider per date of service. Cannot be billed w/92082 or 92083 as having occurred on the same date.
92082		VISUAL FIELD EXAMINATION(S)	\$48.64	\$48.64		Limited to 1 per recipient per provider per date of service. Cannot be billed w/92081 or 92083 as having occurred on the same date.
92083		VISUAL FIELD EXAMINATION(S)	\$55.27	\$55.27		Limited to 1 per recipient per provider per
92100		SERIAL TONOMETRY EXAM(S)	\$30.59	\$33.94		
92132		CMPTR OPHTH DX IMG ANT SEGMENT	\$31.75	\$31.75		
92133		CMPTR OPHTH IMG OPTIC NERVE	\$38.87	\$38.87		
92134		CPTR OPHTH DX IMG POST SEGMENT	\$38.87	\$38.87		
92136		OPHTHALMIC BIOMETRY	\$21.47	\$21.47		
92201		OPSCPY EXTND RTA DRAW UNI/BI	\$18.14	\$19.70		
92202		OPSCPY EXTND ON/MAC DRAW	\$11.73			Added 1/1/2020
92230		EYE EXAM WITH PHOTOS	\$27.83	\$37.09		Limited to 1 per recipient per provider per date of service. Cannot be billed as having occurred on the same date as 92235, 99250, or 92260
92235		FLUORESCEIN ANGRPH UNI/BI	\$68.33	\$68.33		Limited to 1 per recipient per provider per
92240		ICG ANGIOGRAPHY UNI/BI	\$74.62			
92250		EYE EXAM WITH PHOTOS	\$49.01	\$49.01		Limited to 1 per recipient per provider per date of service. Cannot be billed as having occurred on the same date as 92230, 99235, or 92260
92260		OPHTHALMOSCOPY/DYNAMOMETRY	\$22.64	\$29.88		Limited to 1 per recipient per provider per
92265		EYE MUSCLE EVALUATION	\$32.03	\$32.03		
92270		ELECTRO-OCULOGRAPHY	\$42.95			
92283		COLOR VISION EXAMINATION	\$15.65	\$15.65		
92284		DARK ADAPTATION EYE EXAM	\$23.41	\$23.41		
92285		EYE PHOTOGRAPHY	\$13.89	\$13.89		

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Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
92286		INTERNAL EYE PHOTOGRAPHY		\$53.79		
92287		INTERNAL EYE PHOTOGRAPHY	\$46.10			
92310		CONTACT LENS FITTING	\$69.74	\$69.74		
92311		CONTACT LENS FITTING	\$44.49	\$56.56		
92312		CONTACT LENS FITTING	\$53.26	\$68.82		
92313		CONTACT LENS FITTING	\$39.53	\$51.33		
92340		FIT SPECTACLES MONOFOCAL	\$33.00	\$33.00	\$33.00	
92341		FIT SPECTACLES BIFOCAL	\$38.00	\$38.00	\$38.00	
92352		FIT APHAKIA SPECTCL MONOFOCL	\$33.00	\$33.00	\$33.00	
92353		FIT APHAKIA SPECTCL MULTIFOC	\$39.00	\$39.00	\$39.00	
92370		REPAIR & ADJUST SPECTACLES	\$29.00	\$29.00	\$29.00	
92371		REPAIR & ADJUST SPECTACLES	\$8.40	\$16.31	65 percent of the billed amount	Medicare must be primary. Will pay \$0 if
92499	UC	EYE SERVICE OR PROCEDURE	\$14.00	\$14.00	\$14.00	
92499	LT/RT	EYE SERVICE OR PROCEDURE	\$3.50	\$3.50	\$3.50	
92531		SPONTANEOUS NYSTAGMUS STUDY	\$6.96	\$6.96		
92532		POSITIONAL NYSTAGMUS TEST	\$5.83	\$5.83		
92533		CALORIC VESTIBULAR TEST	\$6.69	\$6.69		
92534		OPTOKINETIC NYSTAGMUS TEST	\$2.76	\$2.76		
92541		SPONTANEOUS NYSTAGMUS TEST	\$31.41	\$31.41		
92542		POSITIONAL NYSTAGMUS TEST	\$27.75	\$27.75		
92543		CALORIC VESTIBULAR TEST	\$35.33	\$35.33		
92544		OPTOKINETIC NYSTAGMUS TEST	\$21.45	\$21.45		
92545		OSCILLATING TRACKING TEST	\$18.45	\$18.45		
92546		SINUSOIDAL ROTATIONAL TEST	\$23.94	\$23.94		
92547		SUPPLEMENTAL ELECTRICAL TEST	\$15.67	\$15.67		
94010		BREATHING CAPACITY TEST	\$24.44	\$24.44		
95060		EYE ALLERGY TESTS	\$9.34	\$9.34		
95930		VISUAL EP TEST CNS W/I&R	\$33.75	\$33.75		
96112		DEVEL TST PHYS/QHP 1ST HR	\$108.86	\$108.86		
96113		DEVEL TST PHYS/QHP EA ADDL	\$48.65	\$48.65		
96116		NUBHVL XM PHYS/QHP 1ST HR	\$76.18	\$81.03		
97110		THERAPEUTIC EXERCISES	\$20.90	\$20.90		
97112		NEUROMUSCULAR REEDUCATION	\$21.66	\$21.66		
97150		GROUP THERAPEUTIC PROCEDURES	\$13.77	\$13.77		
97530		THERAPEUTIC ACTIVITIES	\$21.61	\$21.61		
99050		MEDICAL SERVICES AFTER HRS	\$7.50	\$10.00		Must be billed with an E/M Code 99201 – 99499

			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
99202		OFFICE O/P NEW SF 15-29 MIN	\$39.73	\$53.00		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99203		OFFICE O/P NEW LOW 30-44 MIN	\$60.57	\$79.04		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99204		OFFICE O/P NEW MOD 45-59 MIN	\$102.79	\$112.27		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99205		OFFICE O/P NEW HI 60-74 MIN	\$131.98	\$143.29		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252,
99211		OFF/OP EST MAY X REQ PHY/QHP	\$7.48	\$16.98		2 per recipient per year per provider. Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99212		OFFICE/OUTPATIENT VISIT EST	\$20.41	\$31.08		2 per recipient per year per provider. Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99213		OFFICE O/P EST LOW 20-29 MIN	\$40.36	\$42.63		2 per recipient per year per provider. 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		2 per recipient per year per provider. Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99215		OFFICE O/P EST HI 40-54 MIN	\$87.17	\$98.39		2 per recipient per year per provider.
99217		OBSERVATION CARE DISCHARGE	\$53.44	\$53.44		
99218		INITIAL OBSERVATION CARE	\$51.39	\$51.39		

			Facility	Non-Facility	Eyeglasses	
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99219		INITIAL OBSERVATION CARE	\$85.09	\$85.09		
99220		INITIAL OBSERVATION CARE	\$119.51	\$119.51		
99221		INITIAL HOSPITAL CARE	\$51.66	\$51.66		
99222		INITIAL HOSPITAL CARE	\$85.60	\$85.60		
99223		INITIAL HOSPITAL CARE	\$119.25	\$119.25		
99231		SUBSEQUENT HOSPITAL CARE	\$25.89	\$25.89		
99232		SUBSEQUENT HOSPITAL CARE	\$42.24	\$42.24		
99233		SUBSEQUENT HOSPITAL CARE	\$60.07	\$60.07		
99238		HOSPITAL DISCHARGE DAY	\$53.44	\$53.44		
99239		HOSPITAL DISCHARGE DAY	\$72.89	\$72.89		
99241		OFFICE CONSULTATION	\$26.20	\$36.55		
99242		OFFICE CONSULTATION	\$54.91	\$67.83		
99243		OFFICE CONSULTATION	\$76.53	\$90.43		
99244		OFFICE CONSULTATION	\$121.37	\$128.22		
99245		OFFICE CONSULTATION	\$150.75	\$166.18		
99251		INPATIENT CONSULTATION	\$35.76	\$35.76		
99252		INPATIENT CONSULTATION	\$55.73	\$55.73		
99253		INPATIENT CONSULTATION	\$74.75	\$74.75		
99254		INPATIENT CONSULTATION	\$107.50	\$107.50		
99255		INPATIENT CONSULTATION	\$148.20	\$148.20		
99281		EMERGENCY DEPT VISIT	\$15.97	\$15.97		
99282		EMERGENCY DEPT VISIT	\$24.71	\$24.71		
99283		EMERGENCY DEPT VISIT	\$47.40	\$47.40		
99284		EMERGENCY DEPT VISIT	\$74.05	\$74.05		
99285		EMERGENCY DEPT VISIT	\$116.04	\$116.04		
99341		HOME VISIT NEW PATIENT		\$74.38		1 per recipient per provider per 3-year period
99342		HOME VISIT NEW PATIENT		\$98.05		1 per recipient per provider per 3-year period
99343		HOME VISIT NEW PATIENT		\$128.50		1 per recipient per provider per 3-year period
99442		PHONE E/M PHYS/QHP 11-20 MIN		\$21.57		
99443		PHONE E/M PHYS/QHP 21-30 MIN		\$31.84		
V2020		VISION SVCS FRAMES PURCHASES			\$50.00	1 per recipient per year
V2100		LENS SPHER SINGLE PLANO 4.00			\$28.00	2 per recipient per year
V2101		SINGLE VISN SPHERE 4.12-7.00			\$28.00	2 per recipient per year
V2103		SPHEROCYLINDR 4.00D/12-2.00D			\$28.00	2 per recipient per year
V2104		SPHEROCYLINDR 4.00D/2.12-4D			\$28.00	2 per recipient per year
V2105		SPHEROCYLINDER 4.00D/4.25-6D			\$28.00	2 per recipient per year
V2106		SPHEROCYLINDER 4.00D/>6.00D			\$28.00	2 per recipient per year
V2107		SPHEROCYLINDER 4.25D/12-2D			\$28.00	2 per recipient per year
V2108		SPHEROCYLINDER 4.25D/2.12-4D			\$28.00	2 per recipient per year
V2109		SPHEROCYLINDER 4.25D/4.25-6D			\$28.00	2 per recipient per year
V2110		SPHEROCYLINDER 4.25D/OVER 6D			\$28.00	2 per recipient per year
V2111		SPHEROCYLINDR 7.25D/.25-2.25			\$28.00	2 per recipient per year
V2112		SPHEROCYLINDR 7.25D/2.25-4D			\$28.00	2 per recipient per year

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V2113		SPHEROCYLINDR 7.25D/4.25-6D			\$28.00	2 per recipient per year
V2114		SPHEROCYLINDER OVER 12.00D			\$28.00	2 per recipient per year
V2115		LENS LENTICULAR BIFOCAL			\$28.00	2 per recipient per year
V2118		LENS ANISEIKONIC SINGLE			\$28.00	2 per recipient per year
V2121		LENTICULAR LENS, SINGLE			\$28.00	2 per recipient per year
V2199		LENS SINGLE VISION NOT OTH C			\$28.00	2 per recipient per year
V2200		LENS SPHER BIFOC PLANO 4.00D			\$43.00	2 per recipient per year
V2201		LENS SPHERE BIFOCAL 4.12-7.0			\$43.00	2 per recipient per year
V2202		LENS SPHERE BIFOCAL 7.12-20.			\$43.00	2 per recipient per year
V2203		LENS SPHCYL BIFOCAL 4.00D/.1			\$43.00	2 per recipient per year
V2204		LENS SPHCY BIFOCAL 4.00D/2.1			\$43.00	2 per recipient per year
V2205		LENS SPHCY BIFOCAL 4.00D/4.2			\$43.00	2 per recipient per year
V2206		LENS SPHCY BIFOCAL 4.00D/OVE			\$43.00	2 per recipient per year
V2207		LENS SPHCY BIFOCAL 4.25-7D/.			\$43.00	2 per recipient per year
V2208		LENS SPHCY BIFOCAL 4.25-7/2.			\$43.00	2 per recipient per year
V2209		LENS SPHCY BIFOCAL 4.25-7/4.			\$43.00	2 per recipient per year
V2210		LENS SPHCY BIFOCAL 4.25-7/OV			\$43.00	2 per recipient per year
V2211		LENS SPHCY BIFO 7.25-12/.25-			\$43.00	2 per recipient per year
V2212		LENS SPHCYL BIFO 7.25-12/2.2			\$43.00	2 per recipient per year
V2213		LENS SPHCYL BIFO 7.25-12/4.2			\$43.00	2 per recipient per year
V2214		LENS SPHCYL BIFOCAL OVER 12.			\$43.00	2 per recipient per year
V2215		LENS LENTICULAR BIFOCAL			\$43.00	2 per recipient per year
V2218		LENS ANISEIRKOKIC			\$43.00	2 per recipient per year
V2219		LENS BIFOCAL SEG WIDTH OVER			\$43.00	2 per recipient per year
V2220		LENS BIFOCAL ADD OVER 3.25D			\$43.00	2 per recipient per year
V2221		LENTICULAR LENS, BIFOCAL			\$43.00	2 per recipient per year
V2299		LENS BIFOCAL SPECIALITY			\$43.00	2 per recipient per year
V2300		LENS SPHERE TRIFOCAL 4.00D			\$56.00	2 per recipient per year
V2301		LENS SPHERE TRIFOCAL 4.12-7.			\$56.00	2 per recipient per year
V2302		LENS SPHERE TRIFOCAL 7.12-20			\$56.00	2 per recipient per year
V2303		LENS SPHCY TRIFOCAL 4.0/.12-			\$56.00	2 per recipient per year
V2304		LENS SPHCY TRIFOCAL 4.0/2.25			\$56.00	2 per recipient per year
V2305		LENS SPHCY TRIFOCAL 4.0/4.25			\$56.00	2 per recipient per year
V2306		LENS SPHCYL TRIFOCAL 4.00/>6			\$56.00	2 per recipient per year
V2307		LENS SPHCY TRIFOCAL 4.25-7/.			\$56.00	2 per recipient per year
V2308		LENS SPHC TRIFOCAL 4.25-7/2.			\$56.00	2 per recipient per year
V2309		LENS SPHC TRIFOCAL 4.25-7/4.			\$56.00	2 per recipient per year
V2310		LENS SPHC TRIFOCAL 4.25-7/>6			\$56.00	2 per recipient per year
V2311		LENS SPHC TRIFO 7.25-12/.25-			\$56.00	2 per recipient per year
V2312		LENS SPHC TRIFO 7.25-12/2.25			\$56.00	2 per recipient per year
V2313		LENS SPHC TRIFO 7.25-12/4.25			\$56.00	2 per recipient per year
V2314		LENS SPHCYL TRIFOCAL OVER 12			\$56.00	2 per recipient per year
V2315		LENTICULAR, (MYODISC), PER LENS,			\$56.00	2 per recipient per year

			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
V2318		LENS ANISEIKONIC TRIFOCAL			\$56.00	2 per recipient per year
V2319		LENS TRIFOCAL SEG WIDTH > 28			\$56.00	2 per recipient per year
V2320		LENS TRIFOCAL ADD OVER 3.25D			\$56.00	2 per recipient per year
V2321		LENTICULAR LENS, PER LENS, TRIFOCAL			\$56.00	2 per recipient per year
V2399		SPECIALTY TRIFOCAL (BY REPORT)			\$56.00	2 per recipient per year
V2430		LENS VARIABLE ASPHERICITY BI			\$43.00	2 per recipient per year
V2499		VARIABLE ASPHERICITY LENS			\$56.00	2 per recipient per year
V2744		TINT, PHOTOCHROMATIC, PER LENS			\$104.00	Effective 4/6/2022 Must be under 21 (EPSDT) Medical review is required and must be performed by contacting the EPSDT Coordinator within DMS
V2760		SCRATCH RESISTANT COATING, PER LENS			\$14.40	Effective Date 4/6/2022. Must be under 21 - through EPSDT program Medical review is required and must be performed by contacting the EPSDT Coordinator within DMS – Program Quality and Outcomes
V2784		LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS			\$32.00	Effective Date 4/6/2022. Must be under 21 - through EPSDT program Medical review is required and must be performed by contacting the EPSDT Coordinator within DMS – Program Quality and Outcomes
V2799		HINGE REPAIR USE			\$15.00	