

Rates: Maximum Reimbursement for Eye Appliances

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This section lists HCPCS codes for eye appliances in alphanumeric order within service category. Reimbursement for eye appliances must be in accordance with the maximum reimbursement rates listed in this section and must not exceed charges made to the general public. Listed maximum allowances for ophthalmic lenses include: impact resistance and testing, oversize lenses, special beveling, drilling, mounting, fitting, adjusting, loaners for post-cataract cases, sales taxes paid by the provider, and follow-up services for a period of six months after the date of service (*California Code of Regulations* [CCR], Title 22, Section 51519).

Notice: Assembly Bill X3 5 (Evans, Chapter 20, Statutes of 2009) excluded several optional benefits from coverage under the Medi-Cal program, including dispensing optician and fabricating optical laboratory services. Refer to the *Optional Benefits Exclusion* section in this manual for policy details, including information regarding exemptions to the excluded benefits. All codes listed in this section are affected by the optional benefits exclusion policy. Ocularist services are not impacted by AB X3 5 and remain reimbursable for all Medi-Cal recipients.

“Diopter” Defined

“Diopter” refers to the power of the strongest meridian of the major portion of the lens, the maximum cylindrical power, or the power of the segment addition, as appropriate.

Eyeglass Lens Dispensing Fees

When a Medi-Cal recipient resides in a geographic area where a fabricating optical laboratory has entered into an exclusive negotiated contract with the Department of Health Care Services (DHCS), the lens dispensing codes (CPT-4 codes 92340 – 92342 and 92352 – 92353) listed in the *Rates: Maximum Reimbursement for Dispensing and Repair Fees* section of this manual must be used instead of HCPCS codes for ophthalmic spectacle lenses (V2100 – V2430 and V2700 – V2755).

Note: A fabricating optical laboratory is a Prison Industry Authority (PIA)-contracted optical laboratory.

Spectacle Lens Codes

Ophthalmic spectacle lens codes (HCPCS codes V2100 – V2430 and V2700 – V2755) are billed only for the following conditions:

- For a recipient who resides outside of the geographic area where a fabricating optical laboratory has entered into an exclusive area negotiated contract with DHCS (that is, when the recipient resides in a non-PIA county). Only San Mateo County (County Code 41) and Santa Barbara County (County Code 42) are not contracted with PIA.

- For a Medicare/Medi-Cal recipient with the diagnosis of aphakia (ICD-9-CM codes 379.30 – 379.34 or 743.35) or for pseudophakic recipients (ICD-9-CM code V43.1) receiving the initial post-surgery eyeglasses after cataract surgery with insertion of an intraocular lens implant.
- For an Other Health Coverage (OHC) recipient with Scope of Coverage code “V” or “Comprehensive.”
- For a recipient of California Children’s Services (CCS), Genetically Handicapped Persons Program (GHPP) or Child Health and Disability Prevention (CHDP) program.

Refer to the *Eye Appliance*, *Eyeglass Frames*, and *Eyeglass Lenses* sections in this manual for policy and additional billing information.

Codes and Rates

Eye appliances are reimbursed as listed below.

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance Per Lens</u>
Single Vision, Glass or Plastic		
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	\$ 18.30
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	21.69
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	25.75
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	18.48
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	18.62
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	29.39
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	31.14
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	21.89
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	22.18
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	33.01
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	37.34
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	25.74
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	25.74

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<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance Per Lens</u>
Single Vision, Glass or Plastic (continued)		
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$ 37.40
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	29.90
V2115	Lenticular, (myodisc), per lens, single vision	77.05
V2121	Lenticular lens, per lens, single	64.77
<u>V2199</u>	<u>Not otherwise classified; single vision lens</u>	<u>By Report</u>
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	57.05
Bifocal Lens, Glass or Plastic		
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	\$ 29.39
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	36.38
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	42.60
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	29.76
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	29.77
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	43.91
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	44.17
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	36.41
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	38.48
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	49.81
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	51.64

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance Per Lens</u>
Bifocal Lens, Glass or Plastic (continued)		
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	\$ 42.31
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	42.60
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	52.37
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	44.87
V2215	Lenticular (myodisc), per lens, bifocal	95.89
V2220	Bifocal add over 3.25d	14.31
V2221	Lenticular lens, per lens, bifocal	75.56
<u>V2299</u>	<u>Specialty bifocal</u>	<u>By Report</u>
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	97.71
Trifocal Lens, Glass or Plastic		
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	\$ 42.35
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	46.42
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	54.33
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	42.59
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	50.21
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	55.10
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	55.36
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	47.60
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	47.60
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	61.83

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance Per Lens</u>
Trifocal Lens, Glass or Plastic (continued)		
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$ 62.09
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	54.33
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	54.59
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	62.09
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	54.33
V2315	Lenticular, (myodisc), per lens, trifocal	By Report
V2320	Trifocal add over 3.25d	14.31
V2321	Lenticular lens, per lens, trifocal	93.54
<u>V2399</u>	<u>Specialty trifocal</u>	<u>By Report</u>
Corneal Lens		
<u>S0500</u>	<u>Disposable contact lens, per lens</u>	<u>By Report</u>
<u>S0512</u>	<u>Daily wear specialty contact lens, per lens</u>	<u>By Report</u>
<u>S0514</u>	<u>Color contact lens, per lens</u>	<u>By Report</u>
V2500	Contact lens, PMMA, spherical, per lens	\$ 65.94
V2501	Contact lens, PMMA, toric or prism ballast, per lens	103.69
V2510	Contact lens, gas permeable, spherical, per lens	88.64
V2511	Contact lens, gas permeable, toric or prism ballast, per lens	143.27
V2513	Contact lens, gas permeable, extended wear, per lens	152.59
V2520	Contact lens, hydrophilic, spherical, per lens	78.21
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens	136.15
V2523	Contact lens, hydrophilic, extended wear, per lens	112.92
V2599	Contact lens, other type (use only for the billing of bandage contact lenses)	56.77

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance Per Lens</u>
Miscellaneous Lens Items		
V2702	Deluxe lens feature	By Report
V2710	Slab off prism, glass or plastic, per lens	\$ 40.00
V2715	Prism, per lens	8.17
V2718	Press on lens, Fresnel prism, per lens	15.78
V2744	Tint, photochromatic, per lens	By Report
V2745	Addition to lens, tint, any color, solid, gradient, or equal, excludes photochromatic, any lens material, per lens	By Report
V2750	Anti-reflective coating, per lens	15.33
V2755	U-V Lens, per lens	9.37
V2760	Scratch resistant coating, per lens	13.70
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	By Report
V2762	Polarization, any lens material, per lens	37.54
V2781	Progressive lens, per lens	By Report
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excluding polycarbonate, per lens	By Report
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	By Report
V2784	Lens, polycarbonate or equal, any index, per lens	By Report
Frames and Frame Repair/Parts Replacement		
S0516	Safety eyeglass frames	By Report
V2020	Frames, purchases	\$ 21.31
V2025	Deluxe frame	By Report

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<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance Per Lens</u>
Low Vision Aids		
V2600	Hand held low vision aids and other nonspectacle mounted aids	By Report
V2610	Single lens spectacle mounted low vision aids	By Report
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	By Report
Prosthetic Eyes		
V2623	Prosthetic eye, plastic, custom	
	Age of Recipient	
	0 – 3	\$ 1475.00
	4 – 9	1375.00
	10 – 12	1175.00
	13 – 17	1100.00
	18 and over	1050.00
V2624	Polishing/resurfacing of ocular prosthesis	31.96
V2625	Enlargement of ocular prosthesis	
	Age of Recipient	
	0 – 10	362.80
	11 and over	312.80
V2626	Reduction of ocular prosthesis	
	Age of Recipient	
	0 – 10	227.50
	11 and over	177.51
V2627	Scleral cover shell	
	Age of Recipient	
	0 – 3	1475.00
	4 – 9	1375.00
	10 and over	1175.00
V2628	Fabrication and fitting of ocular conformer	
	Age of Recipient	
	0 – 10	328.61
	11 and over	278.61
V2629	Prosthetic eye, other type	
	When billed for refitting	72.62
	When billed for transparent sclera shell	403.61
	When billed for all other services	By Report

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Allowance Per Lens</u>
Miscellaneous Non-Lens Items		
V2499	Variable sphericity lens, other type	By Report
V2770	Occluder lens, per lens	\$ 7.68
V2799	Vision service, miscellaneous	By Report