

Vision Services Database

January 2017

| HCPCS Code | Mod | Short Description | HCPCS Action Code | Non-Fac Fee | Fac Fee | PA | Comments |
|------------|-----|------------------------------|-------------------|-------------|----------|----|----------|
| 65205 | | Remove Foreign Body From Eye | | \$31.50 | \$24.76 | | |
| 65220 | | Remove Foreign Body From Eye | | \$32.69 | \$23.97 | | |
| 65222 | | Remove Foreign Body From Eye | | \$37.44 | \$29.32 | | |
| 65430 | | Corneal Smear | | \$63.99 | \$58.24 | | |
| 65435 | | Curette/Treat Cornea | | \$44.77 | \$39.22 | | |
| 65778 | | Cover eye w/membrane | | \$794.98 | \$32.29 | | |
| 66183 | | Insert ant drainage device | | NA | \$578.06 | | |
| 66821 | 55 | After Cataract Laser Surgery | | \$184.83 | \$174.53 | | |
| 66840 | 55 | Removal Of Lens Material | | NA | \$391.05 | | |
| 66850 | 55 | Removal Of Lens Material | | NA | \$445.13 | | |
| 66852 | 55 | Removal Of Lens Material | | NA | \$474.05 | | |
| 66920 | 55 | Extraction Of Lens | | NA | \$423.54 | | |
| 66930 | 55 | Extraction Of Lens | | NA | \$480.19 | | |
| 66940 | 55 | Extraction Of Lens | | NA | \$439.19 | | |
| 66983 | 55 | Cataract Surg W/Iol 1 Stage | | NA | \$416.41 | | |
| 66984 | 55 | Cataract Surg W/Iol I Stage | | NA | \$359.35 | | |
| 66985 | 55 | Insert Lens Prosthesis | | NA | \$432.25 | | |
| 66986 | 55 | Exchange Lens Prosthesis | | NA | \$510.31 | | |
| 67820 | | Revise Eyelashes | | \$28.13 | \$29.91 | | |
| 67938 | | Remove Eyelid Foreign Body | | \$136.09 | \$65.37 | | |
| 68761 | | Close Tear Duct Opening | | \$82.61 | \$66.76 | | |
| 68801 | | Dilate Tear Duct Opening | | \$49.53 | \$44.37 | | |
| 76510 | | Ophth US B & Quant A | | \$95.09 | NA | | |
| 76510 | TC | Ophth US B & Quant A | | \$45.17 | NA | | |
| 76510 | 26 | Ophth US B & Quant A | | \$49.92 | \$49.92 | | |
| 76511 | | Ophth Us Quant A Only | | \$57.05 | NA | | |
| 76511 | TC | Ophth Us Quant A Only | | \$27.14 | NA | | |
| 76511 | 26 | Ophth Us Quant A Only | | \$29.91 | \$29.91 | | |
| 76512 | | Ophth Us B W/Non-Quant A | | \$51.90 | NA | | |
| 76512 | TC | Ophth Us B W/Non-Quant A | | \$22.19 | NA | | |
| 76512 | 26 | Ophth Us B W/Non-Quant A | | \$29.72 | \$29.72 | | |
| 76513 | | Echo Exam Of Eye Water Bath | | \$53.29 | NA | | |
| 76513 | TC | Echo Exam Of Eye Water Bath | | \$33.28 | NA | | |
| 76513 | 26 | Echo Exam Of Eye Water Bath | | \$20.01 | \$20.01 | | |
| 76514 | | Echo Exam Of Eye Thickness | | \$8.52 | NA | | |
| 76514 | TC | Echo Exam Of Eye Thickness | | \$2.97 | NA | | |
| 76514 | 26 | Echo Exam Of Eye Thickness | | \$5.55 | \$5.55 | | |
| 76516 | | Echo Exam Of Eye | | \$43.98 | NA | | |
| 76516 | TC | Echo Exam Of Eye | | \$26.55 | NA | | |
| 76516 | 26 | Echo Exam Of Eye | | \$17.43 | \$17.43 | | |
| 76519 | | Echo Exam Of Eye | | \$47.35 | NA | | |
| 76519 | TC | Echo Exam Of Eye | | \$29.72 | NA | | |
| 76519 | 26 | Echo Exam Of Eye | | \$17.63 | \$17.63 | | |
| 76529 | | Echo Exam Of Eye | | \$44.18 | NA | | |
| 76529 | TC | Echo Exam Of Eye | | \$26.15 | NA | | |
| 76529 | 26 | Echo Exam Of Eye | | \$18.03 | \$18.03 | | |
| 83516 | | Immunoassay Nonantibody | | 12.99 | NA | | |
| 92002 | | Eye Exam New Patient | | \$45.36 | \$26.94 | | |
| 92004 | | Eye Exam New Patient | | \$83.20 | \$56.06 | | |

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| 92012 | | Eye Exam Establish Patient | | \$47.74 | \$29.72 | | |
| 92014 | | Eye Exam & Tx Estab Pt 1/>vst | | \$69.14 | \$44.97 | | |
| 92015 | | Determine Refractive State | | \$11.09 | \$10.90 | | |
| 92020 | | Special Eye Evaluation | | \$15.06 | \$11.89 | | |
| 92025 | | Corneal Topography | | \$21.20 | NA | | |
| 92025 | TC | Corneal Topography | | \$9.91 | NA | | |
| 92025 | 26 | Corneal Topography | | \$11.29 | \$11.29 | | |
| 92060 | | Special Eye Evaluation | | \$36.45 | NA | | |
| 92060 | TC | Special Eye Evaluation | | \$14.86 | NA | | |
| 92060 | 26 | Special Eye Evaluation | | \$21.59 | \$21.59 | | |
| 92065 | | Orthoptic/Pleoptic Training | | \$30.31 | NA | Y | PA required for beneficiaries age 21 and over. |
| 92065 | TC | Orthoptic/Pleoptic Training | | \$20.21 | NA | Y | PA required for beneficiaries age 21 and over. |
| 92065 | 26 | Orthoptic/Pleoptic Training | | \$10.10 | \$10.10 | Y | PA required for beneficiaries age 21 and over. |
| 92071 | | Contact lens fitting for Tx | | \$21.20 | \$18.82 | | |
| 92072 | | Fit Contac Lens For Managmnt | | \$75.08 | \$57.65 | | |
| 92081 | | Visual Field Examination(S) | | \$19.02 | NA | | |
| 92081 | TC | Visual Field Examination(S) | | \$9.91 | NA | | |
| 92081 | 26 | Visual Field Examination(S) | | \$9.11 | \$9.11 | | |
| 92082 | | Visual Field Examination(S) | | \$27.14 | NA | | |
| 92082 | TC | Visual Field Examination(S) | | \$14.86 | NA | | |
| 92082 | 26 | Visual Field Examination(S) | P | \$12.28 | \$12.28 | | |
| 92083 | | Visual Field Examination(S) | | \$36.05 | NA | | |
| 92083 | TC | Visual Field Examination(S) | | \$20.40 | NA | | |
| 92083 | 26 | Visual Field Examination(S) | | \$15.65 | \$15.65 | | |
| 92100 | | Serial Tonometry Exam(S) | | \$44.77 | \$19.22 | | |
| 92132 | | Cmptr Opth Dx Img Ant Segmt | | \$17.43 | NA | | |
| 92132 | TC | Cmptr Opth Dx Img Ant Segmt | | \$8.12 | NA | | |
| 92132 | 26 | Cmptr Opth Dx Img Ant Segmt | | \$9.31 | \$9.31 | | |
| 92133 | | Cmptr Opth Img Optic Nerve | | \$21.00 | NA | | |
| 92133 | TC | Cmptr Opth Img Optic Nerve | | \$8.32 | NA | | |
| 92133 | 26 | Cmptr Opth Img Optic Nerve | | \$12.68 | \$12.68 | | |
| 92134 | | Cptr Opth Dx Img Post Segmt | | \$22.98 | NA | | |
| 92134 | TC | Cptr Opth Dx Img Post Segmt | | \$8.52 | NA | | |
| 92134 | 26 | Cptr Opth Dx Img Post Segmt | | \$14.46 | \$14.46 | | |
| 92136 | | Ophthalmic Biometry | | \$50.32 | NA | | |
| 92136 | TC | Ophthalmic Biometry | | \$32.69 | NA | | |
| 92136 | 26 | Ophthalmic Biometry | | \$17.63 | \$17.63 | | |
| 92145 | | Corneal hysteresis deter | | \$10.10 | NA | | |
| 92145 | TC | Corneal hysteresis deter | | \$4.56 | NA | | |
| 92145 | 26 | Corneal hysteresis deter | | \$5.55 | \$5.55 | | |
| 92225 | | Special Eye Exam Initial | | \$15.06 | \$12.08 | | |
| 92226 | | Special Eye Exam Subsequent | | \$13.87 | \$10.70 | | |
| 92227 | | Remote Dx Retinal Imaging | | \$8.12 | NA | | |
| 92228 | | Remote Retinal Imaging Mgmt | | \$19.41 | NA | | |

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| 92228 | TC | Remote Retinal Imaging Mgmt | | \$7.53 | NA | | |
| 92228 | 26 | Remote Retinal Imaging Mgmt | | \$11.89 | \$11.89 | | |
| 92250 | | Eye Exam With Photos | | \$36.85 | NA | | |
| 92250 | TC | Eye Exam With Photos | | \$24.56 | NA | | |
| 92250 | 26 | Eye Exam With Photos | | \$12.28 | \$12.28 | | |
| 92260 | | Ophthalmoscopy/Dynamometry | | \$10.30 | \$6.14 | | |
| 92270 | | Electro-oculography | | \$51.31 | NA | | |
| 92270 | TC | Electro-oculography | | \$28.33 | NA | | |
| 92270 | 26 | Electro-oculography | | \$22.98 | \$22.98 | | |
| 92275 | | Electroretinography | | \$83.20 | NA | | |
| 92275 | TC | Electroretinography | | \$52.69 | NA | | |
| 92275 | 26 | Electroretinography | | \$30.51 | \$30.51 | | |
| 92283 | | Color Vision Examination | | \$31.30 | NA | | |
| 92283 | TC | Color Vision Examination | | \$25.95 | NA | | |
| 92283 | 26 | Color Vision Examination | | \$5.35 | \$5.35 | | |
| 92284 | | Dark Adaptation Eye Exam | | \$35.06 | NA | | |
| 92284 | TC | Dark Adaptation Eye Exam | | \$27.93 | NA | | |
| 92284 | 26 | Dark Adaptation Eye Exam | | \$7.13 | \$7.13 | | |
| 92285 | | Eye Photography | | \$11.69 | NA | | |
| 92285 | TC | Eye Photography | | \$9.91 | NA | | |
| 92285 | 26 | Eye Photography | | \$1.78 | \$1.78 | | |
| 92286 | | Internal Eye Photography | | \$21.59 | NA | | |
| 92286 | TC | Internal Eye Photography | | \$9.11 | NA | | |
| 92286 | 26 | Internal Eye Photography | | \$12.48 | \$12.48 | | |
| 92287 | | Internal Eye Photography | | \$77.06 | NA | | |
| 92287 | TC | Internal Eye Photography | | \$50.71 | NA | | |
| 92287 | 26 | Internal Eye Photography | | \$26.35 | \$26.35 | | |
| 92310 | | Contact Lens Fitting | | \$53.69 | \$33.48 | Y | |
| 92311 | | Contact Lens Fitting | | \$56.46 | \$31.30 | | |
| 92312 | | Contact Lens Fitting | | \$65.77 | \$36.25 | | |
| 92313 | | Contact Lens Fitting | | \$53.88 | \$26.55 | Y | |
| 92326 | | Replacement Of Contact Lens | | \$19.61 | NA | Y | |
| 92340 | | Fit Spectacles Monofocal | | \$19.81 | NA | | |
| 92341 | | Fit Spectacles Bifocal | | \$22.58 | NA | | |
| 92342 | | Fit Spectacles Multifocal | | \$24.37 | NA | | |
| 92352 | | Fit Aphakia SpectCl Monofocl | | \$22.58 | NA | | |
| 92353 | | Fit Aphakia SpectCl Multifoc | | \$26.35 | NA | | |
| 92370 | | Repair & Adjust Spectacles | | \$17.23 | NA | | |
| 92371 | | Repair & Adjust Spectacles | | \$6.54 | NA | | |
| 92499 | | Eye Service Or Procedure | | M | NA | Y | |
| 92499 | TC | Eye Service Or Procedure | | M | NA | Y | |
| 92499 | 26 | Eye Service Or Procedure | | M | M | Y | |
| 92540 | | Basic Vestibular Evaluation | | \$57.25 | NA | | |
| 92540 | TC | Basic Vestibular Evaluation | | \$12.48 | NA | | |
| 92540 | 26 | Basic Vestibular Evaluation | | \$44.77 | \$44.77 | | |
| 95060 | | Eye Allergy Tests | | \$19.81 | NA | | |
| 95930 | | Vision Evoked Potential Test | | \$72.50 | NA | | |
| 95930 | TC | Vision Evoked Potential Test | | \$62.01 | NA | | |
| 95930 | 26 | Vision Evoked Potential Test | | \$10.50 | \$10.50 | | |

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|------------|-----|----------------------------------|-------------------|-------------|----------|----|----------|
| 97112 | | Neuromuscular Reeducation | | \$19.02 | NA | | |
| 97530 | | Therapeutic Activities | | \$19.61 | NA | | |
| 99201 | | Office/Outpatient Visit New | | \$24.56 | \$15.06 | | |
| 99202 | | Office/Outpatient Visit New | | \$41.80 | \$28.33 | | |
| 99203 | | Office/Outpatient Visit New | | \$60.42 | \$42.99 | | |
| 99204 | | Office/Outpatient Visit New | | \$91.72 | \$72.70 | | |
| 99205 | | Office/Outpatient Visit New | | \$115.49 | \$94.69 | | |
| 99211 | | Office/Outpatient Visit Est | | \$11.29 | \$5.15 | | |
| 99212 | | Office/Outpatient Visit Est | | \$24.37 | \$14.26 | | |
| 99213 | | Office/Outpatient Visit Est | | \$40.81 | \$28.53 | | |
| 99214 | | Office/Outpatient Visit Est | | \$60.02 | \$43.98 | | |
| 99215 | | Office/Outpatient Visit Est | | \$80.82 | \$62.20 | | |
| 99221 | | Initial Hospital Care | | NA | \$56.85 | | |
| 99222 | | Initial Hospital Care | | NA | \$76.66 | | |
| 99223 | | Initial Hospital Care | | NA | \$113.51 | | |
| 99231 | | Subsequent Hospital Care | | NA | \$21.99 | | |
| 99232 | | Subsequent Hospital Care | | NA | \$40.41 | | |
| 99233 | | Subsequent Hospital Care | | NA | \$58.44 | | |
| 99241 | | Office Consultation | | \$26.55 | \$18.23 | | |
| 99242 | | Office Consultation | | \$49.92 | \$38.23 | | |
| 99243 | | Office Consultation | | \$68.34 | \$53.49 | | |
| 99244 | | Office Consultation | | \$102.22 | \$85.98 | | |
| 99245 | | Office Consultation | | \$124.60 | \$106.38 | | |
| 99251 | | Inpatient Consult | | NA | \$27.34 | | |
| 99252 | | Inpatient Consult | | NA | \$41.80 | | |
| 99253 | | Inpatient Consult | | NA | \$64.18 | | |
| 99254 | | Inpatient Consult | | NA | \$93.31 | | |
| 99255 | | Inpatient Consult | | NA | \$112.52 | | |
| 99281 | | Emergency Dept Visit | | NA | \$11.89 | | |
| 99282 | | Emergency Dept Visit | | NA | \$23.18 | | |
| 99283 | | Emergency Dept Visit | | NA | \$34.67 | | |
| 99284 | | Emergency Dept Visit | | NA | \$65.77 | | |
| 99285 | | Emergency Dept Visit | | NA | \$97.07 | | |
| 99307 | | Nursing Fac Care Subseq | | \$24.96 | \$24.96 | | |
| 99308 | | Nursing Fac Care Subseq | | \$38.63 | \$38.63 | | |
| 99309 | | Nursing Fac Care Subseq | | \$51.11 | \$51.11 | | |
| 99310 | | Nursing Fac Care Subseq | | \$76.07 | \$76.07 | | |
| 99324 | | Domicil/R-Home Visit New Patient | | \$30.90 | NA | | |
| 99325 | | Domicil/R-Home Visit New Patient | | \$44.97 | NA | | |
| 99326 | | Domicil/R-Home Visit New Patient | | \$78.05 | NA | | |
| 99327 | | Domicil/R-Home Visit New Patient | | \$104.00 | NA | | |
| 99328 | | Domicil/R-Home Visit New Patient | | \$121.83 | NA | | |
| 99334 | | Domicil/R-Home Visit Est Patient | | \$33.68 | NA | | |
| 99335 | | Domicil/R-Home Visit Est Patient | | \$53.09 | NA | | |
| 99336 | | Domicil/R-Home Visit Est Patient | | \$75.48 | NA | | |
| 99337 | | Domicil/R-Home Visit Est Patient | | \$107.96 | NA | | |
| 99341 | | Home Visit New Patient | | \$30.71 | NA | | |
| 99342 | | Home Visit New Patient | | \$44.37 | NA | | |
| 99343 | | Home Visit New Patient | | \$72.90 | NA | | |

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MDHHS
Vision Services Database
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Revised: 05/01/2017

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|------------|-----|-------------------------------|-------------------|-------------|----------|----|----------|
| 99344 | | Home Visit New Patient | | \$102.22 | NA | | |
| 99345 | | Home Visit New Patient | | \$123.81 | NA | | |
| 99347 | | Home Visit Est Patient | | \$30.90 | NA | | |
| 99348 | | Home Visit Est Patient | | \$47.15 | NA | | |
| 99349 | | Home Visit Est Patient | | \$71.91 | NA | | |
| 99350 | | Home Visit Est Patient | | \$99.64 | NA | | |
| G0117 | | Glaucoma Scrn High Risk Direc | | \$30.51 | NA | | |
| G0118 | | Glaucoma Scrn High Risk Direc | | \$24.17 | NA | | |
| G0406 | GT | Inpt/tele follow up 15 | | NA | \$21.59 | | |
| G0407 | GT | Inpt/tele follow up 25 | | NA | \$40.21 | | |
| G0408 | GT | Inpt/tele follow up 35 | | NA | \$57.85 | | |
| G0425 | GT | Inpt/ED Teleconsult30 | | NA | \$55.67 | | |
| G0426 | GT | Inpt/ED Teleconsult50 | | NA | \$75.67 | | |
| G0427 | GT | Inpt/ED Teleconsult70 | | NA | \$112.72 | | |
| Q3014 | GT | Telehealth facility fee | | \$23.37 | NA | | |
| S0581 | | Nonstd Lens | | \$1.92 | NA | | |
| S0592 | | Comp Cont Lens Eval | | \$28.72 | NA | | |
| S0620 | | Routine Ophthalmological Exa | | \$45.36 | \$45.36 | | |
| S0621 | | Routine Ophthalmological Exa | | \$47.74 | \$47.74 | | |
| V2020 | | Vision Svcs Frames Purchases | | \$31.90 | NA | | |
| V2100 | | Lens Spher Single Plano 4.00 | | \$4.80 | NA | | |
| V2100 | U1 | Polycarbonate Lenses | | \$8.64 | NA | | |
| V2101 | | Single Visn Sphere 4.12-7.00 | | \$5.57 | NA | | |
| V2101 | U1 | Polycarbonate Lenses | | \$9.72 | NA | | |
| V2102 | | Singl Visn Sphere 7.12-20.00 | | \$8.41 | NA | | |
| V2102 | U1 | Polycarbonate Lenses | | \$10.26 | NA | | |
| V2102 | U2 | High index Lenses | | \$13.50 | NA | | |
| V2103 | | Spherocylindr 4.00d/12-2.00d | | \$4.91 | NA | | |
| V2103 | U1 | Polycarbonate Lenses | | \$8.85 | NA | | |
| V2104 | | Spherocylindr 4.00d/2.12-4d | | \$7.07 | NA | | |
| V2104 | U1 | Polycarbonate Lenses | | \$10.12 | NA | | |
| V2105 | | Spherocylinder 4.00d/4.25-6d | | \$7.95 | NA | | |
| V2105 | U1 | Polycarbonate Lenses | | \$10.26 | NA | | |
| V2106 | | Spherocylinder 4.00d/>6.00d | | \$8.11 | NA | | |
| V2106 | U1 | Polycarbonate Lenses | | \$10.81 | NA | | |
| V2107 | | Spherocylinder 4.25d/12-2d | | \$5.60 | NA | | |
| V2107 | U1 | Polycarbonate Lenses | | \$9.75 | NA | | |
| V2108 | | Spherocylinder 4.25d/2.12-4d | | \$7.50 | NA | | |
| V2108 | U1 | Polycarbonate Lenses | | \$10.61 | NA | | |
| V2109 | | Spherocylinder 4.25d/4.25-6d | | \$8.14 | NA | | |
| V2109 | U1 | Polycarbonate Lenses | | \$9.47 | NA | | |
| V2110 | | Spherocylinder 4.25d/Over 6d | | \$8.12 | NA | | |
| V2110 | U1 | Polycarbonate Lenses | | \$11.22 | NA | | |
| V2111 | | Spherocylindr 7.25d/.25-2.25 | | \$8.09 | NA | | |
| V2111 | U1 | Polycarbonate Lenses | | \$10.67 | NA | | |
| V2111 | U2 | High index Lenses | | \$13.81 | NA | | |
| V2112 | | Spherocylindr 7.25d/2.25-4d | | \$8.36 | NA | | |
| V2112 | U1 | Polycarbonate Lenses | | \$10.19 | NA | | |
| V2112 | U2 | High index Lenses | | \$13.81 | NA | | |

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| V2113 | | Spherocylindr 7.25d/4.25-6d | | \$8.75 | NA | | |
| V2113 | U1 | Polycarbonate Lenses | | \$10.26 | NA | | |
| V2113 | U2 | High index Lenses | | \$15.80 | NA | | |
| V2114 | | Spherocylinder Over 12.00d | | \$17.05 | NA | | |
| V2114 | U1 | Polycarbonate Lenses | | \$10.97 | NA | | |
| V2114 | U2 | High index Lenses | | \$7.01 | NA | | |
| V2115 | | Lens Lenticular Bifocal | | \$14.69 | NA | | |
| V2121 | | Lenticular Lens, Single | | \$19.94 | NA | | |
| V2199 | | Lens Single Vision Not Oth C | | M | NA | Y | |
| V2200 | | Lens Spher Bifoc Plano 4.00d | | \$6.73 | NA | | |
| V2200 | U1 | Polycarbonate Lenses | | \$11.77 | NA | | |
| V2201 | | Lens Sphere Bifocal 4.12-7.0 | | \$7.80 | NA | | |
| V2201 | U1 | Polycarbonate Lenses | | \$11.73 | NA | | |
| V2202 | | Lens Sphere Bifocal 7.12-20. | | \$9.18 | NA | | |
| V2202 | U1 | Polycarbonate Lenses | | \$14.53 | NA | | |
| V2202 | U2 | High index Lenses | | \$19.56 | NA | | |
| V2203 | | Lens Sphcyl Bifocal 4.00d/.1 | | \$7.73 | NA | | |
| V2203 | U1 | Polycarbonate Lenses | | \$11.50 | NA | | |
| V2204 | | Lens Sphcy Bifocal 4.00d/2.1 | | \$7.82 | NA | | |
| V2204 | U1 | Polycarbonate Lenses | | \$11.09 | NA | | |
| V2205 | | Lens Sphcy Bifocal 4.00d/4.2 | | \$7.98 | NA | | |
| V2205 | U1 | Polycarbonate Lenses | | \$11.64 | NA | | |
| V2206 | | Lens Sphcy Bifocal 4.00d/Ove | | \$7.97 | NA | | |
| V2206 | U1 | Polycarbonate Lenses | | \$0.00 | NA | | |
| V2207 | | Lens Sphcy Bifocal 4.25-7d/. | | \$7.80 | NA | | |
| V2207 | U1 | Polycarbonate Lenses | | \$11.79 | NA | | |
| V2208 | | Lens Sphcy Bifocal 4.25-7/2. | | \$7.89 | NA | | |
| V2208 | U1 | Polycarbonate Lenses | | \$10.89 | NA | | |
| V2209 | | Lens Sphcy Bifocal 4.25-7/4. | | \$7.83 | NA | | |
| V2209 | U1 | Polycarbonate Lenses | | \$8.63 | NA | | |
| V2210 | | Lens Sphcy Bifocal 4.25-7/Ov | | \$7.70 | NA | | |
| V2210 | U1 | Polycarbonate Lenses | | \$0.00 | NA | | |
| V2211 | | Lens Sphcy Bifo 7.25-12/.25- | | \$7.87 | NA | | |
| V2211 | U1 | Polycarbonate Lenses | | \$16.08 | NA | | |
| V2211 | U2 | High index Lenses | | \$20.30 | NA | | |
| V2212 | | Lens Sphcyl Bifo 7.25-12/2.2 | | \$8.03 | NA | | |
| V2212 | U1 | Polycarbonate Lenses | | \$11.64 | NA | | |
| V2212 | U2 | High index Lenses | | \$25.13 | NA | | |
| V2213 | | Lens Sphcyl Bifo 7.25-12/4.2 | | \$7.73 | NA | | |
| V2213 | U1 | Polycarbonate Lenses | | \$13.14 | NA | | |
| V2213 | U2 | High index Lenses | | \$32.52 | NA | | |
| V2214 | | Lens Sphcyl Bifocal Over 12. | | \$34.41 | NA | | |
| V2214 | U1 | Polycarbonate Lenses | | \$8.63 | NA | | |
| V2214 | U2 | High index Lenses | | \$0.00 | NA | | |
| V2219 | | Lens Bifocal Seg Width Over | | \$2.88 | NA | | |
| V2220 | | Lens Bifocal Add Over 3.25d | | \$2.88 | NA | | |
| V2221 | | Lenticular Lens, Bifocal | | \$15.00 | NA | | |
| V2299 | | Lens Bifocal Speciality | | M | NA | Y | |
| V2300 | | Lens Sphere Trifocal 4.00d | | \$9.32 | NA | | |

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MDHHS
Vision Services Database
January 2017

Revised: 05/01/2017

| HCPSC Code | Mod | Short Description | HCPSC Action Code | Non-Fac Fee | Fac Fee | PA | Comments |
|------------|-----|------------------------------|-------------------|-------------|---------|----|---|
| V2301 | | Lens Sphere Trifocal 4.12-7. | | \$8.97 | NA | | |
| V2302 | | Lens Sphere Trifocal 7.12-20 | | \$6.60 | NA | | |
| V2303 | | Lens Sphcy Trifocal 4.0/.12- | | \$9.16 | NA | | |
| V2304 | | Lens Sphcy Trifocal 4.0/2.25 | | \$9.16 | NA | | |
| V2305 | | Lens Sphcy Trifocal 4.0/4.25 | | \$8.90 | NA | | |
| V2306 | | Lens Sphcyl Trifocal 4.00/>6 | | \$9.24 | NA | | |
| V2307 | | Lens Sphcy Trifocal 4.25-7/. | | \$9.24 | NA | | |
| V2308 | | Lens Sphc Trifocal 4.25-7/2. | | \$9.54 | NA | | |
| V2309 | | Lens Sphc Trifocal 4.25-7/4. | | \$6.60 | NA | | |
| V2310 | | Lens Sphc Trifocal 4.25-7/>6 | | M | NA | | |
| V2311 | | Lens Sphc Trifo 7.25-12/.25- | | \$10.77 | NA | | |
| V2312 | | Lens Sphc Trifo 7.25-12/2.25 | | \$11.01 | NA | | |
| V2313 | | Lens Sphc Trifo 7.25-12/4.25 | | \$6.60 | NA | | |
| V2314 | | Lens Sphcyl Trifocal Over 12 | | \$6.60 | NA | | |
| V2320 | | Lens Trifocal Add Over 3.25d | | \$2.88 | NA | | |
| V2399 | | Lens Trifocal Speciality | | M | NA | Y | |
| V2410 | | Lens Variab Asphericity Sing | | \$16.41 | NA | | |
| V2430 | | Lens Variable Asphericity Bi | | \$18.30 | NA | | |
| V2499 | | Variable Asphericity Lens | | M | NA | Y | |
| V2500 | | Contact Lens Pmma Spherical | | \$181.00 | NA | | Age 0 to 6 years |
| V2500 | | Contact Lens Pmma Spherical | | M | M | Y | PA required for beneficiaries age 6 and over. |
| V2501 | | Cntct Lens Pmma-Toric/Prism | | \$181.00 | NA | | Age 0 to 6 years |
| V2501 | | Cntct Lens Pmma-Toric/Prism | | M | M | Y | PA required for beneficiaries age 6 and over. |
| V2510 | | Cntct Gas Permeable Sphericl | | \$90.00 | NA | | Age 0 to 6 years |
| V2510 | | Cntct Gas Permeable Sphericl | | M | M | Y | PA required for beneficiaries age 6 and over. |
| V2511 | | Cntct Toric Prism Ballast | | \$181.00 | NA | | Age 0 to 6 years |
| V2511 | | Cntct Toric Prism Ballast | | M | M | Y | PA required for beneficiaries age 6 and over. |
| V2513 | | Contact Lens Extended Wear | | M | M | Y | |
| V2520 | | Contact Lens Hydrophilic | | \$158.00 | NA | | Age 0 to 6 years |
| V2520 | | Contact Lens Hydrophilic | | M | M | Y | PA required for beneficiaries age 6 and over. |
| V2521 | | Cntct Lens Hydrophilic Toric | | \$181.00 | NA | | Age 0 to 6 years |
| V2521 | | Cntct Lens Hydrophilic Toric | | M | M | Y | PA required for beneficiaries age 6 and over. |
| V2523 | | Cntct lens hydrophil extend | | M | M | Y | |
| V2531 | | Contact Lens Gas Permeable | | M | M | Y | |
| V2599 | | Contact Lens/Es Other Type | | M | M | Y | |
| V2600 | | Hand Held Low Vision Aids | | M | NA | Y | |
| V2610 | | Single Lens Spectacle Mount | | M | NA | Y | |
| V2615 | | Telescop/Othr Compound Lens | | M | NA | Y | |
| V2623 | | Plastic Eye Prosth Custom | | \$468.44 | NA | | |
| V2624 | | Polishing Artifical Eye | | \$14.90 | NA | | |
| V2625 | | Enlargemnt Of Eye Prosthesis | | \$414.00 | NA | Y | |
| V2626 | | Reduction Of Eye Prosthesis | | \$414.00 | NA | Y | |
| V2627 | | Scleral Cover Shell | | \$496.55 | NA | | |

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MDHHS
Vision Services Database
January 2017

Revised: 05/01/2017

| HCPCS Code | Mod | Short Description | HCPCS Action Code | Non-Fac Fee | Fac Fee | PA | Comments |
|------------|-----|------------------------------|-------------------|-------------|---------|----|----------|
| V2628 | | Fabrication & Fitting | | \$207.00 | NA | | |
| V2629 | | Prosthetic Eye Other Type | | M | NA | Y | |
| V2700 | | Balance Lens | | \$0.00 | NA | | |
| V2710 | | Glass/Plastic Slab Off Prism | | \$44.79 | NA | | |
| V2715 | | Prism Lens/Es | | \$2.55 | NA | | |
| V2718 | | Fresnell Prism Press-On Lens | | \$2.55 | NA | | |
| V2799 | | Misc Vision Item Or Service | | M | NA | Y | |

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