

**MDHHS**  
**Vision Services Database**  
**January 2022**

Revised: 08/25/2022

HCPSC Code	Short Description	Mod	Age Range	Non-Fac Fee	Fac Fee	PA	Comments
65205	Remove Foreign Body From Eye			\$16.84	\$16.84		
65220	Remove Foreign Body From Eye			\$35.06	\$23.77		
65222	Remove Foreign Body From Eye			\$39.22	\$28.92		
65430	Corneal Smear			\$66.36	\$58.04		
65435	Curette/Treat Cornea			\$47.54	\$39.62		
65778	Cover Eye W/Membrane			\$808.64	\$30.71		
66183	Insert Ant Drainage Device			NA	\$590.54		
66821	After Cataract Laser Surgery	55		\$193.15	\$179.08		
66840	Removal Of Lens Material	55		NA	\$397.39		
66850	Removal Of Lens Material	55		NA	\$451.47		
66852	Removal Of Lens Material	55		NA	\$480.99		
66920	Extraction Of Lens	55		NA	\$428.89		
66930	Extraction Of Lens	55		NA	\$491.68		
66940	Extraction Of Lens	55		NA	\$449.89		
66982	Xcapsl Ctrc Rmvl Cplx Wo Ecp	55		NA	\$427.10		
66983	Cataract Surg W/Iol 1 Stage	55		NA	\$417.79		
66984	Xcapsl Ctrc Rmvl W/O Ecp	55		NA	\$311.81		
66985	Insert Lens Prosthesis	55		NA	\$441.17		
66986	Exchange Lens Prosthesis	55		NA	\$517.83		
66987	Xcapsl Ctrc Rmvl Cplx W/Ecp	55		NA	\$427.10		
66988	Xcapsl Ctrc Rmvl W/Ecp	55		NA	\$427.10		
66989	Xcpsl Ctrc Rmvl Cplx Insj 1+	55		NA	\$490.30		
66991	Xcapsl Ctrc Rmvl Insj 1+	55		NA	\$391.25		
67820	Revise Eyelashes			\$11.09	\$12.68		
67938	Remove Eyelid Foreign Body			\$162.44	\$67.35		
68761	Close Tear Duct Opening			\$85.98	\$67.55		
68801	Dilate Tear Duct Opening			\$56.06	\$44.97		
68841	Insj Rx Elut Implt Lac Canal			\$21.99	\$18.62		
76510	Oph Us Dx B-Scan&Quan A-Scan			\$40.61	NA		
76510	Oph Us Dx B-Scan&Quan A-Scan	26		\$22.58	\$22.58		
76510	Oph Us Dx B-Scan&Quan A-Scan	TC		\$18.03	NA		
76511	Oph Us Dx Quan A-Scan Only			\$33.08	NA		
76511	Oph Us Dx Quan A-Scan Only	26		\$20.40	\$20.40		
76511	Oph Us Dx Quan A-Scan Only	TC		\$12.68	NA		
76512	Oph Us Dx B-Scan			\$27.93	NA		
76512	Oph Us Dx B-Scan	26		\$17.63	\$17.63		
76512	Oph Us Dx B-Scan	TC		\$10.30	NA		
76513	Oph Us Dx Ant Sgm Us Uni/Bi			\$44.37	NA		
76513	Oph Us Dx Ant Sgm Us Uni/Bi	26		\$18.62	\$18.62		
76513	Oph Us Dx Ant Sgm Us Uni/Bi	TC		\$25.75	NA		
76514	Echo Exam Of Eye Thickness			\$6.74	NA		
76514	Echo Exam Of Eye Thickness	26		\$4.56	\$4.56		
76514	Echo Exam Of Eye Thickness	TC		\$2.18	NA		
76516	Echo Exam Of Eye			\$27.14	NA		
76516	Echo Exam Of Eye	26		\$12.88	\$12.88		
76516	Echo Exam Of Eye	TC		\$14.26	NA		
76519	Echo Exam Of Eye			\$39.22	NA		
76519	Echo Exam Of Eye	26		\$17.43	\$17.43		
76519	Echo Exam Of Eye	TC		\$21.79	NA		
76529	Echo Exam Of Eye			\$50.32	NA		
76529	Echo Exam Of Eye	26		\$18.42	\$18.42		
76529	Echo Exam Of Eye	TC		\$31.89	NA		
83516	Immunoassay Nonantibody			\$9.55	NA		
92002	Eye Exam New Patient			\$50.12	\$26.94		

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92004	Eye Exam New Patient			\$86.97	\$54.87		
92012	Eye Exam Establish Patient			\$51.90	\$29.32		
92014	Eye Exam&Tx Estab Pt 1/>Vst			\$73.50	\$44.18		
92015	Determine Refractive State			\$11.49	\$11.29		
92020	Special Eye Evaluation			\$16.24	\$11.69		
92025	Corneal Topography			\$21.00	NA		
92025	Corneal Topography	26		\$11.09	\$11.09		
92025	Corneal Topography	TC		\$9.91	NA		
92060	Special Eye Evaluation			\$36.45	NA		
92060	Special Eye Evaluation	26		\$21.20	\$21.20		
92060	Special Eye Evaluation	TC		\$15.25	NA		
92065	OrthopticTraining			\$30.71	NA	Y	PA required for beneficiaries age 21 and over.
92065	OrthopticTraining	26		\$10.10	\$10.10	Y	PA required for beneficiaries age 21 and over.
92065	OrthopticTraining	TC		\$20.60	NA	Y	PA required for beneficiaries age 21 and over.
92071	Contact Lens Fitting For Tx			\$21.20	\$18.62		
92072	Fit Contac Lens For Managmnt			\$73.89	\$55.07		
92081	Visual Field Examination(S)			\$19.22	NA		
92081	Visual Field Examination(S)	26		\$9.11	\$9.11		
92081	Visual Field Examination(S)	TC		\$10.10	NA		
92082	Visual Field Examination(S)			\$26.94	NA		
92082	Visual Field Examination(S)	26		\$11.89	\$11.89		
92082	Visual Field Examination(S)	TC		\$15.06	NA		
92083	Visual Field Examination(S)			\$36.45	NA		
92083	Visual Field Examination(S)	26		\$15.45	\$15.45		
92083	Visual Field Examination(S)	TC		\$21.00	NA		
92100	Serial Tonometry Exam(S)			\$49.53	\$18.62		
92132	Cmptr Ophth Dx Img Ant Segmt			\$18.23	NA		
92132	Cmptr Ophth Dx Img Ant Segmt	26		\$9.31	\$9.31		
92132	Cmptr Ophth Dx Img Ant Segmt	TC		\$8.91	NA		
92133	Cmptr Ophth Img Optic Nerve			\$21.39	NA		
92133	Cmptr Ophth Img Optic Nerve	26		\$12.48	\$12.48		
92133	Cmptr Ophth Img Optic Nerve	TC		\$8.91	NA		
92134	Cptr Ophth Dx Img Post Segmt			\$23.57	NA		
92134	Cptr Ophth Dx Img Post Segmt	26		\$14.46	\$14.46		
92134	Cptr Ophth Dx Img Post Segmt	TC		\$9.11	NA		
92136	Ophthalmic Biometry			\$28.92	NA		
92136	Ophthalmic Biometry	26		\$17.43	\$17.43		
92136	Ophthalmic Biometry	TC		\$11.49	NA		
92201	Opscopy Extnd Rta Draw Uni/Bi			\$14.26	\$13.07		
92202	Opscopy Extnd On/Mac Draw			\$9.11	\$8.32		
92227	Img Rta Detcj/Mntr Ds Staff			\$9.31	NA		
92228	Img Rta Detc/Mntr Ds Phy/Qhp			\$17.83	NA		
92228	Img Rta Detc/Mntr Ds Phy/Qhp	26		\$10.30	\$10.30		
92228	Img Rta Detc/Mntr Ds Phy/Qhp	TC		\$7.53	NA		
92229	Img Rta Detc/Mntr Ds Poc Aly			\$26.94	NA		
92250	Eye Exam With Photos			\$21.59	NA		
92250	Eye Exam With Photos	26		\$12.08	\$12.08		
92250	Eye Exam With Photos	TC		\$9.51	NA		
92260	Ophthalmoscopy/Dynamometry			\$11.49	\$6.14		
92270	Electro-Oculography			\$63.39	NA		
92270	Electro-Oculography	26		\$24.37	\$24.37		

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92270	Electro-Oculography	TC		\$39.03	NA		
92273	Full Field Erg W/I&R			\$73.89	NA		
92273	Full Field Erg W/I&R	26		\$21.00	\$21.00		
92273	Full Field Erg W/I&R	TC		\$52.89	NA		
92274	Multifocal Erg W/I&R			\$50.52	NA		
92274	Multifocal Erg W/I&R	26		\$18.62	\$18.62		
92274	Multifocal Erg W/I&R	TC		\$31.89	NA		
92283	Color Vision Examination			\$31.50	NA		
92283	Color Vision Examination	26		\$5.15	\$5.15		
92283	Color Vision Examination	TC		\$26.35	NA		
92284	Dark Adaptation Eye Exam			\$33.68	NA		
92284	Dark Adaptation Eye Exam	26		\$6.93	\$6.93		
92284	Dark Adaptation Eye Exam	TC		\$26.74	NA		
92285	Eye Photography			\$13.47	NA		
92285	Eye Photography	26		\$1.78	\$1.78		
92285	Eye Photography	TC		\$11.69	NA		
92286	Internal Eye Photography			\$22.78	NA		
92286	Internal Eye Photography	26		\$12.48	\$12.48		
92286	Internal Eye Photography	TC		\$10.30	NA		
92287	Internal Eye Photography			\$105.39	NA		
92287	Internal Eye Photography	26		\$26.15	\$26.15		
92287	Internal Eye Photography	TC		\$79.24	NA		
92310	Contact Lens Fitting			\$59.63	\$34.07	Y	
92311	Contact Lens Fitting			\$62.01	\$30.31	Y	
92312	Contact Lens Fitting			\$71.91	\$35.06	Y	
92313	Contact Lens Fitting			\$58.64	\$24.96	Y	
92326	Replacement Of Contact Lens			\$22.98	NA	Y	
92340	Fit Spectacles Monofocal			\$20.21	NA		
92341	Fit Spectacles Bifocal			\$22.98	NA		
92342	Fit Spectacles Multifocal			\$24.56	NA		
92352	Fit Aphakia Spectcl Monofocl			\$26.94	NA		
92353	Fit Aphakia Spectcl Multifoc			\$30.51	NA		
92370	Repair & Adjust Spectacles			\$18.23	NA		
92371	Repair & Adjust Spectacles			\$6.54	NA		
92499	Eye Service Or Procedure			M	NA	Y	
92499	Eye Service Or Procedure	26		M	M	Y	
92499	Eye Service Or Procedure	TC		M	NA	Y	
92540	Basic Vestibular Evaluation			\$64.78	NA		
92540	Basic Vestibular Evaluation	26		\$45.17	\$45.17		
92540	Basic Vestibular Evaluation	TC		\$19.61	NA		
95060	Eye Allergy Tests			\$21.39	NA		
95930	Visual Ep Test Cns W/I&R			\$38.43	NA		
95930	Visual Ep Test Cns W/I&R	26		\$10.70	\$10.70		
95930	Visual Ep Test Cns W/I&R	TC		\$27.73	NA		
96112	Devel Tst Phys/Qhp 1st Hr			\$73.89	\$73.10		
96113	Devel Tst Phys/Qhp Ea Addl			\$34.87	\$32.69		
97112	Neuromuscular Reeducation			\$20.01	NA		
97530	Therapeutic Activities			\$21.79	NA		
99202	Office O/P New Sf 15-29 Min			\$42.39	\$28.33		
99203	Office O/P New Low 30-44 Min			\$65.17	\$48.34		
99204	Office O/P New Mod 45-59 Min			\$97.07	\$78.25		
99205	Office O/P New Hi 60-74 Min			\$128.37	\$106.18		
99211	Off/Op Est May X Req Phy/Qhp			\$13.47	\$5.15		
99212	Office O/P Est Sf 10-19 Min			\$32.88	\$21.00		

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99213	Office O/P Est Low 20-29 Min			\$52.69	\$38.63		
99214	Office O/P Est Mod 30-39 Min			\$74.29	\$56.66		
99215	Office O/P Est Hi 40-54 Min			\$104.79	\$84.19		
99221	Initial Hospital Care			NA	\$57.65		
99222	Initial Hospital Care			NA	\$77.46		
99223	Initial Hospital Care			NA	\$113.51		
99231	Subsequent Hospital Care			NA	\$22.19		
99232	Subsequent Hospital Care			NA	\$40.81		
99233	Subsequent Hospital Care			NA	\$58.64		
99241	Office Consultation			\$26.74	\$18.42		
99242	Office Consultation			\$50.52	\$38.83		
99243	Office Consultation			\$69.53	\$54.68		
99244	Office Consultation			\$103.61	\$87.36		
99245	Office Consultation			\$126.39	\$108.16		
99251	Inpatient Consultation			NA	\$27.93		
99252	Inpatient Consultation			NA	\$42.20		
99253	Inpatient Consultation			NA	\$65.57		
99254	Inpatient Consultation			NA	\$94.49		
99255	Inpatient Consultation			NA	\$114.30		
99281	Emergency Dept Visit			NA	\$12.68		
99282	Emergency Dept Visit			NA	\$24.56		
99283	Emergency Dept Visit			NA	\$41.80		
99284	Emergency Dept Visit			NA	\$70.52		
99285	Emergency Dept Visit			NA	\$102.42		
99307	Nursing Fac Care Subseq			\$24.96	\$24.96		
99308	Nursing Fac Care Subseq			\$39.42	\$39.42		
99309	Nursing Fac Care Subseq			\$51.90	\$51.90		
99310	Nursing Fac Care Subseq			\$76.47	\$76.47		
99324	Domicil/R-Home Visit New Pat			\$30.90	NA		
99325	Domicil/R-Home Visit New Pat			\$45.17	NA		
99326	Domicil/R-Home Visit New Pat			\$78.25	NA		
99327	Domicil/R-Home Visit New Pat			\$105.39	NA		
99328	Domicil/R-Home Visit New Pat			\$124.01	NA		
99334	Domicil/R-Home Visit Est Pat			\$34.67	NA		
99335	Domicil/R-Home Visit Est Pat			\$54.48	NA		
99336	Domicil/R-Home Visit Est Pat			\$77.06	NA		
99337	Domicil/R-Home Visit Est Pat			\$110.34	NA		
99341	Home Visit New Patient			\$30.90	NA		
99342	Home Visit New Patient			\$43.98	NA		
99343	Home Visit New Patient			\$71.51	NA		
99344	Home Visit New Patient			\$103.01	NA		
99345	Home Visit New Patient			\$124.80	NA		
99347	Home Visit Est Patient			\$31.30	NA		
99348	Home Visit Est Patient			\$47.54	NA		
99349	Home Visit Est Patient			\$73.30	NA		
99350	Home Visit Est Patient			\$101.63	NA		
99441*	Phone E/M Phys/Qhp 5-10 Min			\$32.49	\$20.60		
99442*	Phone E/M Phys/Qhp 11-20 Min			\$52.50	\$38.43		
99443*	Phone E/M Phys/Qhp 21-30 Min			\$74.29	\$56.66		
G0117	Glaucoma Scrn Hgh Risk Direc			\$36.65	NA		
G0118	Glaucoma Scrn Hgh Risk Direc			\$24.56	NA		
G0406	Inpt/Tele Follow Up 15	GT		\$22.19	\$22.19		
G0407	Inpt/Tele Follow Up 25	GT		\$40.81	\$40.81		
G0408	Inpt/Tele Follow Up 35	GT		\$58.64	\$58.64		

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G0425	Inpt/Ed Teleconsult30	GT		\$57.65	\$57.65		
G0426	Inpt/Ed Teleconsult50	GT		\$77.46	\$77.46		
G0427	Inpt/Ed Teleconsult70	GT		\$113.51	\$113.51		
Q3014	Telehealth Facility Fee	GT		\$25.38	\$25.38		
S0581	Nonstd Lens			\$4.85	NA		
S0581	Nonstd Lens	U1		\$4.85	NA		
S0581	Nonstd Lens	U2		\$4.85	NA		
S0592	Comp Cont Lens Eval			\$36.45	NA		
S0620	Routine Ophthalmological Exa			\$50.12	\$50.12		
S0621	Routine Ophthalmological Exa			\$51.90	\$51.90		
V2020	Vision Svcs Frames Purchases			\$31.90	NA		
V2100	Lens Spher Single Plano 4.00			\$5.82	NA		
V2100	Lens Spher Single Plano 4.00	SC		\$7.02	NA		
V2100	Lens Spher Single Plano 4.00, Polycarbonate Lenses	U1		\$7.28	NA		
V2101	Single Visn Sphere 4.12-7.00			\$8.73	NA		
V2101	Single Visn Sphere 4.12-7.00, Polycarbonate Lenses	U1		\$8.73	NA		
V2102	Singl Visn Sphere 7.12-20.00			\$10.67	NA		
V2102	Singl Visn Sphere 7.12-20.00, Polycarbonate Lenses	U1		\$10.67	NA		
V2102	Singl Visn Sphere 7.12-20.00, High Index Lenses	U2		\$10.67	NA		
V2103	Spherocylindr 4.00d/12-2.00d			\$6.79	NA		
V2103	Spherocylindr 4.00d/12-2.00d	SC		\$7.76	NA		
V2103	Spherocylindr 4.00d/12-2.00d, Polycarbonate Lenses	U1		\$10.67	NA		
V2104	Spherocylindr 4.00d/2.12-4d			\$10.67	NA		
V2104	Spherocylindr 4.00d/2.12-4d	SC		\$12.32	NA		
V2104	Spherocylindr 4.00d/2.12-4d, Polycarbonate Lenses	U1		\$10.67	NA		
V2105	Spherocylinder 4.00d/4.25-6d			\$10.67	NA		
V2105	Spherocylinder 4.00d/4.25-6d, Polycarbonate Lenses	U1		\$10.67	NA		
V2106	Spherocylinder 4.00d/>6.00d			\$10.67	NA		
V2106	Spherocylinder 4.00d/>6.00d, Polycarbonate Lenses	U1		\$3.88	NA		
V2107	Spherocylinder 4.25d/12-2d			\$10.67	NA		
V2107	Spherocylinder 4.25d/12-2d, Polycarbonate Lenses	U1		\$10.67	NA		
V2108	Spherocylinder 4.25d/2.12-4d			\$10.67	NA		
V2108	Spherocylinder 4.25d/2.12-4d, Polycarbonate Lenses	U1		\$3.88	NA		
V2109	Spherocylinder 4.25d/4.25-6d			\$10.67	NA		
V2109	Spherocylinder 4.25d/4.25-6d, Polycarbonate Lenses	U1		\$3.88	NA		
V2110	Spherocylinder 4.25d/Over 6d			\$10.67	NA		
V2110	Spherocylinder 4.25d/Over 6d, Polycarbonate Lenses	U1		\$10.67	NA		
V2111	Spherocylindr 7.25d/.25-2.25			\$10.67	NA		
V2111	Spherocylindr 7.25d/.25-2.25, Polycarbonate Lenses	U1		\$10.67	NA		
V2111	Spherocylindr 7.25d/.25-2.25, High Index Lenses	U2		\$10.67	NA		

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V2112	Spherocylindr 7.25d/2.25-4d			\$10.67	NA		
V2112	Spherocylindr 7.25d/2.25-4d, Polycarbonate Lenses	U1		\$10.67	NA		
V2112	Spherocylindr 7.25d/2.25-4d, High Index Lenses	U2		\$10.67	NA		
V2113	Spherocylindr 7.25d/4.25-6d			\$10.67	NA		
V2113	Spherocylindr 7.25d/4.25-6d, Polycarbonate Lenses	U1		\$10.67	NA		
V2113	Spherocylindr 7.25d/4.25-6d, High Index Lenses	U2		\$10.67	NA		
V2114	Spherocylinder Over 12.00d			\$10.67	NA		
V2114	Spherocylinder Over 12.00d, Polycarbonate Lenses	U1		\$3.88	NA		
V2114	Spherocylinder Over 12.00d, High Index Lenses	U2		\$3.88	NA		
V2115	Lens Lenticular Bifocal			\$10.67	NA		
V2121	Lenticular Lens, Single			\$10.67	NA		
V2199	Lens Single Vision Not Oth C			M	NA	Y	
V2200	Lens Spher Bifoc Plano 4.00d			\$8.34	NA		
V2200	Polycarbonate Lenses	SC		\$9.43	NA		
V2200	Lens Spher Bifoc Plano 4.00d, Polycarbonate Lenses	U1		\$9.07	NA		
V2201	Lens Sphere Bifocal 4.12-7.0			\$12.61	NA		
V2201	Lens Sphere Bifocal 4.12-7.0, Polycarbonate Lenses	U1		\$12.61	NA		
V2202	Lens Sphere Bifocal 7.12-20.			\$12.61	NA		
V2202	Lens Sphere Bifocal 7.12-20, Polycarbonate Lenses	U1		\$12.61	NA		
V2202	Lens Sphere Bifocal 7.12-20, High Index Lenses	U2		\$3.88	NA		
V2203	Lens Sphcyl Bifocal 4.00d/.1			\$8.49	NA		
V2203	Lens Sphcyl Bifocal 4.00d/.1	SC		\$9.80	NA		
V2203	Lens Sphcyl Bifocal 4.00d/.1, Polycarbonate Lenses	U1		\$8.49	NA		
V2204	Lens Sphcy Bifocal 4.00d/2.1			\$12.61	NA		
V2204	Lens Sphcy Bifocal 4.00d/2.1	SC		\$13.41	NA		
V2204	Lens Sphcy Bifocal 4.00d/2.1, Polycarbonate Lenses	U1		\$3.88	NA		
V2205	Lens Sphcy Bifocal 4.00d/4.2			\$12.61	NA		
V2205	Lens Sphcy Bifocal 4.00d/4.2, Polycarbonate Lenses	U1		\$12.61	NA		
V2206	Lens Sphcy Bifocal 4.00d/Ove			\$12.61	NA		
V2206	Lens Sphcy Bifocal 4.00d/Ove, Polycarbonate Lenses	U1		\$12.61	NA		
V2207	Lens Sphcy Bifocal 4.25-7d/.			\$12.61	NA		
V2207	Lens Sphcy Bifocal 4.25-7d/.	SC		\$14.36	NA		
V2207	Lens Sphcy Bifocal 4.25-7d/, Polycarbonate Lenses	U1		\$5.82	NA		
V2208	Lens Sphcy Bifocal 4.25-7/2.			\$12.61	NA		
V2208	Lens Sphcy Bifocal 4.25-7/2, Polycarbonate Lenses	U1		\$3.88	NA		
V2209	Lens Sphcy Bifocal 4.25-7/4.			\$12.61	NA		
V2209	Lens Sphcy Bifocal 4.25-7/4, Polycarbonate Lenses	U1		\$7.76	NA		

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**MDHHS**  
**Vision Services Database**  
**January 2022**

Revised: 08/25/2022

HCPSC Code	Short Description	Mod	Age Range	Non-Fac Fee	Fac Fee	PA	Comments
V2210	Lens Sphcy Bifocal 4.25-7/Ov			\$12.61	NA		
V2210	Lens Sphcy Bifocal 4.25-7/Ov, Polycarbonate Lenses	U1		\$15.52	NA		
V2211	Lens Sphcy Bifo 7.25-12/.25-			\$12.61	NA		
V2211	Lens Sphcy Bifo 7.25-12/.25-, Polycarbonate Lenses	U1		\$3.88	NA		
V2211	Lens Sphcy Bifo 7.25-12/.25-, High Index Lenses	U2		\$12.61	NA		
V2212	Lens Sphcyl Bifo 7.25-12/2.2			\$12.61	NA		
V2212	Lens Sphcyl Bifo 7.25-12/2.2, Polycarbonate Lenses	U1		\$3.88	NA		
V2212	Lens Sphcyl Bifo 7.25-12/2.2, High Index Lenses	U2		\$12.61	NA		
V2213	Lens Sphcyl Bifo 7.25-12/4.2			\$12.61	NA		
V2213	Lens Sphcyl Bifo 7.25-12/4.2, Polycarbonate Lenses	U1		\$15.52	NA		
V2213	Lens Sphcyl Bifo 7.25-12/4.2, High Index Lenses	U2		\$16.01	NA		
V2214	Lens Sphcyl Bifocal Over 12.			\$12.61	NA		
V2214	Lens Sphcyl Bifocal Over 12, Polycarbonate Lenses	U1		\$12.61	NA		
V2214	Lens Sphcyl Bifocal Over 12, High Index Lenses	U2		\$15.52	NA		
V2219	Lens Bifocal Seg Width Over			\$12.61	NA		
V2219	Lens Bifocal Seg Width Over	U1		\$12.61	NA		
V2219	Lens Bifocal Seg Width Over	U2		\$12.61	NA		
V2220	Lens Bifocal Add Over 3.25d			\$12.61	NA		
V2220	Lens Bifocal Add Over 3.25d	U1		\$12.61	NA		
V2220	Lens Bifocal Add Over 3.25d	U2		\$12.61	NA		
V2221	Lenticular Lens, Bifocal			\$12.61	NA		
V2299	Lens Bifocal Speciality			M	NA	Y	
V2300	Lens Sphere Trifocal 4.00d			\$10.67	NA		
V2301	Lens Sphere Trifocal 4.12-7.			\$16.49	NA		
V2302	Lens Sphere Trifocal 7.12-20			\$16.49	NA		
V2303	Lens Sphcy Trifocal 4.0/.12-			\$16.49	NA		
V2304	Lens Sphcy Trifocal 4.0/2.25			\$16.49	NA		
V2305	Lens Sphcy Trifocal 4.0/4.25			\$16.49	NA		
V2306	Lens Sphcyl Trifocal 4.00/>6			\$16.49	NA		
V2307	Lens Sphcy Trifocal 4.25-7/.			\$16.49	NA		
V2308	Lens Sphc Trifocal 4.25-7/2.			\$16.49	NA		
V2309	Lens Sphc Trifocal 4.25-7/4.			\$16.49	NA		
V2310	Lens Sphc Trifocal 4.25-7/>6			\$16.49	NA		
V2311	Lens Sphc Trifo 7.25-12/.25-			\$16.49	NA		
V2312	Lens Sphc Trifo 7.25-12/2.25			\$7.76	NA		
V2313	Lens Sphc Trifo 7.25-12/4.25			\$16.49	NA		
V2314	Lens Sphcyl Trifocal Over 12			\$16.49	NA		
V2320	Lens Trifocal Add Over 3.25d			\$16.49	NA		
V2399	Lens Trifocal Speciality			M	NA	Y	
V2410	Lens Variab Asphericity Sing			\$15.91	NA		
V2430	Lens Variable Asphericity Bi			\$17.75	NA		
V2499	Variable Asphericity Lens			M	NA	Y	
V2500	Contact Lens Pmma Spherical		0 to 6 years	\$181.00	\$181.00		
V2500	Contact Lens Pmma Spherical			M	M	Y	PA required for beneficiaries age 6 and over.

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**MDHHS**  
**Vision Services Database**  
**January 2022**

Revised: 08/25/2022

HCPSC Code	Short Description	Mod	Age Range	Non-Fac Fee	Fac Fee	PA	Comments
V2501	Cntct Lens Pmma-Toric/Prism		0 to 6 years	\$181.00	\$181.00		
V2501	Cntct Lens Pmma-Toric/Prism			M	M	Y	PA required for beneficiaries age 6 and over.
V2510	Cntct Gas Permeable Sphericl		0 to 6 years	\$90.00	\$90.00		
V2510	Cntct Gas Permeable Sphericl			M	M	Y	PA required for beneficiaries age 6 and over.
V2511	Cntct Toric Prism Ballast		0 to 6 years	\$181.00	\$181.00		
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		0 to 6 years	\$158.00	\$158.00		
V2520	Contact Lens Hydrophilic			M	M	Y	PA required for beneficiaries age 6 and over.
V2521	Cntct Lens Hydrophilic Toric		0 to 6 years	\$181.00	\$181.00		
V2521	Cntct Lens Hydrophilic Toric			M	M	Y	PA required for beneficiaries age 6 and over.
V2523	Cntct Lens Hydrophil Extend			M	M	Y	
V2524	Cntct Lens Hydrophil Photoch			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		
V2628	Fabrication & Fitting			\$207.00	NA		
V2629	Prosthetic Eye Other Type			M	NA	Y	
V2700	Balance Lens			\$0.00	NA		
V2700	Balance Lens	U1		\$0.00	NA		
V2700	Balance Lens	U2		\$0.00	NA		
V2710	Glass/Plastic Slab Off Prism			\$29.10	NA		
V2715	Prism Lens/Es			\$2.91	NA		
V2715	Prism Lens/Es	U1		\$2.91	NA		
V2715	Prism Lens/Es	U2		\$2.91	NA		
V2718	Fresnell Prism Press-On Lens			\$2.91	NA		
V2718	Fresnell Prism Press-On Lens	U1		\$2.91	NA		
V2718	Fresnell Prism Press-On Lens	U2		\$2.91	NA		
V2744	Tint Photochromatic Lens/Es			\$9.70	NA	Y	
V2745	Tint, Any Color/Soild/Grad			\$9.70	NA	Y	
V2745	Tint, Any Color/Soild/Grad	U1		\$9.70	NA	Y	
V2745	Tint, Any Color/Soild/Grad	U2		\$9.70	NA	Y	
V2755	UV Lens/Es			\$0.49	NA	Y	
V2755	UV Lens/Es	U1		\$0.49	NA	Y	
V2755	UV Lens/Es	U2		\$0.49	NA	Y	
V2756	Eye Glass Case			\$0.00	NA		
V2756	Eye Glass Case	U1		\$0.00	NA		
V2756	Eye Glass Case	U2		\$0.00	NA		
V2799	Misc Vision Item Or Service			M	NA	Y	

\* Indicates temporary coverage during COVID-19 Emergency

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