STATE OF MARYLAND
DHMH
Medical Care Policy Administration
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Vision Care Services Transmittal No. 24
December 1, 1999

TO: Vision Care Providers

FROM: Joseph M. Millstone
Director

NOTE: Please ensure that appropriate staff members in your organization are informed about the contents of this transmittal.

RE: Adoption of Proposed Amendments to COMAR 10.09.14 Vision Care Services

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ACTION:
Proposed Regulation (Permanent Status)

Effective Date:
November 29, 1999

PROGRAM CONTACT PERSON:
Robert Zielaskiewicz (410) 767-1481

Amendments to Regulations .01, and .03 - .07 under COMAR 10.09.14 Vision Care Services have been adopted as proposed. The text of the proposed amendments was included with Vision Care Services Transmittal No. 23, dated October 12, 1999 and was published in the Maryland Register on September 4, 1999 (Vol. 26, Issue 20).

The Notice of Final Action, as published in the Maryland Register, is attached.

Attachment

JMM:rz

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.14 Vision Care Services

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated Code of Maryland

Notice of Final Action

[99-291-F]

On November 8, 1999, amendments to Regulations **.01 and .03 — .07** under **COMAR 10.09.14 Vision Care Services** were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 26:20 Md. R. 1564 — 1566 (September 24, 1999), has been adopted as proposed.

Effective Date: November 29, 1999.

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 29 BOARD OF MORTICIANS

29.03 Inspection of Funeral Establishments

Authority: Health Occupations Article, §§7-101(h) and 7-205(8), Annotated Code of Maryland

Notice of Final Action

[99-258-F]

On November 1, 1999, amendments to Regulation .04 under **COMAR 29.03 Inspection of Funeral Establishments** were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 26:18 Md. R. 1385 — 1386 (August 27, 1999), has been adopted as proposed.

Effective Date: November 29, 1999.

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

Subtitle 54 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

10.54.01 Eligibility, Participation, and Benefits

Authority: Health-General Article, §8-107(a), Annotated Code of Maryland

Notice of Final Action

[99-270-F]

On November 3, 1999, amendments to Regulation .07 under **COMAR 10.54.01 Eligibility, Participation, and Benefits** were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 26:19 Md. R. 1475 — 1476 (September 10, 1999), has been adopted as proposed.

Effective Date: November 29, 1999.

GEORGES C. BENJAMIN, M.D.
Secretary of Health and Mental Hygiene

Title 13A
STATE BOARD OF EDUCATION

Subtitle 04 SPECIFIC SUBJECTS

13A.04.05 Education That is Multicultural

Authority: Education Article, §2-205(c) and (h), Annotated Code of Maryland

Notice of Final Action

[99-277-F]

On October 27, 1999, the State Board of Education adopted new Regulation **.05** and amended Regulation **.06** under **COMAR 13A.04.05 Education That is Multicultural**. This action was taken at a public meeting, notice of which was given in a State Board agenda pursuant to State Government Article, §10-506(c), Annotated Code of Maryland. This action, which was proposed for adoption in 26:19 Md. R. 1476 (September 10, 1999) has been adopted as proposed.

Effective Date: November 29, 1999.

NANCY S. GRASMICK
State Superintendent of Schools

Title 24
DEPARTMENT OF BUSINESS AND ECONOMIC DEVELOPMENT

Subtitle 05 ECONOMIC DEVELOPMENT

24.05.21 Maryland Economic Development Assistance Authority and Fund

Authority: Article 83A, §5-105(b), Annotated Code of Maryland

Notice of Final Action

[99-301-F]

On November 9, 1999, the Secretary of Business and Economic Development adopted new Regulations **.01 — .08** under a new chapter, **COMAR 24.05.21 Maryland Economic Development Assistance Authority and Fund.** This action, which was proposed for adoption in 26:20

COMAR 10.09.14

MARYLAND MEDICAL ASSISTANCE PROGRAM

VISION CARE SERVICES PROVIDER FEE MANUAL

REVISION 1999

Table of Contents

DEFINITIONS

1. **"Acquisition Cost"** means the actual cost of a product to a provider before the deduction of discounts and allowances.

2. **"Board"** means the State Board of Examiners in Optometry

3. **"Diagnostically certified optometrist"** means a licensed optometrist who is certified by the Board to administer topical ocular diagnostic pharmaceutical agents to the extent permitted under Health Occupations Article, §11-404, Annotated Code of Maryland.

4. **"Ophthalmic lenses or optical aids"** means a lens, contact lens, prism, or vision aid which has a therapeutic effect on a patient, or which will contribute to the visual welfare of a patient.

5. **"Optician"** means an individual, partnership, or company which meets applicable licensing requirements as a qualified grinder or dispenser of ophthalmic lenses or optical aids, and which is capable of translating, filling, and adapting ophthalmic prescriptions, products and accessories.

6. **"Optometric clinic or center"** means a facility which provides vision care services for patients under the supervision of a licensed optometrist.

7. **"Optometric examination"** means a series of tests and measurements used to determine the extent of visual impairment or the correction required to improve visual acuity performed by a licensed optometrist and includes as a minimum:

(a) Reviewing a patient's history, past prescriptions and specifications when indicated,

(b) Visual analysis,

(c) Ophthalmoscopy of internal eye

(d) Tonometry when indicated or for a patient over 40 years of age,

(e) Muscle balance examination,

(f) Gross visual field testing when indicated,

(g) Writing of lens formula and other prescription data when needed as well as specific instructions for future care,

(h) Other tests when indicated by above, and

(i) Subsequent progress evaluation when indicated.

8. "Optometrist" means an individual who is licensed by the Board to practice optometry or by the state in which the service is rendered.

9. "Optometry" means the science of optics or vision care, except surgery, as defined in Health Occupations Article, §11-101(g), Annotated Code of Maryland.

10. "Orthoptic treatment" means a category of visual training by use of instruments to measure and enhance the binocular coordination of the eyes.

11. "Practice Optometry" means:

(a) To use any means known in the science of optics or eye care, except surgery, subject to Health Occupations Article, §§11-404 and 11-404.2, Annotated Code of maryland:

(i) To detect, diagnose and treat any optical or diseased condition in the human eye,

(ii) To prescribe eyeglasses or lenses to correct any optical or visual condition in the human eye,

(iii) To give advice or direction on the fitness or adaptation of eyeglasses or lenses to any individual for the correction or relief of a condition for which eyeglasses or lenses are worn, and

(iv) to use or permit the use of any instrument, test card, test type, test eyeglasses, test lenses, or other device to aid in choosing eyeglasses or lenses for an individual to wear.

(b) And includes, subject to Health Occupations Article §§11-404 and 11-402.2:

(i) The administration of topical ocular diagnostic pharmaceutical agents,

(ii) The administration and prescription of therapeutic pharmaceutical agents, and

(iii) The removal of superficial foreign bodies from the cornea and conjunctiva.

12. "Progress evaluation" means a follow-up visit, when indicated, to determine the effectiveness of an optometric examination, prescription, or series of orthoptic treatments

13. "Routine adjustment" means an adjustment made to an optical

aid other than an adjustment required because of damage.

14. **"Therapeutically certified optometrist"** means a licensed optometrist who is certified by the Board to administer or prescribe therapeutic pharmaceutical agents or remove superficial foreign bodies from a human eye, adnexa, or lacrimal system to the extent permitted under Health Occupations Article, §11-404.2.

15. **"Visual training"** means the use of instruments or other means to measure and enhance the binocular coordination of the eyes and visual perceptual functions.

PROVIDER REQUIREMENTS

The provider must meet all license requirements as set forth in COMAR 10.09.36.02, General Medical Assistance Provider Participation Criteria, and all conditions for participation in the Program as set forth in COMAR 10.09.36.03, including:

1. Be licensed and legally authorized to practice optometry in the state in which the service is provided.

2. Verify a Medical Assistance recipient's eligibility prior to rendering services.

3. Maintain adequate records for a minimum of 6 years and make them available, upon request, to the Department or its designee.

4. Provide service without regard to race, creed, color, age, sex, national origin, marital status, or physical or mental handicap.

5. Not knowingly employ an optometrist or optician to provide services to Medical Assistance patients after that optometrist or optician has been disqualified from the Program, unless prior approval has been received from the Department.

6. Accept payment by the Department as payment in full for services rendered and make no additional charge to any person for covered services.

7. Use first quality materials that meet the criteria established by the Department.

8. Place no restrictions on a recipient's right to select providers of the recipient's choice.

9. Agree that if the Program denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary, the provider may not seek payment for that service from the recipient or family members.

10. Agree that if the Program denies payment due to late billing, the provider may not seek payment for that service from the recipient or family members.

COVERED SERVICES

The Medical Assistance Program covers the following vision care services:

1. A maximum of one optometric examination to determine the extent of visual impairment or the correction required to improve visual acuity, every two years for recipients 21 years and older, and a maximum of one optometric examination a year for recipients younger than 21 years old, unless the time limitations are waived by the Program, based upon medical necessity.

2. A maximum of one pair of eyeglasses a year for recipients younger than 21 years old (unless the time limitations are waived by the Program, based on medical necessity) which have first quality, impact resistant lenses (except in cases where prescription requirements cannot be met with impact resistant lenses) and frames which are made of fire-resistant, first quality material, when at least one of the following conditions are met:

(a) The recipient requires a diopter change of at least 0.50,

(b) The recipient requires a diopter correction of less than 0.50 based on medical necessity and preauthorization has been obtained from the Program,

(c) The recipient's present eyeglasses have been damaged to the extent that they affect visual performance, or are no longer usable due to a change in head size or anatomy, or

(d) The recipient's present eyeglasses have been lost or stolen.

3. Examination and eyeglasses for a recipient with a medical condition, other than normal physiological change necessitating a change in eyeglasses (before the normal time limits have been met) when a preauthorization has been obtained from the program.

4. Visually necessary optometric care rendered by an optometrist when these services are:

(a) provided by the optometrist or his licensed employee

(b) Related to the patient's health needs as diagnostic, preventative, curative, palliative, or rehabilitative services, and

(c) Aequately described in the patient's record.

5. Optician services when they are:

(a) Provided by the optician, optometrist, or ophthalmologist, or by an employee under the optician's, optometrist's, or ophthalmologist's supervision and control,

(b) Adequately described in the patient's record, and

(c) Ordered or prescribed by an ophthalmologist or optometrist.

LIMITATIONS

1. The Vision Care Program does not cover the following services:

(a) Services not medically necessary,

(b) Investigational or experimental drugs or procedures,

(c) Services prohibited by the State Board of Examiners in Optometry,

(d) Services denied by Medicare as not medically justified,

(e) Eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients 21 years or older,

(f) Eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients younger than 21 years old which were not ordered as a result of a full or partial EPSDT screen,

(g) Repairs to eyeglasses,

(h) Combination or metal frames except when required for proper fit,

(i) Cost of travel by the provider,

(j) A general screening of the Medical Assistance population,

(k) Visual training sessions which do not include orthoptic treatment, and

(l) Routine adjustment.

2. The optometrist may not bill the Program nor the recipient for:

(a) Completion of forms and reports,

(b) Broken or missed appointments,

(c) Professional services rendered by mail or telephone,

(d) Services which are provided at no charge to the general public, and

(e) Providing a copy of a recipient's patient record when requested by another licensed provider on behalf of the recipient.

3. An optometrist certified by the Board as qualified to administer diagnostic pharmaceutical agents may use the following agents in strengths not greater than the strengths indicated:

(a) Agents directly or indirectly affecting the pupil of the eye including the mydriatics and cycloplegics listed below:

(i) Phenylephrine hydrochloride (2.5%)

(ii) Hydroxyamphetamine hydrobromide (1.0%)

(iii) Cytopentolate hydrochloride (0.5 - 2.0%),

Tropicamide (0.5 and 1.0%)

(v) Cytopentolate hydrochloride (0.2%) with Phenylephrine hydrochloride (1.0%),

Dapiprazole hydrochloride (0.5%),

(vii) Hydroxyamphetamine hydrobromide (1.0%) and Tropicamide (0.25%).

(b) Agents directly or indirectly affecting the sensitivity of the cornea including the topical anesthetics listed below:

(i) Proparacaine hydrochloride (0.5%), and

(ii) Tetracaine hydrochloride (0.5%).

(c) Diagnostic topical anesthetic and dye combinations listed below:

(i) Benoxinate hydrochloride (0.4%) - Fluorescein sodium (0.25%), and

(ii) Proparacaine hydrochloride (0.5%) - Fluorescein sodium (0.25%).

4. An optometrist certified by the Board as qualified to administer and prescribe topical therapeutic pharmaceutical agents is limited to:

(a) Ocular antihistamines, decongestants, and combinations thereof, excluding steroids,

(b) Ocular antiallergy pharmaceutical agents,

(c) Ocular antibiotics and combinations of ocular antibiotics, excluding specially formulated or fortified antibiotics,

(d) antiinflammatory agents, excluding steroids,

(e) Ocular lubricants and artificial tears,

(f) Tropicamide,

(g) Homatropine,

(h) Nonprescription drugs that are commercially available and

(i) Primary open-angle glaucoma medications, in accordance with a written treatment plan developed jointly between the optometrist and an ophthalmologist.

5. The Program will only pay for lenses to be used in frames purchased by the Program or to replace lenses in the recipient's existing frames, which are defined as those which have been fitted with lenses and previously worn by the recipient for the purpose of correcting that patient's vision.

(a) Providers may not sell a frame to a recipient as a private patient and bill the Program for the lenses only,

(b) Providers may not bill the Program for lenses when the recipient presents new, unfitted frames which were purchased from another source,

(c) Providers may not bill the Program for the maximum allowed fee for frames and collect supplemental payment from the recipient to enable that recipient to purchase a desired frame that exceeds Program limits, and

(d) If after the provider has fully explained the extent of Program coverage, the recipient knowingly elects to purchase the desired frames and lenses, the provider may sell a complete pair of eyeglasses (frames and lenses) to a recipient as a private patient without billing the Program.

PREAUTHORIZATION REQUIREMENTS

1. The following services require written preauthorization:

(a) Optometric examinations to determine the extent of visual impairment or the correction required to improve visual acuity before expiration of the normal time limitations,

(b) Replacement of eyeglasses due to medical necessity or because the eyeglasses were lost, stolen or damaged before expiration of the normal time limitations,

(c) Contact lenses,

(d) Subnormal vision aid examination and fitting

(e) Orthoptic treatment sessions

(f) Plastic lenses costing more than equivalent glass lenses unless there are six or more diopters of spherical correction or three or more diopters of astigmatic correction,

(g) Absorptive lenses, except cataract, and

(h) Ophthalmic lenses or optical aids when the diopter correction is less than:

(i) - 0.50 D. sphere for myopia in the weakest meridian,

(ii) + 0.75 D. sphere for hyperopia in the weakest meridian,

(iii) + 0.75 additional for presbyopia

(iv) ± 0.75 D. cylinder for astigmatism.

(vi) A change in axis of 5 degrees for cylinders of 1.00 diopter or more, and

(vii) A total of prism diopters lateral or a total of 1 prism diopter vertical.

2. Preauthorization is issued when the provider submits to the Program adequate documentation demonstrating that the service to be preauthorized is necessary and appropriate ("necessary" means directly related to diagnostic, preventative, curative, palliative, or rehabilitative treatment; "appropriate" means an effective service that can be provided, taking into consideration the particular circumstances of the recipient and the relative cost of any services which could be used to the same purpose).

3. Preauthorization is valid only for services rendered or initiated within 60 days of the date issued.

4. Preauthorization must be requested in writing. A Preauthorization Request Form for Vision Care Services (DHMH 4526) must be completed and submitted to:

Medical Care Operations Administration
Division of Claims Processing
P.O. Box 17058
Baltimore, MD 21203

Documentation must be attached to the request which shows the actual cost for a product, such as a laboratory invoice, if appicable.

5. Preauthorization normally required by the Program is waived when the service is covered and approved by Medicare. However, if the entire or any part of a claim is rejected by Medicare, and the claim is referred to the Program for payment, payment will be made for services covered by the Program only if authorization for those services has been obtained before billing.

6. Procedure codes followed by a "P" in this manual require written preauthorization.

7. The Program will cover medically justified contact lenses for recipients younger than 21 years old. The following criteria are used when reviewing written preauthorization requests for contact lenses:

(a) Monocular Aphakia

(i) When visual acuity of the two eyes is equalized within two lines (standard Snellen designation),

(ii) When no secondary condition or disease exists that could adversely alter the acuity of either eye or contra-indicate such usage, and

(iii) When tests conclude that disrupted binocular function will be restored and enhanced when compared to alternative treatment.

(b) Anisometropia.

(i) When the prescriptive difference between the two eyes exceeds 4.00 diopters (S.E.) and visual acuity of the two eyes is equalized within two lines,

(ii) When no secondary condition or disease exists that

could adversely alter the acuity of either eye or contra-indicate such usage, and

(iii) When tests conclude that disrupted binocular function will be restored and enhanced when compared to alternative treatment.

(c) Keratoconus/Corneal Dyscrasies.

(i) When contact lenses are accepted as the treatment of choice relative to the phase of a particular condition,

(ii) When the best spectacle correction in the best eye is worse than 20/60 and when the contact lens is capable of improving visual acuity to better than 20/40 or four lines better than the best spectacle acuity, and

(iii) When no secondary condition or disease exists that could adversely alter the acuity of either eye or contra-indicate such usage.

PAYMENT PROCEDURES

1. The provider shall submit a request for payment on the billing form HCFA-1500. The request for payment must include any required documentation, such as, preauthorization number, need for combination or metal frame, patient record notes, and laboratory invoices, when applicable. Maryland Medicaid Billing Instructions for the HCFA-1500 can be obtained from Provider Relations at (410) 767-5503 or (800) 445-1159.

2. The Medical Assistance Program has established a fee schedule for covered vision care services. The fee schedule lists all covered services by CPT-4 and national HCPCS codes and the maximum fee allowed for each service. Vision care providers must bill their usual and customary charge to the general public for similar professional services. The Program will pay professional fees for covered services the lower of the provider's usual and customary charge or the Program's fee schedule. For professional services, providers must bill their usual and customary charges. The Program will pay for materials at acquisition costs not to exceed the maximums established by the Program. For materials, providers must bill their acquisition costs. Program reimbursement for procedures listed as "By Report" (B.R.) or "Acquisition Cost" (A.C.) will be determined on an individual basis.

When the fee for a vision care procedure is listed as "By Report" (B.R.) in this manual, the value of the procedure is to be determined on an individual basis from a copy of the optometrist's patient record report or notes which describe the services rendered. This documentation must be submitted with the

claim.

When the fee for a vision care procedure is listed as "Acquisition Cost" (A.C.) in this manual, the value of the procedure is to be determined from a copy of a current laboratory or other invoice which clearly specifies the unit cost of the material. This documentation must be submitted with the claim.

The fee schedule for professional optometric services utilizes the codes in the latest revision of the Physicians' Current Procedural Terminology, Fourth Edition (CPT-4). This schedule lists all covered optometric services by CPT-4 code, a short descriptor and the maximum reimbursement. Optometrists must have access to the latest revision of CPT-4 in order to properly complete the HCFA-1500. The provider must select the procedure code that most accurately identifies the service performed. Any service rendered must be adequately documented in the patient record. The records must be retained for 6 years. Lack of acceptable documentation may cause the Program to deny payment, or if payment has already been made, to request repayment, or to impose sanctions, which may include withholding of payment or suspension or removal from the Program. Payment for services is based upon the procedure(s) selected by the provider. Although some providers delegate the task of assigning codes, the accuracy of the claim is solely the provider's responsibility and is subject to audit. CPT-4 definitions, and not the short descriptors found in the fee schedule, should be used for assigning codes for billing purposes.

3. Payments for lenses, frames, and the fitting and dispensing of spectacles includes any routine follow-up and adjustments for 60 days. No additional fees will be paid. Providers must bill for and will be paid for the supply of materials at acquisition costs not to exceed the maximum established by the Program. If a maximum has not been established, the provider must attach laboratory documentation to the invoice. Fitting includes facial measurements, frame selection, prescription evaluation and verification and subsequent adjustments. The maximum fee for lenses includes the cost for FDA hardening, testing, edging, assembling and surfacing. The maximum fee for frames includes the cost of a case.

(a) Use the following procedure codes for the billing of frames:

(i) V2020 for a child/adult ZYL frame,

(ii) V2025 for a metal or combination frame when required for a proper fit,

(iii) V2799 (preauthorization required) for a special or custom frame when necessary and appropriate, and

(iv) 92390 for single vision integrated glasses.

(b) Use procedure codes 92340 - 92342 for the fitting of spectacles.

4. Contact lens services require preauthorization and include the prescription of contact lenses (specification of optical and physical characteristics), the proper fitting of contact lenses (including the instruction and training of the wearer, incidental revision of the lens and adaptation), the supply of contact lenses, and the follow-up of successfully fitted extended wear lenses. Use the following procedure codes for the billing of these services:

(a) 92310-26 for the professional services of prescription, fitting, training and adaptation,

(b) V2500 - V2599 for contact lenses, and

(c) 92012 for follow-up subsequent to a proper fitting.

5. Vision care claims must be received within 9 months of the date that services were rendered. If a claim is received within the 9-month limit but rejected due to erroneous or missing data, resubmittal will be accepted within 60 days of rejection or within 9-months of the date that the service was rendered, whichever is later. If a claim is rejected because of late receipt, the recipient may not be billed for that claim.

Medicare/Medicaid Crossover claims must be received within 120 days of the date that payment was made by Medicare. This is the date of Medicare's Explanation of Benefits form. The Program recognizes the billing time limitations of Medicare and will not make payment when Medicare has rejected a claim due to late billing.

6. The Medical Assistance Program is always the payor of last resort. Whenever a Medical Assistance recipient is known to be enrolled in Medicare, Medicare must be billed first. Claims for Medicare/Medicaid recipients must be submitted on the HCFA-1500 directly to the Medicare Intermediary.

When billing Medicare on the HCFA-1500 form, place the letters "**MMA**" (Maryland Medical Assistance) and the recipient's 11-digit identification number in Block 9a and check "**Accept Assignment**" in Block 27. This will assure that Medicare will automatically forward the appropriate information to the Program which is responsible to pay for the deductible or coinsurance. Also make certain to check both **Medicare** and **Medicaid** in Block 1 on the top of the HCFA-1500 so as not to delay any payments due.

PROFESSIONAL SERVICES/MATERIALS REIMBURSEMENTS

CPT-4 HCPCS	MOD/ PREA	DESCRIPTION	MAXIMUM PAYMENT
65205		Remove foreign body from eye	7.00
65210		Remove foreign body from eye	12.00
65220		Remove foreign body from eye	12.00
65222		Remove foreign body from eye	15.00
92002		Eye exam, new patient	21.00
92004		Eye exam, new patient	27.00
92012		Eye exam, established patient	21.00
92014		Eye exam & treatment	27.00
92015		Refraction	5.00
92020		Special eye evaluation	8.50
92060		Special eye evaluation	7.50
92065	P	Orthoptic/pleoptic training	7.50
92070-26	P	Fitting of contact lens	9.00
92081		Visual field examination(s)	15.00
92082		Visual field examination(s)	15.00
92083		Visual field examination(s)	15.00
92100		Serial tonometry exam(s)	10.50
92120		Tonography & eye evaluation	10.50
92130		Water provocation tonography	8.50
92140		Glaucoma provocative tests	7.50
92225		Special eye exam, initial	4.00
92226		Special eye exam, subsequent	4.00
92250		Eye exam with photos	8.00
92260		Eye exam with photos	10.00
92283		Color vision examination	2.00
92285		Eye photography	8.00
92286		Internal eye photography	21.00
92310-26	P	Contact lenses fitting	70.00
92311-26	P	Contact lens fitting	40.00
92312-26	P	Contact lenses fitting	70.00
92313-26	P	Contact lens fitting	40.00
92325	P	Modification of contact lens	B.R.
92326	P	Replacement of contact lens	A.C.
92340		Fitting of spectacles	13.00
92341		Fitting of spectacles	16.00
92342		Fitting of spectacles	16.00
92354	P	Special spectacles fitting	B.R.
92355	P	Special Spectacles fitting	B.R.
92390		Integrated glasses, single	15.50
92499		Eye service or procedure	B.R.
V2020		Child ZYL frames w /case	8.50
V2025		Metal or combination frame	12.00
V2100		Lens spher single plano 4.00	5.00
V2101		Single visn sphere 4.12-7.00	7.20
V2102		Single visn sphere 7.12-20.00	A.C.
V2103		Spherocylinder 4.00d/.12-2.00	5.80
V2104		Spherocylinder 4.00d/2.12-4d	6.30

CPT-4/ HCPCS		DESCRIPTION	MAXIMUM PAYMENT
V2105		Spherocylinder 4.00d/4.25-6d	7.30
V2106		Spherocylinder 4.00d/>6.00d	A.C.
V2107		Spherocylinder 4.25d/.12-2d	7.70
V2108		Spherocylinder 4.25d/2.12-4d	8.20
V2109		Spherocylinder 4.25d/4.25-6d	9.20
V2110		Spherocylinder 4.25d/over 6d	A.C.
V2111		Spherocylinder 7.25d/.25-2.25d	A.C
V2112		Spherocylinder 7.25d/2.25-4d	A.C.
V2113		Spherocylinder 7.25d/4.25-6d	A.C.
V2114		Spherocylinder over 12.00d	A.C.
V2115		Lens lenticular bifocal	A.C.
V2116		Nonaspheric lens bifocal	A.C.
V2117		Aspheric lens bifocal	A.C.
V2118	P	Lens aniseikonic single	A.C.
V2199	P	Lens single vision unclassified	A.C.
V2200		Lens spher bifoc plano 4.00d	11.00
V2201		Lens sphere bifoc 4.12-7.00	13.00
V2202		Lens sphere bifocal 7.12-20	A.C.
V2203		Lens sphcy bifoc 4.00d/.12-2	13.50
V2204		Lens sphcy bifoc 4.00d/2.12-4	14.50
V2205		Lens sphcy bifoc 4.00d/4.25-6	16.50
V2206		Lens sphcy bifoc 4.00d/over 6	A.C.
V2207		Lens sphcy bifoc 4.25-7/.12-2	14.50
V2208		Lens sphcy bifoc 4.25-7/2.12-4	15.50
V2209		Lens sphcy bifoc 4.25-7/4.25-6	17.50
V2210		Lens sphcy bifoc 4.25-7/over 6	A.C.
V2211		Lens sphc bifo 7.25-12/.25-2.25	A.C.
V2212		Lens sphcy bifoc 7.25-12/2.25-4	A.C.
V2213		Lens sphcy bifoc 7.25-12/4.25-6	A.C.
V2214		Lens sphcyl bifoc over 12.00d	A.C.
V2215		Lens lenticular bifocal	A.C.
V2216		Lens lenticular nonaspheric	A.C.
V2217		Lens lenticular aspheric bifoc	A.C.
V2218	P	Lens Aniseikonic bifocal	A.C.
V2219	P	Lens bifoc seg width > 28 mm	A.C.
V2220	P	Lens bifocal add over 3.25d	A.C.
V2299	P	Lens bifocal specialty	A.C.
V2300		Lens sphere trifocal 4.00d	16.50
V2301		Lens sphere trifocal 4.12-7d	19.00
V2302		Lens sphere trifocal 7.12-20	A.C.
V2303		Lens sphcyl trifocal 4/.12-2	18.00
V2304		Lens sphcyl trifocal 4/2.25-4	20.50
V2305		Lens sphcyl trifocal 4/4.25-6	24.00
V2306		Lens sphcyl trifocal 4/over 6	A.C.
V2307		Lens sphcy trifoc 4.25-7/.12-2	20.50
V2308		Lens sphcy trifo 4.25-7/2.12-4	22.00
V2309		Lens sphcy trifo 4.25-7/4.25-6	25.00
V2310		Lens sphcy trifo 4.25-7/over 6	A.C.
V2311		Lens sphc trif 7.25-12/.25-2.25	A.C.

CPT-4/ HCPCS		DESCRIPTION	MAXIMUM PAYMENT
V2312		Lens sphc trif 7.25-12/2.25-4	A.C.
V2313		Lens sphc trif 7.25-12/4.25-6	A.C.
V2314		Lens sphcyl trifocal over 12d	A.C.
V2315		Lens lenticular trifocal	A.C.
V2316		Lens lentic nonaspheric trifoc	A.C.
V2317		Lens lentic aspheric trifoc	A.C.
V2318	P	Lens aniseikonic trifocal	A.C.
V2319	P	Lens trifo seg width > 28 mm	A.C.
V2320	P	Lens trifocal add over 3.25d	A.C.
V2399	P	Lens trifocal specialty	A.C.
V2499	P	Lens variable asphericity	A.C.
V2500	P	Contact lens pmma spherical	A.C.
V2501	P	Cntct lens pmma toric/prism	A.C.
V2502	P	Contact lens pmma bifocal	A.C.
V2503	P	Cntct lens pmma color vision	A.C.
V2510	P	Cntct gas permeable spherici	A.C.
V2511	P	Cntct gas permbl toric/prism	A.C.
V2512	P	Cntct lens gas permbl bifocl	A.C.
V2513	P	Cntct lens gas perm ext wear	A.C.
V2520	P	Cntct lens hydrophilic spere	A.C.
V2521	P	Cntct lens hydro toric/prism	A.C.
V2522	P	Cntct lens hydrophil bifocal	A.C.
V2523	P	Cntct lens hydrophil ext wear	A.C.
V2530	P	Cntct lens gas impermeable	A.C.
V2599	P	Contact lens unclassified	A.C.
V2600	P	Hand held low vision aids	A.C.
V2610	P	Single lens spectacle mount	A.C.
V2615	P	Telescop/other compound lens	A.C.
V2700		Balance lens	A.C.
V2715	P	Prism lens(es)	A.C.
V2718	P	Fresnell prism press-on lens	A.C.
V2740	P	Rose tint plastic	A.C.
V2741	P	Non-rose tint plastic	A.C.
V2742	P	Rose tint glass	A.C.
V2743	P	Non-rose tint glass	A.C.
V2799	P	Miscellaneous vision service	B.R.

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