Vision Fee Schedule

Effective 11/20/07

Provider Type	Procedure Code	Provider Code Description	Type	Rate
52, 77	V2020	VISION SVCS FRAMES PURCHASES		$50.00
52,77	V2100	LENS SHER SINGLE PLNAO 4.00	S	$28.00
52,77	V2101	SINGLE VISN SPHERE 4.12-7.00	S	$28.00
52,77	V2103	SPHEROCYLINDER 4.00D/12-2.00D	S	$28.00
52,77	V2104	SPHEROCYLINDER 4.00D/2.12-4D	S	$28.00
52,77	V2105	SPHEROCYLINDER 4.00D/4.25-6D	S	$28.00
52,77	V2106	SPHEROCYLINDER 4.00D/>6.00D	S	$28.00
52,77	V2107	SPHEROCYLINDER 4.25D/12-2D	S	$28.00
52,77	V2108	SPHEROCYLINDER 4.25D/2.12-4D	S	$28.00
52,77	V2109	SPHEROCYLINDER 4.25D/4.25-6D	S	$28.00
52,77	V2110	SPHEROCYLINDER 4.25D/OVER 6D	S	$28.00
52,77	V2111	SPHEROCYLINDER 7.25D/.25-2.25	S	$28.00
52,77	V2112	SPHEROCYLINDER 7.25D/2.25-4D	S	$28.00
52,77	V2113	SPHEROCYLINDER 7.25D/4.25-6D	S	$28.00
52,77	V2114	SPHEROCYLINDER 7.25D/OVER 12.00D	S	$28.00
52,77	V2115	LENS LENTICULAR BIFOCAL	S	$28.00
52,77	V2118	LENS ANISEIKONIC SINGLE	S	$28.00
52,77	V2121	LENTICULAR LENS, SINGLE/Bifocal	S	$28.00
52,77	V2199	LENS SINGLE VISION NOT OTHC	S	$28.00
52,77	V2200	LENS SPHER BIFOCPLANO 4.00D	B	$43.00
52,77	V2201	LENS SPHERE BIFOCAL 4.12-7.0	B	$43.00
52,77	V2202	LENS SPHERE BIFOCAL 7.12-20.	B	$43.00
52,77	V2203	LENS SPHCYL BIFOCAL 4.00D/.1	B	$43.00
52,77	V2204	LENS SPHCYL BIFOCAL 4.00D/2.1	B	$43.00
52,77	V2205	4.25 to 6.00d cylinder, per lenses	B	$43.00
52,77	V2206	over 6.00d cylinder per lenses	B	$43.00
52,77	V2207	LENS SPHCYL BIFOCAL 4.25-7D/.	B	$43.00
52,77	V2208	LENS SPHCYL BIFOCAL 4.25-7D/2.	B	$43.00
52,77	V2209	4.25 to 6.00d cylinder, per lenses	B	$43.00
52,77	V2210	over 6.00d cylinder per lenses	B	$43.00
52,77	V2211	LENS SPHCYL BIFOCAL 7.25-12/.25	B	$43.00
52,77	V2212	LENS SPHCYL BIFOCAL 7.25-12/2.2	B	$43.00
52,77	V2213	4.25 to 6.00d cylinder, per lenses	B	$43.00
52,77	V2214	LENS SPHCYL BIFOCAL OVER 12	B	$43.00
52,77	V2215	LENS LENTICULAR BIFOCAL	B	$43.00

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52,77	V2218	LENS ANISEIRKOKIC	B	$43.00
52,77	V2219	LENS BIFOCAL SEG WIDTHOVER	B	$43.00
52,77	V2220	LENS BIFOCAL ADD OVER 3.25D	B	$43.00
52,77	V2221	LENTICULAR LENS, BIFOCAL	B	$43.00
52,77	V2299	LENS BIFOCAL SPECIALITY	B	$43.00
52,77	V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	M	$56.00
52,77	V2301	Sphere, trifocal, plus or minus 4.12d to plus or minus 7.00d per lens	M	$56.00
52,77	V2302	Sphere, trifocal, plus or minus 7.12d to plus or minus 20.00d per lens	M	$56.00
52,77	V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere; .12 to 2.00d cyl. per lens	M	$56.00
52,77	V2304	2.25 to 4.00d cylinder, per lens	M	$56.00
52,77	V2305	4.25 to 6.00d cylinder, per lens	M	$56.00
52,77	V2306	over 6.00d cylinder per lens	M	$56.00
52,77	V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere; .12 to 2.00d cyl. per lens	M	$56.00
52,77	V2308	2.12 to 4.00d cylinder per lens	M	$56.00
52,77	V2309	4.25 to 6.00d cylinder, per lens	M	$56.00
52,77	V2310	over 6.00d cylinder, per lens	M	$56.00
52,77	V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere; ..25 to 2.25d cyl., per lens	M	$56.00
52,77	V2312	2.25 to 4.00d cylinder per lens	M	$56.00
52,77	V2313	4.25 to 6.00d cylinder per lens	M	$56.00
52,77	V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	M	$56.00
52,77	V2315	Lenticular, (myodisc), per lens, trifocal	M	$56.00
52,77	V2318	Aniseikonic lens, trifocal	M	$56.00
52,77	V2319	Trifocal seg width over 28mm	M	$56.00
52,77	V2320	Trifocal add over 3.25d	M	$56.00
52,77	V2321	Lenticular lens, per lens, trifocal	M	$56.00
52,77	V2399	Specialty trifocal (by report)	M	$56.00
52,77	V2430	LENS VARIABLE ASPHERICITY BI	B	$43.00
52,77	V2499	LENS VARIABLE ASPHERICITY	M	$56.00
52,77	V2799	HINGE REPAIR USE MODIFIER (LT OR RT)		$15.00
77	92002	OPHTALMOLOGICAL SERVICES;medical exam and eval with initation of diagnostic and treatment program - new patient		$43.27
77	92004	COMPREHENSIVE, NEW PATIENT ONE OR MORE SERVICES		$63.02

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Provider Type	Procedure Code	Provider Code Description	Type	Rate
77	92012	OPHTALMOLOGICAL SERVICES;medical exam and eval with initation or continuation of diagnostic and treatment program - established patient		$36.35
77	92014	COMPREHENSIVE, ESTABLISHED PATIENT ONE OR MORE SERVICES		$63.02
52, 77	92499	TEMPLES ONLY USED MODIFIER (LT OR RT)		$3.50
52,77	93499	FRONT ONLY USE MODIFIER UC		$14.00
52,77	92340	FITTING OF SPECTACLES		$33.00
52,77	92341	FITTING OF SPECTACLES BIFOCAL		$38.00
52,77	92352	SPECIAL SPECTACLES FITTING MONOFOCAL		$33.00
52,77	92353	SPECIAL SPECTACLES FITTING MULTIFOCAL		$39.00
52,77	92370	REPAIR AND ADJUSTMENT SPECTACLES		$29.00
		PER LICENSURE, OTHER OPTOMETRIC,OPTHAMALIC CPT CODES ARE LOCATED ON THE PHYSICIAN'S FEE SCHEDULE. PLEASE REVIEW TO DETERMINE AVAILABLE CPT CODES AND REIMBURSEMENT RATE		

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