

KY Medicaid Vision Contact Lens Fee Schedule 2026 revised 1.20.2026

Must be medically necessary in place of glasses



Code	Description	One Lens Per Year Per Eye	Replacement Lens Per Year Per Eye	Monthly Contact Lens per eye per year (Use the U1 Modifier)	Replacement for a Monthly Contact per eye (Use the U1 & RA Modifiers)	Daily Contact lens per eye per year (Use the U2 modifier)	Replacement for a Daily Contact per eye (Use the U2 & RA Modifiers)	Bi-Weekly Contact Lens per eye per year (Use the U3 Modifier)	Replacement for Bi-Weekly contact per eye (Use the U3 & RA Modifiers)	Notes	
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	\$83.42	\$83.42							Price is 1 contact per eye per year. Use modifier RT/LT to designate which eye. One replacement lens per year per eye.	
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	\$121.14	\$121.14							Price is 1 contact per eye per year. Use modifier RT/LT to designate which eye. One replacement lens per year per eye.	
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	\$149.20	\$149.20							Price is 1 contact per eye per year. Use modifier RT/LT to designate which eye. One replacement lens per year per eye.	
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	\$133.32	\$133.32							Price is 1 contact per eye per year. Use modifier RT/LT to designate which eye. One replacement lens per year per eye.	
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS			\$139.71	\$69.86	\$314.35	\$78.59	\$227.03	\$56.76	Price is for contacts per eye per month, daily or bi-weekly for the year. Use modifier RT/LT to designate which eye. One replacement box of contacts per year per eye.	*Year supply of monthly contacts is two boxes of contacts per year per eye. *Year supply of daily contacts is four boxes of contacts per year per eye. *Year supply of bi-weekly contacts is four boxes of contacts per year per eye.
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS			\$214.79	\$107.40	\$483.28	\$120.82	\$326.52	\$81.63	Price is for contacts per eye per month, daily or bi-weekly for the year. Use modifier RT/LT to designate which eye. One replacement box of contacts per year per eye.	*Year supply of monthly contacts is two boxes of contacts per year per eye. *Year supply of daily contacts is four boxes of contacts per year per eye. *Year supply of bi-weekly contacts is four boxes of contacts per year per eye.
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS			\$216.62	\$108.31	\$487.40	\$121.85	\$352.01	\$88.00	Price is for contacts per eye per month, daily or bi-weekly for the year. Use modifier RT/LT to designate which eye. One replacement box of contacts per year per eye.	*Year supply of monthly contacts is two boxes of contacts per year per eye. *Year supply of daily contacts is four boxes of contacts per year per eye. *Year supply of bi-weekly contacts is four boxes of contacts per year per eye.
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS			\$209.95	\$104.98			\$341.17	\$85.29	Price is for contacts per eye per month, daily or bi-weekly for the year. Use modifier RT/LT to designate which eye. One replacement box of contacts per year per eye.	*Year supply of monthly contacts is two boxes of contacts per year per eye. *Year supply of daily contacts is four boxes of contacts per year per eye. *Year supply of bi-weekly contacts is four boxes of contacts per year per eye.
V2524	CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC ADDITIVE, PER LENS			\$218.11	\$109.06	\$490.75	\$122.69	\$354.43	\$88.61	Price is for contacts per eye per month, daily or bi-weekly for the year. Use modifier RT/LT to designate which eye. One replacement box of contacts per year per eye.	*Year supply of monthly contacts is two boxes of contacts per year per eye. *Year supply of daily contacts is four boxes of contacts per year per eye. *Year supply of bi-weekly contacts is four boxes of contacts per year per eye.
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS	\$148.26	\$148.26							Price is 1 contact per eye per year. Use modifier RT/LT to designate which eye. One replacement lens per year.	
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS	\$506.52	\$506.52							Price is 1 contact per eye per year. Use modifier RT/LT to designate which eye. One replacement lens per year.	

Effective Date	Add/Delete/Change	Date Fee schedule updated
1/1/2026	No updates or current changes for 2026	1/20/2026