

KY Medicaid Vision Fee Schedule 2026

revised 1.20.2026

Notes:

- Red indicates new codes or changes for the most current revision date.
- UB modifier to be used for Certified Community Health Worker (CHW) services.
- Contact lenses must be medically necessary per regulation - see Contact Lens Fee Schedule
- Vision benefits expanded to adults effective 1/1/2023 - all codes payable to adults and children except V2744 as noted
- TPL Vision Insurance must be billed primary to Medicaid
- For Medicare/Medicaid dually eligible members, bill as a straight claim. (Does not apply to QMB members).
- It is the responsibility of the provider to check member eligibility.
- More than one (1) pair of eyeglasses per recipient per calendar year requires a prior authorization.
- Billing instructions <http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx>
- Regulations: 907 KAR 1:631; 907 KAR 1:632
- The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.
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Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
10060		SIMPLE OR SINGLE DRAINAGE OF SKIN ABSCESS	\$39.74	\$45.64		adult and children Effective 1/1/2023
10061		COMPLICATED OR MULTIPLE DRAINAGE OF SKIN ABSCESS	\$82.81	\$91.40		adult and children Effective 1/1/2023
10140		DRAINAGE OF BLOOD OR FLUID ACCUMULATION	\$51.08	\$57.52		adult and children Effective 1/1/2023
10160		ASPIRATION OF ABSCESS, BLOOD, OR CYST	\$40.06	\$45.15		adult and children Effective 1/1/2023
11000		REMOVAL OF INFLAMED OR INFECTED SKIN, UP TO 10% OF BODY SURFACE	\$33.04	\$38.40		adult and children Effective 1/1/2023
11200		REMOVAL OF SKIN TAG, 1-15 SKIN TAGS	\$26.99	\$32.75		adult and children Effective 1/1/2023
11201		REMOVAL OF SKIN TAG, EACH ADDITIONAL 10 SKIN TAGS	\$10.40	\$12.68		adult and children Effective 1/1/2023
11310		SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5 CM OR LESS	\$32.13	\$41.39		adult and children Effective 1/1/2023
11311		SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-1.0 CM	\$44.15	\$55.55		adult and children Effective 1/1/2023
11312		SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1-2.0 CM	\$52.91	\$67.93		adult and children Effective 1/1/2023
11313		SHAVING OF SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, MORE THAN 2.0 CM	\$71.16	\$91.15		adult and children Effective 1/1/2023



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11440		REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.5 CM OR LESS	\$42.99	\$52.24		adult and children Effective 1/1/2023
11441		REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-1.0 CM	\$59.12	\$70.52		adult and children Effective 1/1/2023
11442		REMOVAL OF NONCANCER SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 1.1-2.0 CM	\$71.10	\$86.12		adult and children Effective 1/1/2023
11900		INJECTION INTO SKIN GROWTH, 1-7 GROWTHS	\$19.10	\$22.45		adult and children Effective 1/1/2023
11901		INJECTION INTO SKIN GROWTH, MORE THAN 7 GROWTHS	\$38.68	\$53.17		adult and children Effective 1/1/2023
12011		SIMPLE REPAIR OF SURFACE WOUND OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 2.5 CM OR LESS	\$71.48	\$71.48		adult and children Effective 1/1/2023
15851		REMOVAL OF SUTURES OR STAPLES UNDER ANESTHESIA	\$29.99	\$34.01		adult and children Effective 1/1/2023
17000		DESTRUCTION OF PRECANCER SKIN GROWTH, 1 GROWTH	\$43.54	\$43.54		adult and children Effective 1/1/2023
17003		DESTRUCTION OF PRECANCER SKIN GROWTH, 2-14 GROWTHS	\$7.92	\$7.92		adult and children Effective 1/1/2023
17110		DESTRUCTION OF SKIN GROWTH, 1-14 GROWTHS	\$22.23	\$27.60		adult and children Effective 1/1/2023
64612		INJECTION OF CHEMICAL FOR PARALYSIS OF NERVE MUSCLES ON SIDE OF FACE	\$79.62	\$99.07		adult and children Effective 1/1/2023
65205		REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA)	\$28.34	\$33.30		adult and children Effective 1/1/2023
65210		REMOVAL OF FOREIGN BODY FROM EXTERNAL EYE (CONJUNCTIVA OR SCLERA)	\$31.55	\$37.72		adult and children Effective 1/1/2023
65220		REMOVAL OF FOREIGN BODY IN CORNEA	\$28.78	\$35.75		adult and children Effective 1/1/2023
65222		REMOVAL OF FOREIGN BODY IN CORNEA USING SLIT LAMP	\$35.66	\$43.31		adult and children Effective 1/1/2023
65286		REPAIR OF LACERATED CORNEA AND/OR SCLERA USING TISSUE GLUE	\$221.73	\$285.96		adult and children Effective 1/1/2023
65430		SCRAPING OF CORNEA FOR DIAGNOSIS	\$33.50	\$40.74		adult and children Effective 1/1/2023
65435		REMOVAL OF OUTER LAYER OF CORNEA	\$38.29	\$48.62		adult and children Effective 1/1/2023
65436		REMOVAL OF OUTER LAYER OF CORNEA WITH APPLICATION OF CHELATING AGENT	\$139.54	\$160.06		adult and children Effective 1/1/2023
65600		MULTIPLE PUNCTURES OF CORNEA	\$130.97	\$166.11		adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
65778		PLACEMENT OF AMNIOTIC MEMBRANE ON EYE SURFACE FOR WOUND HEALING	\$65.57	\$1,095.71		adult and children Effective 1/1/2023
65855		LASER REPAIR TO IMPROVE EYE FLUID FLOW	\$229.68	\$310.28		adult and children Effective 1/1/2023
65880		REMOVAL OF CORNEAL SCAR TISSUE	\$389.03	\$389.03		adult and children Effective 1/1/2023
66030		INJECTION OF MEDICATION INTO EYE	\$126.82			adult and children Effective 1/1/2023
66683		IMPLANTATION OF IRIS PROSTHESIS	\$629.85	\$629.85		Effective 1/1/2025 adult and children
66761		CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING A LASER, PER SESSION	\$190.44	\$258.84		adult and children Effective 1/1/2023
66762		CREATION OF OPENING OF IRIS FOR EYE FLUID DRAINAGE USING A LASER	\$219.81	\$299.21		adult and children Effective 1/1/2023
66821		REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING A LASER	\$192.76	\$192.76		adult and children Effective 1/1/2023
66982	55/56 LT/RT/50	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS	55 post-op care 20% 56 Pre-op care 10%	55 post-op care 20% 56 Pre-op care 10%		Effective Date: 8/1/2022 Modifier 55 post-op care payable at 20% of Physician Fee Schedule amount or Modifier 56 Pre-op care payable at 10% of Physician Fee Schedule amount or Both Modifier 55 and 56 to be paid 20% + 10% = 30%. RT- Right eye or LT – Left eye or 50 – bilateral
66984		REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS	\$652.61	\$652.61		adult and children Effective 1/1/2023
67515		INJECTION OF DRUG OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	\$26.14	\$33.65		adult and children Effective 1/1/2023
67700		INCISION AND DRAINAGE OF ABSCESS OF EYELID	\$45.45	\$52.02		adult and children Effective 1/1/2023
67710		REMOVAL OF SUTURES BETWEEN UPPER AND LOWER EYELIDS	\$43.47	\$57.01		adult and children Effective 1/1/2023
67800		REMOVAL OF CHRONIC GROWTH OF EYELID	\$53.44	\$66.04		adult and children Effective 1/1/2023
67801		REMOVAL OF MULTIPLE CHRONIC GROWTHS OF SAME EYELID	\$74.87	\$93.51		adult and children Effective 1/1/2023
67805		REMOVAL OF MULTIPLE CHRONIC GROWTHS OF DIFFERENT EYELIDS	\$84.13	\$102.63		adult and children Effective 1/1/2023
67810		BIOPSY OF EYELID	\$55.51	\$66.37		adult and children Effective 1/1/2023
67820		REMOVAL OF EYELASHES USING FORCEPS	\$31.70	\$36.79		adult and children Effective 1/1/2023
67825		REMOVAL OF EYELASHES	\$52.31	\$64.38		adult and children Effective 1/1/2023
67840		REMOVAL OF GROWTH OF EYELID	\$76.46	\$92.82		adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
67850		DESTRUCTION OF GROWTH OF EYELID MARGIN, 1.0 CM OR LESS	\$60.34	\$71.33		adult and children Effective 1/1/2023
67914		SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT	\$238.76	\$238.76		adult and children Effective 1/1/2023
67915		REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT	\$109.43	\$126.19		adult and children Effective 1/1/2023
67921		SUTURE REPAIR OF TURNING-INWARD EYELID DEFECT	\$204.74	\$204.74		adult and children Effective 1/1/2023
67922		REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT	\$105.10	\$121.06		adult and children Effective 1/1/2023
67930		SUTURE OF RECENT WOUND OF EYELID	\$123.44	\$140.47		adult and children Effective 1/1/2023
67938		REMOVAL OF EMBEDDED FOREIGN BODY IN EYELID	\$45.26	\$52.24		adult and children Effective 1/1/2023
68020		INCISION AND DRAINAGE OF CYST OF EYE	\$46.30	\$53.14		adult and children Effective 1/1/2023
68040		REMOVAL OF SCARS OF EYELID LINING DUE TO INFECTION	\$31.46	\$37.50		adult and children Effective 1/1/2023
68100		BIOPSY OF EYELID LINING	\$54.35	\$67.63		adult and children Effective 1/1/2023
68110		REMOVAL OF GROWTH OF EYELID LINING, 1.0 CM OR LESS	\$68.80	\$85.43		adult and children Effective 1/1/2023
68115		REMOVAL OF GROWTH OF EYELID LINING, MORE THAN 1.0 CM	\$122.22	\$122.22		adult and children Effective 1/1/2023
68135		DESTRUCTION OF GROWTH OF EYELID LINING	\$63.42	\$73.35		adult and children Effective 1/1/2023
68200		INJECTION INTO CONJUNCTIVA	\$22.08	\$29.05		adult and children Effective 1/1/2023
68440		SNIP INCISION OF TEAR DUCT AT INNER CORNER OF EYE	\$37.28	\$47.47		adult and children Effective 1/1/2023
68530		REMOVAL OF FOREIGN BODY OR STONE IN TEAR PASSAGES	\$148.28	\$186.50		adult and children Effective 1/1/2023
68705		RELEASE OF TISSUE AT TEAR DUCT OPENING	\$73.87	\$87.55		adult and children Effective 1/1/2023
68760		REPAIR TEAR DUCT OPENING BY HEAT, TYING, OR LASER SURGERY	\$62.61	\$74.95		adult and children Effective 1/1/2023
68761		CLOSURE OF TEAR DUCT OPENING USING PLUG	\$51.75	\$64.09		adult and children Effective 1/1/2023
68801		DILATION OF TEAR DRAINAGE OPENING	\$36.96	\$36.96		adult and children Effective 1/1/2023
68810		INSERTION OF PROBE INTO NASAL TEAR DUCT	\$51.50	\$51.50		adult and children Effective 1/1/2023
68840		PROBING OF NASAL TEAR DUCT	\$43.10	\$49.67		adult and children Effective 1/1/2023
68841		INSERTION OF DRUG DELIVERY IMPLANT INTO TEAR DUCT OF EYE	\$30.47	\$30.47		Effective 1/1/2023 adult and children Effective 1/1/2023
76511		1D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	\$69.12	\$69.12		adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
76512		2D ULTRASOUND SCAN OF EYE TISSUE AND STRUCTURES	\$69.95	\$69.95		adult and children Effective 1/1/2023
76513		ULTRASOUND SCAN OF EYE USING WATER BATH METHOD	\$69.95	\$69.95		adult and children Effective 1/1/2023
76514		ULTRASOUND SCAN OF CORNEA TO DETERMINE THICKNESS	\$9.01	\$9.01		adult and children Effective 1/1/2023
76516		ULTRASOUND SCAN TO DETERMINE EYE LENGTH	\$57.38	\$57.38		adult and children Effective 1/1/2023
76519		ULTRASOUND SCAN TO DETERMINE EYE LENGTH AND LENS POWER	\$52.34	\$52.34		adult and children Effective 1/1/2023
76529		ULTRASOUND SCAN OF EYE FOR FOREIGN BODY LOCALIZATION	\$61.73	\$61.73		adult and children Effective 1/1/2023
83516		ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE, MULTIPLE STEP METHOD	\$14.25	\$14.25		Effective 1/1/2023 adult and children Effective 1/1/2023
92002		NEW PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM	\$51.67	\$51.67		1 per recipient per provider per 3-year period. Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215 adult and children Effective 1/1/2023
92004		NEW PATIENT COMPLETE EXAM OF VISUAL SYSTEM	\$94.51	\$94.51		1 per recipient per provider per 3-year period. Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215 adult and children Effective 1/1/2023
92012		ESTABLISHED PATIENT PROBLEM FOCUSED EXAM OF VISUAL SYSTEM	\$46.92	\$46.92		1 per recipient per provider per calendar year. Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215 adult and children Effective 1/1/2023
92014		ESTABLISHED PATIENT COMPLETE EXAM OF VISUAL SYSTEM	\$69.80	\$69.80		1 per recipient per provider per calendar year. Cannot be billed with 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215 adult and children Effective 1/1/2023
92015		TEST TO DETERMINE IF PRESCRIPTION EYE WEAR IS NEEDED	\$20.22	\$20.22		1 per recipient per year (additional covered if medically necessary) adult and children Effective 1/1/2023
92018		COMPLETE EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA	\$57.64	\$57.64		adult and children Effective 1/1/2023
92019		LIMITED EXAM OF VISUAL SYSTEM UNDER GENERAL ANESTHESIA	\$45.47	\$51.78		adult and children Effective 1/1/2023
92020		EXAM OF THE INTERNAL DRAINAGE SYSTEM OF EYE	\$14.99	\$18.88		adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
92025		CT SCAN OF CORNEA	\$21.74	\$21.74		adult and children Effective 1/1/2023
92060		EXAM TO MEASURE EYE DEVIATION AND RANGE OF MOTION	\$41.60	\$41.60		adult and children Effective 1/1/2023
92065		EYE TRAINING EXERCISE PERFORMED BY HEALTH CARE PROFESSIONAL	\$32.71	\$32.71		adult and children Effective 1/1/2023
92066		EYE TRAINING EXERCISE UNDER SUPERVISION OF HEALTH CARE PROFESSIONAL	\$19.94	\$19.94		Effective 1/1/2023 adult and children Effective 1/1/2023
92071		FITTING OF CONTACT LENS FOR TREATMENT OF EYE SURFACE DISEASE	\$27.03	\$30.13		adult and children Effective 1/1/2023
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF CORNEAL CONDITION	\$78.07	\$96.16		adult and children Effective 1/1/2023
92081		EXAM OF VISUAL FIELD WITH LIMITED TESTING	\$36.45	\$36.45		Limited to 1 per recipient per provider per date of service. Cannot be billed w/92082 or 92083 as having occurred on the same date. adult and children Effective 1/1/2023
92082		EXAM OF VISUAL FIELD WITH INTERMEDIATE TESTING	\$48.64	\$48.64		Limited to 1 per recipient per provider per date of service. Cannot be billed w/92081 or 92083 as having occurred on the same date. adult and children Effective 1/1/2023
92083		EXAM OF VISUAL FIELD WITH EXTENDED TESTING	\$55.27	\$55.27		Limited to 1 per recipient per provider per date of service. Cannot be billed w/92081 or 92082 as having occurred on the same date. adult and children Effective 1/1/2023
92100		MULTIPLE MEASUREMENTS OF EYE FLUID PRESSURE OVER AN EXTENDED TIME PERIOD	\$30.59	\$33.94		adult and children Effective 1/1/2023
92132		COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL COHERENCE TOMOGRAPHY [OCT]), ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	\$31.75	\$31.75		adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
92133		COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL COHERENCE TOMOGRAPHY [OCT]), POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC NERVE	\$38.87	\$38.87		adult and children Effective 1/1/2023
92134		COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, OPTICAL COHERENCE TOMOGRAPHY [OCT]), POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA	\$38.87	\$38.87		adult and children Effective 1/1/2023
92136		MEASUREMENT OF CORNEAL CURVATURE AND DEPTH OF EYE	\$39.72	\$39.72		adult and children Effective 1/1/2023
92137		IMAGING OF RETINA WITH OPTICAL COHERENCE TOMOGRAPHY ANGIOGRAPHY	\$47.41	\$47.41		Effective 1/1/2025 adult and children
92201		EXTENDED EXAM OF THE BACK PART OF THE EYE WITH RETINAL DRAWING	\$18.14	\$19.70		adult and children Effective 1/1/2023
92202		EXTENDED EXAM OF THE BACK PART OF THE EYE WITH OPTIC NERVE DRAWING	\$11.73			Added 1/1/2020 adult and children Effective 1/1/2023
92230		EXAM OF RETINAL BLOOD VESSELS USING AN ENDOSCOPE AFTER INJECTION OF A DYE	\$27.83	\$37.09		Limited to 2 per recipient per provider per date of service. Cannot be billed as having occurred on the same date as 92235, 99250, or 92260 adult and children Effective 1/1/2023
92235		EXAM OF RETINAL BLOOD VESSELS USING A SPECIAL CAMERA AFTER INJECTION OF A DYE	\$68.33	\$68.33		Limited to 1 per recipient per provider per date of service. Cannot be billed as having occurred on the same date as 92230, 99250, or 92260 adult and children Effective 1/1/2023
92240		EXAM OF BLOOD VESSELS BETWEEN THE WHITE PART OF EYE AND RETINA USING A SPECIAL CAMERA AFTER INJECTION OF A DYE	\$157.53			adult and children Effective 1/1/2023
92250		PHOTOGRAPHY OF THE RETINA	\$49.01	\$49.01		Limited to 1 per recipient per provider per date of service. Cannot be billed as having occurred on the same date as 92230, 99235, or 92260 adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
92260		MEASUREMENT OF EYE ARTERY PRESSURE	\$22.64	\$29.88		Limited to 1 per recipient per provider per date of service. Cannot be billed as having occurred on the same date as 92230, 99235, or 92250 adult and children Effective 1/1/2023
92265		MEASUREMENT OF EYE MUSCLE ELECTRICAL ACTIVITY AND THEIR NERVE CELLS WITH NEEDLE ELECTRODE	\$32.03	\$32.03		adult and children Effective 1/1/2023
92270		MEASUREMENT OF EYE MOVEMENT	\$42.95			adult and children Effective 1/1/2023
92273		MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION	\$101.11	\$101.11		Effective 1/1/2023 adult and children Effective 1/1/2023
92274		MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION TARGETING MULTIPLE SEPARATE LOCATIONS	\$68.98	\$68.98		Effective 1/1/2023 adult and children Effective 1/1/2023
92283		EXTENDED EXAM INVOLVING COLOR VISION TESTING	\$15.65	\$15.65		adult and children Effective 1/1/2023
92284		DIAGNOSTIC DARK ADAPTATION EXAM I&R	\$23.41	\$23.41		adult and children Effective 1/1/2023
92285		PHOTOGRAPHY OF CONTENT OF EYES	\$13.89	\$13.89		adult and children Effective 1/1/2023
92286		IMAGING OF FRONT THIRD OF EYE USING A SPECIAL MICROSCOPE		\$53.79		adult and children Effective 1/1/2023
92287		IMAGING OF FRONT THIRD OF EYE USING A SPECIAL CAMERA AFTER INJECTION OF A DYE	\$104.82			adult and children Effective 1/1/2023
92310		CONTACT LENS SERVICES BOTH EYES	\$69.74	\$69.74		adult and children Effective 1/1/2023
92311		CONTACT LENS SERVICES 1 EYE WHERE NATURAL LENS IS ABSENT	\$44.49	\$56.56		adult and children Effective 1/1/2023
92312		CONTACT LENS SERVICES BOTH EYES WHERE NATURAL LENS IS ABSENT	\$53.26	\$68.82		adult and children Effective 1/1/2023
92313		CONTACT LENS SERVICES FOR LENS COVERING ENTIRE CORNEA	\$39.53	\$51.33		adult and children Effective 1/1/2023
92314		CONTACT LENS SERVICES BOTH EYES WITH FITTING BY INDEPENDENT TECHNICIAN	\$41.17	\$41.17	\$41.17	adult and children Effective 1/1/2023
92340		FITTING OF MONOFOCAL SPECTACLES	\$33.00	\$33.00	\$33.00	1 per year per member plus 1 additional for replacement glasses. adult and children Effective 1/1/2023
92341		FITTING OF BIFOCAL SPECTACLES	\$38.00	\$38.00	\$38.00	1 per year per member plus 1 additional for replacement glasses. adult and children Effective 1/1/2023
92342		FITTING OF MULTIFOCAL SPECTACLES	\$39.00	\$39.00	\$39.00	1 per year per member plus 1 additional for replacement glasses. adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
92352		FITTING OF MONOFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT	\$33.00	\$33.00	\$33.00	1 per year per member plus 1 additional for replacement glasses. adult and children Effective 1/1/2023
92353		FITTING OF MULTIFOCAL SPECTACLES WHERE NATURAL LENS IS ABSENT	\$39.00	\$39.00	\$39.00	1 per year per member plus 1 additional for replacement glasses. adult and children Effective 1/1/2023
92370		REPAIR AND REFITTING OF SPECTACLES	\$29.00	\$29.00	\$29.00	1 per year per member plus 1 additional for replacement glasses. adult and children Effective 1/1/2023
92371		REPAIR AND REFITTING OF SPECTACLE WHERE NATURAL LENS IS ABSENT	\$8.40	\$16.31	65 percent of the billed amount	adult and children Effective 1/1/2023
92499	UC	OTHER SERVICE OR PROCEDURE ON EYE	\$14.00	\$14.00	\$14.00	adult and children Effective 1/1/2023
92499	LT/RT	OTHER SERVICE OR PROCEDURE ON EYE	\$3.50	\$3.50	\$3.50	adult and children Effective 1/1/2023
92531		TEST FOR ABNORMAL EYE MOVEMENT WITHOUT STIMULUS	\$6.96	\$6.96		adult and children Effective 1/1/2023
92532		TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS	\$5.83	\$5.83		adult and children Effective 1/1/2023
92533		TEST TO ASSESS BALANCE DURING IRRIGATION	\$6.69	\$6.69		adult and children Effective 1/1/2023
92534		TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET	\$2.76	\$2.76		adult and children Effective 1/1/2023
92541		TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	\$31.41	\$31.41		adult and children Effective 1/1/2023
92542		TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	\$27.75	\$27.75		adult and children Effective 1/1/2023
92544		TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	\$21.45	\$21.45		adult and children Effective 1/1/2023
92545		TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH WITH RECORDING	\$18.45	\$18.45		adult and children Effective 1/1/2023
92546		TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	\$23.94	\$23.94		adult and children Effective 1/1/2023
92547		USE OF ELECTRODES DURING BALANCE TESTING	\$15.67	\$15.67		adult and children Effective 1/1/2023
93886		COMPLETE ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW	\$158.82	\$158.82		Effective 1/1/2023 adult and children Effective 1/1/2023
93888		ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW	\$105.85	\$105.85		Effective 1/1/2023 adult and children Effective 1/1/2023
93892		ULTRASOUND OF WITHIN THE BRAIN BLOOD FLOW FOR BLOOD CLOTS	\$177.44	\$177.44		Effective 1/1/2023 adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
94010		TEST TO MEASURE EXPIRATORY AIRFLOW AND VOLUME	\$24.44	\$24.44		adult and children Effective 1/1/2023
95060		TEST FOR ALLERGY USING ALLERGENIC EXTRACT APPLIED TO EYE	\$9.34	\$9.34		adult and children Effective 1/1/2023
95930		MEASUREMENT OF NERVE CONDUCTION USING VISUAL STIMULATION TESTING WITH REPORT	\$33.75	\$33.75		adult and children Effective 1/1/2023
96112		ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	\$108.86	\$108.86		adult and children Effective 1/1/2023
96113		ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	\$48.65	\$48.65		adult and children Effective 1/1/2023
96116		EXAM OF NEUROBEHAVIORAL STATUS, FIRST HOUR	\$76.18	\$81.03		adult and children Effective 1/1/2023
97110		THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY, EACH 15 MINUTES	\$20.90	\$20.90		adult and children Effective 1/1/2023
97112		THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUTES	\$21.66	\$21.66		adult and children Effective 1/1/2023
97150		THERAPY PROCEDURE IN A GROUP SETTING	\$13.77	\$13.77		adult and children Effective 1/1/2023
97530		THERAPY PROCEDURE USING FUNCTIONAL ACTIVITIES	\$21.61	\$21.61		adult and children Effective 1/1/2023
98960		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE TO FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) EACH 30 MINUTES INDIVIDUAL PATIENT.	\$22.53	\$22.53		Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist, optometrist. UB modifier identifies service provided by CHW
98961		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE TO FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) 2 TO 4 PATIENTS EACH 30 MINUTES.	\$10.88	\$10.88		Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist, optometrist. UB modifier identifies service provided by CHW

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
98962		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE TO FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) 5-8 PATIENT EACH 30 MINUTES.	\$8.03	\$8.03		Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist, optometrist. UB modifier identifies service provided by CHW
99050		SERVICE PROVIDED IN THE OFFICE WHEN THE OFFICE IS NORMALLY CLOSED	\$7.50	\$10.00		Must be billed with an E/M Code 99201 – 99499 adult and children Effective 1/1/2023
99202		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, 15 MINUTES OR MORE	\$39.73	\$53.00		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99203		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 30 MINUTES OR MORE	\$60.57	\$79.04		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99204		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 45 MINUTES OR MORE	\$102.79	\$112.27		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99205		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 60 MINUTES OR MORE	\$131.98	\$143.29		1 per recipient per provider per 3-year period. Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
99211		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF ESTABLISHED PATIENT THAT MAY NOT REQUIRE PRESENCE OF HEALTHCARE PROFESSIONAL	\$7.48	\$16.98		Limitation of 2 per year removed effective 1/1/2023 Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99212		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, 10 MINUTES OR MORE	\$20.41	\$31.08		Limitation of 2 per year removed effective 1/1/2023 Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99213		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING, IF USING TIME, 20 MINUTES OR MORE	\$40.36	\$42.63		Limitation of 2 per year removed effective 1/1/2023 Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99214		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING, IF USING TIME, 30 MINUTES OR MORE	\$61.98	\$67.10		Limitation of 2 per year removed effective 1/1/2023 Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99215		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, 40 MINUTES OR MORE	\$87.17	\$98.39		Limitation of 2 per year removed effective 1/1/2023 Cannot be billed with 92002, 92004, 92012, 92014, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99221		INITIAL HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 40 MINUTES	\$51.66	\$51.66		adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
99222		INITIAL HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW-LEVEL MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 55 MINUTES	\$85.60	\$85.60		adult and children Effective 1/1/2023
99223		INITIAL HOSPITAL CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 75 MINUTES	\$119.25	\$119.25		adult and children Effective 1/1/2023
99231		SUBSEQUENT HOSPITAL CARE WITH STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 25 MINUTES	\$25.89	\$25.89		adult and children Effective 1/1/2023
99232		SUBSEQUENT HOSPITAL CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 35 MINUTES	\$42.24	\$42.24		adult and children Effective 1/1/2023
99233		SUBSEQUENT HOSPITAL CARE WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 50 MINUTES	\$60.07	\$60.07		adult and children Effective 1/1/2023
99238		HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	\$53.44	\$53.44		adult and children Effective 1/1/2023
99239		HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	\$72.89	\$72.89		adult and children Effective 1/1/2023
99242		OUTPATIENT CONSULTATION WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 20 MINUTES	\$54.91	\$67.83		adult and children Effective 1/1/2023
99243		OUTPATIENT CONSULTATION WITH LOW LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 30 MINUTES	\$76.53	\$90.43		adult and children Effective 1/1/2023
99244		OUTPATIENT CONSULTATION WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 40 MINUTES	\$121.37	\$128.22		adult and children Effective 1/1/2023
99245		OUTPATIENT CONSULTATION WITH HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 55 MINUTES	\$150.75	\$166.18		adult and children Effective 1/1/2023
99252		HOSPITAL CONSULTATION WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 35 MINUTES	\$55.73	\$55.73		adult and children Effective 1/1/2023

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
99253		HOSPITAL CONSULTATION WITH LOW LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 45 MINUTES	\$74.75	\$74.75		adult and children Effective 1/1/2023
99254		HOSPITAL CONSULTATION WITH MODERATE LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 45 MINUTES	\$107.50	\$107.50		adult and children Effective 1/1/2023
99255		HOSPITAL CONSULTATION WITH HIGH LEVEL OF MEDICAL DECISION MAKING, IF USING TIME, AT LEAST 80 MINUTES	\$148.20	\$148.20		adult and children Effective 1/1/2023
99281		EMERGENCY DEPARTMENT VISIT FOR PROBLEM THAT MAY NOT REQUIRE HEALTH CARE PROFESSIONAL	\$15.97	\$15.97		adult and children Effective 1/1/2023
99282		EMERGENCY DEPARTMENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING	\$24.71	\$24.71		adult and children Effective 1/1/2023
99283		EMERGENCY DEPARTMENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING	\$47.40	\$47.40		adult and children Effective 1/1/2023
99284		EMERGENCY DEPARTMENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING	\$74.05	\$74.05		adult and children Effective 1/1/2023
99285		EMERGENCY DEPARTMENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING	\$116.04	\$116.04		adult and children Effective 1/1/2023
99341		RESIDENCE VISIT FOR NEW PATIENT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 15 MINUTES		\$74.38		1 per recipient per provider per 3-year period adult and children Effective 1/1/2023
99342		RESIDENCE VISIT FOR NEW PATIENT WITH LOW LEVEL OF MEDICAL DECISION MAKING, PER DAY, IF USING TIME, AT LEAST 30 MINUTES		\$98.05		1 per recipient per provider per 3-year period - adult and children Effective 1/1/2023
V2020		FRAMES, PURCHASES			\$50.00	1 per recipient per calendar year - Adult and Children
V2100		SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2101		SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2102		SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS			\$28.00	2 per recipient per calendar year - adult and children

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
V2103		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2104		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2105		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2106		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2107		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2108		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2109		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2110		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2111		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2112		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2113		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
V2114		SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS			\$28.00	2 per recipient per calendar year - adult and children

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
V2115		LENTICULAR, (MYODISC), PER LENS, SINGLE VISION			\$28.00	2 per recipient per calendar year - adult and children
V2118		ANISEIKONIC LENS, SINGLE VISION			\$28.00	2 per recipient per calendar year - adult and children
V2121		LENTICULAR LENS, PER LENS, SINGLE			\$28.00	2 per recipient per calendar year - adult and children
V2199		NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS			\$28.00	2 per recipient per calendar year - adult and children
V2200		SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2201		SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2202		SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2203		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2204		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2205		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2206		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2207		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2208		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2209		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2210		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
V2211		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2212		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2213		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2214		SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2215		LENTICULAR (MYODISC), PER LENS, BIFOCAL			\$43.00	2 per recipient per calendar year - adult and children
V2218		ANISEIKONIC, PER LENS, BIFOCAL			\$43.00	2 per recipient per calendar year - adult and children
V2219		BIFOCAL SEG WIDTH OVER 28 MM			\$43.00	2 per recipient per calendar year - adult and children
V2220		LENS BIFOCAL ADD OVER 3.25D			\$43.00	2 per recipient per calendar year - adult and children
V2221		LENTICULAR LENS, PER LENS, BIFOCAL			\$43.00	2 per recipient per calendar year - adult and children
V2299		SPECIALTY BIFOCAL (BY REPORT)			\$43.00	2 per recipient per calendar year - adult and children
V2300		SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2301		SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2302		SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2303		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2304		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2305		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2306		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
V2307		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2308		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2309		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2310		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2311		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2312		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2313		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2314		SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS			\$56.00	2 per recipient per calendar year - adult and children
V2315		LENTICULAR, (MYODISC), PER LENS, TRIFOCAL			\$56.00	2 per recipient per calendar year - adult and children
V2318		ANISEIKONIC LENS, TRIFOCAL			\$56.00	2 per recipient per calendar year - adult and children
V2319		TRIFOCAL SEG WIDTH OVER 28 MM			\$56.00	2 per recipient per calendar year - adult and children
V2320		TRIFOCAL ADD OVER 3.25D			\$56.00	2 per recipient per calendar year - adult and children
V2321		LENTICULAR LENS, PER LENS, TRIFOCAL			\$56.00	2 per recipient per calendar year - adult and children
V2399		SPECIALTY TRIFOCAL (BY REPORT)			\$56.00	2 per recipient per calendar year - adult and children
V2410		VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS			\$56.00	2 per recipient per calendar year - adult and children

Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
V2430		VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2499		VARIABLE SPHERICITY LENS, OTHER TYPE			\$56.00	2 per recipient per calendar year - adult and children
V2500		CONTACT LENS, PMMA, SPHERICAL, PER LENS			\$58.24	1 year supply for each eye - adult and children
V2501		CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS			\$90.95	1 year supply for each eye - adult and children
V2502		CONTACT LENS, PMMA, BIFOCAL, PER LENS			\$106.04	1 year supply for each eye - adult and children
V2503		CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS			\$102.58	1 year supply for each eye - adult and children
V2700		BALANCE LENS, PER LENS			\$46.04	1 per lense per year - adult and children
V2744		TINT, PHOTOCHROMATIC, PER LENS			\$104.00	Effective 4/6/2022 Must be under 21 (EPSDT) Medical review is required and must be performed by contacting the EPSDT Coordinator within DMS
V2750		ANTI-REFLECTIVE COATING, PER LENS			\$26.74	1 per lense per year - adult and children
V2755		U-V LENS, PER LENS			\$19.33	1 per lense per year - adult and children
V2760		SCRATCH RESISTANT COATING, PER LENS			\$14.40	1 per lense per year - adult and children
V2770		OCCLUDER LENS, PER LENS			\$21.73	1 per lense per year - adult and children
V2781		PROGRESSIVE LENS, PER LENS			\$60.00	1 per lense per year - adult and children
V2782		LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS			\$60.41	1 per lense per year - adult and children
V2783		LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS			\$77.14	1 per lense per year - adult and children
V2784		LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS			\$32.00	1 per lense per year - adult and children
V2799		HINGE REPAIR ONLY			\$15.00	Adult and children

KY Medicaid Vision Fee Schedule Updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
1/1/2023	V2700, V2750, V2755, V2760, V2770, V2781, V2782, V2783, V2784 these codes were on the fee schedule as contact lenses. The are eyeglass lens add-ons. System updated to allow 1 each per eyeglass lens (2 lens) per year per member.	8/7/2023
1/1/2023	Limitation of 2 per recipient per year per provider has been removed for the following codes: 99211, 99212, 99213. Effective 1/1/2023. No limitations.	9/25/2023
1/1/2023	Added 92066 \$19.94 effective 1/1/2023	11/20/2023
7/1/2023	Added Community Health Workers (CHW) services 98960, 98961, 98962. Must use UB modifier to designate CHW services	11/30/2023
N/A	Update description to long descriptions.	12/19/2023
1/1/2023	Added codes: 93890-\$166.36; 68841-\$30.47; 93886-\$158.82, 93892-\$177.44, 93888-\$105.85	12/19/2023
1/1/2023	Added codes 92274 \$68.98; 92273 \$101.11; 83516 \$14.25 effective 1/1/2023	12/20/2023
1/1/2024	Removed 92543 due to AMA end dated 12/31/2015. Removed 99217, 99218, 99219, 99220, 99241, 99251, 99343 due to AMA end dated 12/31/2022	1/27/2024
1/1/2024	Removed contact lens codes from this fee schedule due to having a contact lens fee schedule of its own. Codes V2510, V2511, V2512, V2513, V2520, V2521, V2522, V2523, V2524, V2530, V2531	3/14/2024
1/1/2024	Codes were payable in the system but was not on the fee schedule. Added to fee schedule: 92314 and 92342	3/14/2024
1/1/2023	Effective 1/1/2023 updated notation on the following codes to state: 1 per year per member plus 1 additional for replacement glasses. Codes: 92340, 92341, 92352, 92353, 92370	4/4/2024
1/1/2025	Corrected pricing: 11900 – Pricing was on fee schedule incorrectly \$24.80/\$41.61. System shows \$19.10/\$22.45 Description updates: 92132, 92133, 92134, 98960, 98961, 98962 Deleted codes by AMA: 99442, 99443, 93890 New codes added: 66683, 92137	6/1/2025

1/1/2026

Description update: 92284

1/20/2026