

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 notated
- 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 |

| Procedure Code | Modifier | Description | Facility Rate | Non-Facility Rate | Eyeglasses Rate | Notes |
|----------------|----------|---|---------------|-------------------|-----------------|---------------------------------------|
| 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 |

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|----------------|----------|---|---------------|-------------------|-----------------|--|
| 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 |

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|----------------|----------|---|---------------|-------------------|-----------------|---|
| 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 MULTIFOCA SPECTACLES | \$39.00 | \$39.00 | \$39.00 | adult and children Effective 1/1/2023 |

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|----------------|----------|---|---------------|-------------------|---------------------------------|---|
| 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 OD 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 |

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|----------|---------------------------|-----------|
| 1/1/2026 | Description update: 92284 | 1/20/2026 |
|----------|---------------------------|-----------|