

LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Gainwell Technologies Provider Relations at 1-800-473-2783.

Column 1. TOS: Type of Service

TOS 07 is used for procedure codes in which a modifier is required.

TOS 09 is used for all other procedure codes.

COLUMN 2. CODE: The medical billing procedure code.

COLUMN 3. DESCRIPTION: The HCPCS description of the medical billing procedure.

COLUMN 4. FEE: The fee listed refers to the maximum, allowable payment for one unit of the item. "MP" in this field indicates that the Fiscal Intermediary manually prices the fee.

COLUMN 5. Rate Eff Date: This indicates the date on which the new rate becomes effective.

COLUMN 6. Age Restriction: If there is an age restriction for this procedure, the eligible age group will be given.

COLUMN 7. PA Required: "R" in this field indicates that Prior Authorization by the Fiscal Intermediary is required.

COLUMN 8. Last Act Date: This represents the last date a change was made to the procedure file.

This is not an all-inclusive list. The Louisiana Department of Health may consider payment of other procedure codes not included in this list on a case-by-case basis.

Important information: The V2102 TOS 07 procedure requires a modifier. The applicable modifiers for this procedure are RT-Right and LT-Left. In addition to requiring modifiers this code/TOS combination also receives a different rate. A sphere over 12.00D or greater will be reimbursed at \$42.00 per lens.

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
VISION (EYE WEAR) FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER SEPTEMBER 1, 2024

COLUMN:

1	2	3	4	5	6	7	8
				RATE	AGE		
TS	CODE	DESCRIPTION	FEE	EFF DATE	MIN-MAX	PA	LAST ACT DATE
09	V2020	FRAMES, PURCHASES	17.20	09/01/2024	00 20		08/29/2024
09	V2025	DELUX FRAME	83.06	09/01/2024	00 20	R	08/29/2024
09	V2100	SPHERE, SINGLE VISION, PLANO TO PLUS	11.10	09/01/2024	00 20		08/29/2024
09	V2101	SPHERE, SINGLE VISION, PLUS OR MINUS	12.73	09/01/2024	00 20		08/29/2024
07	V2102	SPHERE, SINGLE VISION, PLUS OR MINUS	40.00	09/01/2024	00 20	R	08/29/2024
09	V2102	SPHERE, SINGLE VISION, PLUS OR MINUS	15.41	09/01/2024	00 20		08/29/2024
09	V2103	SPHEROCYLINDER, SINGLE VISION, PLANO	11.10	09/01/2024	00 20		08/29/2024
09	V2104	SPHEROCYLINDER, SINGLE VISION, PLANO	11.10	09/01/2024	00 20		08/29/2024
09	V2105	SPHEROCYLINDER, SINGLE VISION, PLANO	11.10	09/01/2024	00 20		08/29/2024
09	V2106	SPHEROCYLINDER, SINGLE VISION, PLANO	38.93	09/01/2024	00 20	R	08/29/2024
09	V2107	SPHEROCYLINDER, SINGLE VISION, PLUS	12.73	09/01/2024	00 20		08/29/2024
09	V2108	SPHEROCYLINDER, SINGLE VISION, PLUS	12.73	09/01/2024	00 20		08/29/2024
09	V2109	SPHEROCYLINDER, SINGLE VISION, PLUS	12.73	09/01/2024	00 20		08/29/2024
09	V2110	SPEROCYLINDER, SINGLE VISION, PLUS O	41.03	09/01/2024	00 20	R	08/29/2024
09	V2111	SPHEROCYLINDER, SINGLE VISION, PLUS	15.41	09/01/2024	00 20		08/29/2024
09	V2112	SPHEROCYLINDER, SINGLE VISION, PLUS	15.41	09/01/2024	00 20		08/29/2024
09	V2113	SPHEROCYLINDER, SINGLE VISION, PLUS	15.41	09/01/2024	00 20		08/29/2024
09	V2114	SPHEROCYLINDER, SINGLE VISION, SPHER	46.29	09/01/2024	00 20	R	08/29/2024
09	V2115	LENTICULAR, (MYODISC), PER LENS, SIN	49.84	09/01/2024	00 20	R	08/29/2024
09	V2118	ANISEIKONIC LENS, SINGLE VISION	54.65	09/01/2024	00 20	R	08/29/2024
09	V2121	LENTICULAR LENS, PER LENS, SINGLE	51.68	09/01/2024	00 20	R	08/29/2024
09	V2199	NOT OTHERWISE CLASSIFIED, SINGLE VIS	MP	07/01/2012	00 20	R	06/01/2018
09	V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MI	36.60	09/01/2024	00 20	R	08/29/2024
09	V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12	39.42	09/01/2024	00 20	R	08/29/2024
09	V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12	43.19	09/01/2024	00 20	R	08/29/2024
09	V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	39.20	09/01/2024	00 20	R	08/29/2024
09	V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	40.37	09/01/2024	00 20	R	08/29/2024
09	V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	41.53	09/01/2024	00 20	R	08/29/2024
09	V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	43.08	09/01/2024	00 20	R	08/29/2024
09	V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	41.37	09/01/2024	00 20	R	08/29/2024
09	V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	41.98	09/01/2024	00 20	R	08/29/2024
09	V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINU	42.96	09/01/2024	00 20	R	08/29/2024
09	V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	45.18	09/01/2024	00 20	R	08/29/2024
09	V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	41.42	09/01/2024	00 20	R	08/29/2024
09	V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	45.13	09/01/2024	00 20	R	08/29/2024
09	V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	46.40	09/01/2024	00 20	R	08/29/2024
09	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER	48.51	09/01/2024	00 20	R	08/29/2024
09	V2215	LENTICULAR, (MYODISC), PER LENS, BIFO	52.72	09/01/2024	00 20	R	08/29/2024
09	V2218	ANISEIKONIC, PER LENS, BIFOCAL	57.53	09/01/2024	00 20	R	08/29/2024
09	V2219	BIFOCAL SEG WIDTH OVER 28MM-ADD ON	22.15	09/01/2024	00 20	R	08/29/2024
09	V2220	BIFOCAL ADD OVER 3.25D	21.05	09/01/2024	00 20	R	08/29/2024

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 VISION (EYE WEAR) FEE SCHEDULE
 FEES EFFECTIVE FOR DOS ON AND AFTER SEPTEMBER 1, 2024

COLUMN:

1	2	3	4	5	6	7	8
				RATE	AGE		
TS	CODE	DESCRIPTION	FEE	EFF DATE	MIN-MAX	PA	LAST ACT DATE
09	V2221	LENTICULAR LENS, PER LENS, BIFOCAL	54.57	09/01/2024	00 20	R	08/29/2024
09	V2299	SPECIALTY BIFOCAL (BY REPORT)	MP	07/01/2012	00 20	R	06/01/2018
09	V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR M	41.31	09/01/2024	00 20	R	08/29/2024
09	V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12	44.75	09/01/2024	00 20	R	08/29/2024
09	V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12	46.52	09/01/2024	00 20	R	08/29/2024
09	V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO P	42.58	09/01/2024	00 20	R	08/29/2024
09	V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO	43.57	09/01/2024	00 20	R	08/29/2024
09	V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO P	45.02	09/01/2024	00 20	R	08/29/2024
09	V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO P	46.24	09/01/2024	00 20	R	08/29/2024
09	V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	44.36	09/01/2024	00 20	R	08/29/2024
09	V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	45.34	09/01/2024	00 20	R	08/29/2024
09	V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	47.07	09/01/2024	00 20	R	08/29/2024
09	V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	49.55	09/01/2024	00 20	R	08/29/2024
09	V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	47.29	09/01/2024	00 20	R	08/29/2024
09	V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	47.78	09/01/2024	00 20	R	08/29/2024
09	V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	49.28	09/01/2024	00 20	R	08/29/2024
09	V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVE	50.73	09/01/2024	00 20	R	08/29/2024
09	V2315	LENTICULAR, (MYODISC), PER LENS, TRI	54.92	09/01/2024	00 20	R	08/29/2024
09	V2318	ANISEIKONIC LENS, TRIFOCAL	59.74	09/01/2024	00 20	R	08/29/2024
09	V2319	TRIFOCAL SEG WIDTH OVER 28MM-ADD ON	33.22	09/01/2024	00 20	R	08/29/2024
09	V2320	TRIFOCAL ADD OVER 3.25D	32.12	09/01/2024	00 20	R	08/29/2024
09	V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	56.78	09/01/2024	00 20	R	08/29/2024
09	V2399	SPECIALTY TRIFOCAL (BY REPORT)	MP	07/01/2012	00 20	R	06/01/2018
09	V2410	VARIABLE ASPHERICITY LENS, SINGLE VI	56.14	09/01/2024	00 20	R	08/29/2024
09	V2430	VARIABLE ASPHERICITY LENS, BIFOCAL,	61.69	09/01/2024	00 20	R	08/29/2024
09	V2499	VARIABLE ASPHERICITY LENS, OTHER TYP	MP	07/01/2012	00 20	R	06/01/2018
09	V2500	CONTACT LENS, PMMA, SPHERICAL, PER L	138.44	09/01/2024	00 20	R	08/29/2024
09	V2501	CONTACT LENS, PMMA, TORIC OR PRISM B	166.12	09/01/2024	00 20	R	08/29/2024
09	V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	166.12	09/01/2024	00 20	R	08/29/2024
09	V2503	CONTACT LENS PMMA, COLOR VISION DEFI	166.12	09/01/2024	00 20	R	08/29/2024
09	V2510	CONTACT LENS, GAS PERMEABLE, SPHERIC	138.44	09/01/2024	00 20	R	08/29/2024
09	V2511	CONTACT LENS, GAS PERMEABLE, TORIC,	166.12	09/01/2024	00 20	R	08/29/2024
09	V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL	166.12	09/01/2024	00 20	R	08/29/2024
09	V2513	CONTACT LENS, GAS PERMEABLE, EXTENDE	166.12	09/01/2024	00 20	R	08/29/2024
09	V2520	CONTACT LENS HYDROPHILIC, SPHERICAL,	138.44	09/01/2024	00 20	R	08/29/2024
09	V2521	CONTACT LENS HYDROPHILIC, TORIC, OR	166.12	09/01/2024	00 20	R	08/29/2024
09	V2522	CONTACT LENS HYDROPHILIC, BIFOCAL,	166.12	09/01/2024		R	08/29/2024
09	V2523	CONTACT LENS HYDROPHILIC, EXTENDED W	166.12	09/01/2024	00 20	R	08/29/2024
09	V2530	CONTACT LENS, SCLERAL, PER LENS	193.81	09/01/2024	00 20	R	08/29/2024
09	V2531	CONTACT LENS GAS PERMEABLE	193.81	09/01/2024	00 20	R	08/29/2024
09	V2599	CONTACT LENS, OTHER TYPE, PER LENS	MP	07/01/2012	00 20	R	06/01/2018

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
VISION (EYE WEAR) FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER SEPTEMBER 1, 2024

COLUMN:

1	2	3	4	5	6	7	8
				RATE	AGE		
TS	CODE	DESCRIPTION	FEE	EFF DATE	MIN-MAX	PA	LAST ACT DATE
09	V2710	SLAB OFF PRISM, GLASS OR PLASTIC. PE	38.77	09/01/2024	00 20	R	08/29/2024
09	V2715	PRISM, PER LENS	6.65	09/01/2024	00 20	R	08/29/2024
09	V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC	13.29	09/01/2024	00 20	R	08/29/2024
09	V2744	TINT, PHOTOCHROMATIC, PER LENS	7.75	09/01/2024	00 20	R	08/29/2024
09	V2745	TINT-SOLID/GRADIENT/EQUAL/NO PHOTOCH	5.54	09/01/2024	00 20	R	08/29/2024
09	V2760	SCRATCH RESISTANT COATING, PER LENS	9.97	09/01/2024	00 20	R	08/29/2024
09	V2781	PROGRESSIVE LENS, PER LENS-ADD ON	77.52	09/01/2024	00 20	R	08/29/2024
09	V2784	LENS, POLYCARBONATE OR EQUAL, ANY IN	45.53	09/01/2024	00 20	R	08/29/2024
09	V2799	VISION SERVICE, MISCELLANEOUS	MP	07/01/2012	00 20	R	06/01/2018