

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

COLUMN 6. PA Required: "R" in this field indicates that Prior Authorization by the Fiscal Intermediary is required.

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 \$36.00 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 JUNE 1, 2018 THROUGH AUGUST 31, 2024

COLUMN:

1	2	3	4	5	6
				AGE	
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA
09	V2020	FRAMES, PURCHASES	14.96	00 20	
09	V2025	DELUX FRAME	72.23	00 20	R
09	V2100	SPHERE, SINGLE VISION, PLANO TO PLUS	9.65	00 20	
09	V2101	SPHERE, SINGLE VISION, PLUS OR MINUS	11.07	00 20	
07	V2102	SPHERE, SINGLE VISION, PLUS OR MINUS	34.78	00 20	R
09	V2102	SPHERE, SINGLE VISION, PLUS OR MINUS	13.40	00 20	
09	V2103	SPHEROCYLINDER, SINGLE VISION, PLANO	9.65	00 20	
09	V2104	SPHEROCYLINDER, SINGLE VISION, PLANO	9.65	00 20	
09	V2105	SPHEROCYLINDER, SINGLE VISION, PLANO	9.65	00 20	
09	V2106	SPHEROCYLINDER, SINGLE VISION, PLANO	33.85	00 20	R
09	V2107	SPHEROCYLINDER, SINGLE VISION, PLUS	11.07	00 20	
09	V2108	SPHEROCYLINDER, SINGLE VISION, PLUS	11.07	00 20	
09	V2109	SPHEROCYLINDER, SINGLE VISION, PLUS	11.07	00 20	
09	V2110	SPEROCYLINDER, SINGLE VISION, PLUS 0	35.68	00 20	R
09	V2111	SPHEROCYLINDER, SINGLE VISION, PLUS	13.40	00 20	
09	V2112	SPHEROCYLINDER, SINGLE VISION, PLUS	13.40	00 20	
09	V2113	SPHEROCYLINDER, SINGLE VISION, PLUS	13.40	00 20	
09	V2114	SPHEROCYLINDER, SINGLE VISION, SPHER	40.25	00 20	R
09	V2115	LENTICULAR, (MYODISC), PER LENS, SIN	43.34	00 20	R
09	V2118	ANISEIKONIC LENS, SINGLE VISION	47.52	00 20	R
09	V2121	LENTICULAR LENS, PER LENS, SINGLE	44.94	00 20	R
09	V2199	NOT OTHERWISE CLASSIFIED, SINGLE VIS	MP	00 20	R
09	V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MI	31.83	00 20	R
09	V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12	34.28	00 20	R
09	V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12	37.56	00 20	R
09	V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	34.09	00 20	R
09	V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	35.10	00 20	R
09	V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	36.11	00 20	R
09	V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PL	37.46	00 20	R
09	V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	35.97	00 20	R
09	V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	36.50	00 20	R
09	V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINU	37.36	00 20	R
09	V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	39.29	00 20	R
09	V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	36.02	00 20	R
09	V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	39.24	00 20	R
09	V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MIN	40.35	00 20	R
09	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER	42.18	00 20	R
09	V2215	LENTICULAR, (MYODISC), PER LENS, BIFO	45.84	00 20	R
09	V2218	ANISEIKONIC, PER LENS, BIFOCAL	50.03	00 20	R
09	V2219	BIFOCAL SEG WIDTH OVER 28MM-ADD ON	19.26	00 20	R
09	V2220	BIFOCAL ADD OVER 3.25D	18.30	00 20	R

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				AGE	
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA
09	V2221	LENTICULAR LENS, PER LENS, BIFOCAL	47.45	00 20	R
09	V2299	SPECIALTY BIFOCAL (BY REPORT)	MP	00 20	R
09	V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR M	35.92	00 20	R
09	V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12	38.91	00 20	R
09	V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12	40.45	00 20	R
09	V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO P	37.03	00 20	R
09	V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO	37.89	00 20	R
09	V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO P	39.15	00 20	R
09	V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO P	40.21	00 20	R
09	V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	38.57	00 20	R
09	V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	39.43	00 20	R
09	V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	40.93	00 20	R
09	V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	43.09	00 20	R
09	V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	41.12	00 20	R
09	V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	41.55	00 20	R
09	V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MI	42.85	00 20	R
09	V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVE	44.11	00 20	R
09	V2315	LENTICULAR, (MYODISC), PER LENS, TRI	47.76	00 20	R
09	V2318	ANISEIKONIC LENS, TRIFOCAL	51.95	00 20	R
09	V2319	TRIFOCAL SEG WIDTH OVER 28MM-ADD ON	28.89	00 20	R
09	V2320	TRIFOCAL ADD OVER 3.25D	27.93	00 20	R
09	V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	49.37	00 20	R
09	V2399	SPECIALTY TRIFOCAL (BY REPORT)	MP	00 20	R
09	V2410	VARIABLE ASPHERICITY LENS, SINGLE VI	48.82	00 20	R
09	V2430	VARIABLE ASPHERICITY LENS, BIFOCAL,	53.64	00 20	R
09	V2499	VARIABLE ASPHERICITY LENS, OTHER TYP	MP	00 20	R
09	V2500	CONTACT LENS, PMMA, SPHERICAL, PER L	120.38	00 20	R
09	V2501	CONTACT LENS, PMMA, TORIC OR PRISM B	144.45	00 20	R
09	V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	144.45	00 20	R
09	V2503	CONTACT LENS PMMA, COLOR VISION DEFI	144.45	00 20	R
09	V2510	CONTACT LENS, GAS PERMEABLE, SPHERIC	120.38	00 20	R
09	V2511	CONTACT LENS, GAS PERMEABLE, TORIC,	144.45	00 20	R
09	V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL	144.45	00 20	R
09	V2513	CONTACT LENS, GAS PERMEABLE, EXTENDE	144.45	00 20	R
09	V2520	CONTACT LENS HYDROPHILIC, SPHERICAL,	120.38	00 20	R
09	V2521	CONTACT LENS HYDROPHILIC, TORIC, OR	144.45	00 20	R
09	V2522	CONTACT LENS HYDROPHILIC, BIFOCAL,	144.45		R
09	V2523	CONTACT LENS HYDROPHILIC, EXTENDED W	144.45	00 20	R
09	V2530	CONTACT LENS, SCLERAL, PER LENS	168.53	00 20	R
09	V2531	CONTACT LENS GAS PERMEABLE	168.53	00 20	R
09	V2599	CONTACT LENS, OTHER TYPE, PER LENS	MP	00 20	R

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				AGE	
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA
09	V2710	SLAB OFF PRISM, GLASS OR PLASTIC. PE	33.71	00 20	R
09	V2715	PRISM, PER LENS	5.78	00 20	R
09	V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC	11.56	00 20	R
09	V2744	TINT, PHOTOCHROMATIC, PER LENS	6.74	00 20	R
09	V2745	TINT-SOLID/GRADIENT/EQUAL/NO PHOTOCH	4.82	00 20	R
09	V2760	SCRATCH RESISTANT COATING, PER LENS	8.67	00 20	R
09	V2781	PROGRESSIVE LENS, PER LENS-ADD ON	67.41	00 20	R
09	V2799	VISION SERVICE, MISCELLANEOUS	MP	00 20	R