

CHAPTER 46: VISION (EYE-WEAR) SERVICES**APPENDIX A: FEE SCHEDULE****PAGE(S) 4**

LOUISIANA MEDICAID EYE WEAR FEE SCHEDULE
EFFECTIVE 07/01/2012

PROC CODE	MOD REQ	DESCRIPTION	FEE	PA REQUIRED
S0580		POLYCARBONATE LENS-ADD ON, PER LENS	34.43	YES
V2020		FRAMES, PURCHASES	14.96	
V2025		DELUXE FRAME	72.23	YES
V2100		SPHERE SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	9.65	
V2101		SPHERE SINGLE VISION PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	11.07	
V2102		SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS Note: No prior authorization or modifier is required if the sphere is equal to or less than Plus or Minus 12.00 sphere.	13.40	
V2102	RT or LT	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS NOTE: Prior authorization and the use of the RT/LT Modifier is required if the sphere is over Plus or Minus 12.00D.	34.78^	YES*
V2103		SPHEREOCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	9.65	
V2104		SPHEREOCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	9.65	
V2105		SPHEREOCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	9.65	
V2106		SPHEREOCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D, SPHERE, OVER 6.00D CYLINDER PER LENS	33.85	YES
V2107		SPHEREOCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	11.07	
V2108		SPHEREOCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	11.07	
V2109		SPHEREOCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE 4.25 TO 6.00D CYLINDER, PER LENS	11.07	
V2110		SPHEREOCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	35.68	YES
V2111		SPHEREOCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	13.40	
V2112		SPHEREOCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	13.40	

CHAPTER 46: VISION (EYE-WEAR) SERVICES**APPENDIX A: FEE SCHEDULE****PAGE(S) 4**

HIPAA CODE	MOD REQ	DESCRIPTION	FEE	PA REQUIRED
V2113		SPHEREOCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER PER LENS	13.40	
V2114		SPHEREOCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	40.25	YES
V2115		LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	43.34	YES
V2118		ANISEIKONIC LENS, SINGLE VISION, PER LENS	47.52	YES
V2121		LENTICULAR LENS, PER LENS, SINGLE	44.94	YES
V2199		NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	manually priced	YES
V2200		SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	31.83	YES
V2201		SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	34.28	YES
V2202		SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	37.56	YES
V2203		SPHEREOCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00 SPHERE, .12 TO 2.00D CYLINDER PER LENS	34.09	YES
V2204		SPHEREOCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	35.10	YES
V2205		SPHEREOCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	36.11	YES
V2206		SPHEREOCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	37.46	YES
V2207		SPHEREOCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	35.97	YES
V2208		SPHEREOCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	36.50	YES
V2209		SPHEREOCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	37.36	YES
V2210		SPHEREOCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00 CYLINDER PER LENS	39.29	YES
V2211		SPHEREOCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	36.02	YES
V2212		SPHEREOCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	39.24	YES
V2213		SPHEREOCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	40.35	YES
V2214		SPHEREOCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	42.18	YES
V2215		LENTICULAR (MYODISC), PER LENS, BIFOCAL	45.84	YES
V2218		ANISEIKONIC, PER LENS, BIFOCAL	50.03	YES
V2219		BIFOCAL SEG WIDTH OVER 28MM-ADD-ON, PER LENS	19.26	YES
V2220		BIFOCAL ADD OVER 3.25D- ADD-ON, PER LENS	18.30	YES

CHAPTER 46: VISION (EYE-WEAR) SERVICES**APPENDIX A: FEE SCHEDULE****PAGE(S) 4**

HIPAA CODE	MOD REQ	DESCRIPTION	FEE	PA REQUIRED
V2221		LENTICULAR LENS, PER LENS, BIFOCAL	47.45	YES
V2299		SPECIALTY BIFOCAL (BY REPORT)	manually priced	YES
V2300		SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	35.92	YES
V2301		SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	38.91	YES
V2302		SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	40.45	YES
V2303		SPHEREOCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	37.03	YES
V2304		SPHEREOCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	37.89	YES
V2305		SPHEREOCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER PER LENS	39.15	YES
V2306		SPHEREOCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	40.21	YES
V2307		SPHEREOCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	38.57	YES
V2308		SPHEREOCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	39.43	YES
V2309		SPHEREOCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	40.93	YES
V2310		SPHEREOCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	43.09	YES
V2311		SPHEREOCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	41.12	YES
V2312		SPHEREOCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	41.55	YES
V2313		SPHEREOCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	42.85	YES
V2314		SPHEREOCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	44.11	YES
V2315		LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	47.76	YES
V2318		ANISEIKONIC LENS, TRIFOCAL, PER LENS	51.95	YES
V2319		TRIFOCAL SEG WIDTH OVER 28 MM- ADD-ON, PER LENS	28.89	YES
V2320		TRIFOCAL ADD OVER 3.25D – ADD-ON, PER LENS	27.93	YES
V2321		LENTICULAR LENS, PER LENS, TRIFOCAL	49.37	YES
V2399		SPECIALTY TRIFOCAL (BY REPORT)	manually priced	YES

CHAPTER 46: VISION (EYE-WEAR) SERVICES**APPENDIX A: FEE SCHEDULE****PAGE(S) 4**

HIPAA CODE	MOD REQ	DESCRIPTION	FEE	PA REQUIRED
V2410		VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	48.82	YES
V2430		VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	53.64	YES
V2499		VARIABLE ASPHERICITY LENS, OTHER TYPE	manually priced	YES
V2500		CONTACT LENS, PMMA, SPHERICAL, PER LENS	120.38	YES
V2501		CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	144.45	YES
V2502		CONTACT LENS, PMMA, BIFOCAL, PER LENS	144.45	YES
V2503		CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	144.45	YES
V2510		CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	120.38	YES
V2511		CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	144.45	YES
V2512		CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	144.45	YES
V2513		CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	144.45	YES
V2520		CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	120.38	YES
V2521		CONTACT LENS, HYDROPHILIC, TORIC OR PRISM BALLAST, PER LENS	144.45	YES
V2522		CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	144.45	YES
V2523		CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	144.45	YES
V2530		CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS	168.53	YES
V2531		CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS	168.53	YES
V2599		CONTACT LENS, OTHER TYPE	manually priced	YES
V2710		SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS-ADD-ON	33.71	YES
V2715		PRISM, PER LENS-ADD-ON	5.78	YES
V2730		SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS-ADD-ON	11.56	YES
V2744		TINT, PHOTOCHROMATIC, PER LENS-ADD-ON	6.74	YES
V2745		ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL PER LENS	4.82	YES
V2760		SCRATCH RESISTANT COATING, PER LENS-ADD-ON	8.67	YES
V2781		PROGRESSIVE LENS, PER LENS-ADD-ON	67.41	YES
V2799		VISION SERVICE, MISCELLANEOUS	manually priced	YES

*- PA required only if over 12,00D Sphere

^Over 12, 000 Sphere will be reimbursed at \$36,00 per lens