

PROVIDER BULLETIN

Volume 32 Number 31

<http://www.dss.mo.gov/mhd>

February 16, 2010

OPTICAL FEE UPDATES

CONTENT

- **OPTICAL PROGRAM FEE UPDATE**

OPTICAL PROGRAM FEE UPDATE

Missouri is experiencing a very significant revenue shortfall for state FY2010. In light of the state constitutional requirement to maintain a balanced budget, the administration has done an extensive review of options for program spending reductions, with an emphasis on effectively preserving participant eligibility, services and access to those services, even with increasing caseloads.

After a review of the Optical program Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) codes, a very small number of procedure codes were found to be reimbursed at greater than 90% of the rate Medicare reimburses. Given the need to balance the budget for state FY2010, effective March 1, 2010, CPT and HCPCS codes reimbursed at greater than the 90% of the Medicare fee schedule will be reduced to 90% of the Medicare fee schedule.

We anticipate release of the updated fee schedule during the week of March 1, 2010. The fee schedule is located on the MHD Web site at <http://dss.mo.gov/mhd/providers/>.

| PROC | PROC DESCRIPTION | Current Rate | March 1, 2010 Rate |
|-------|--|--------------|--------------------|
| 76519 | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W/INTRAOCULAR LENS POWER CALCULATION | \$65.00 | \$61.42 |
| 92070 | FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS | \$80.00 | \$52.13 |
| V2110 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDE | \$41.50 | \$39.72 |

| PROC | PROC DESCRIPTION | Current Rate | March 1, 2010 Rate |
|-------|--|--------------|--------------------|
| V2110 | SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDE | \$41.50 | \$39.72 |
| V2115 | LENTICULAR, (MYODISC), PER LENS, SINGLE VISION | \$86.25 | \$60.06 |
| V2115 | LENTICULAR, (MYODISC), PER LENS, SINGLE VISION | \$86.25 | \$60.06 |
| V2118 | ANISEIKONIC LENS, SINGLE VISION | \$86.25 | \$59.54 |
| V2121 | LENTICULAR LENS, PER LENS, SINGLE | \$86.25 | \$61.46 |
| V2121 | LENTICULAR LENS, PER LENS, SINGLE | \$86.25 | \$61.46 |
| V2215 | LENTICULAR (MYODISC), PER LENS, BIFOCAL | \$115.00 | \$69.00 |
| V2215 | LENTICULAR (MYODISC), PER LENS, BIFOCAL | \$115.00 | \$69.00 |
| V2221 | LENTICULAR LENS, PER LENS, BIFOCAL | \$87.75 | \$71.70 |
| V2221 | LENTICULAR LENS, PER LENS, BIFOCAL | \$87.75 | \$71.70 |
| V2301 | SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS | \$63.25 | \$62.45 |
| V2301 | SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS | \$63.25 | \$62.45 |
| V2304 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 2.25 TO 4.00D CYLINDER, PER LENS | \$58.75 | \$54.63 |
| V2304 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 2.25 TO 4.00D CYLINDER, PER LENS | \$58.75 | \$54.63 |
| V2305 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS | \$65.50 | \$63.21 |
| V2305 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS | \$65.50 | \$63.21 |
| V2306 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS | \$69.00 | \$65.08 |
| V2306 | SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS | \$69.00 | \$65.08 |
| V2307 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; .12 TO 2.00D CY | \$63.25 | \$61.61 |
| V2307 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; .12 TO 2.00D CY | \$63.25 | \$61.61 |

| PROC | PROC DESCRIPTION | Current Rate | March 1, 2010 Rate |
|-------|--|--------------|--------------------|
| V2309 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 4.25 TO 6.00D C | \$71.25 | \$70.34 |
| V2309 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 4.25 TO 6.00D C | \$71.25 | \$70.34 |
| V2310 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; OVER 6.00D CYLI | \$74.75 | \$69.51 |
| V2310 | SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; OVER 6.00D CYLI | \$74.75 | \$69.51 |
| V2319 | ANISEIKONIC, PER LENS, TRIFOCAL | \$63.25 | \$40.31 |
| V2319 | ANISEIKONIC, PER LENS, TRIFOCAL | \$63.25 | \$40.31 |
| V2410 | VARIABLE ASPHERICITY LENS; SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS | \$86.25 | \$72.79 |
| V2410 | VARIABLE ASPHERICITY LENS; SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS | \$86.25 | \$72.79 |
| V2710 | SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS | \$66.75 | \$61.44 |
| V2710 | SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS | \$66.75 | \$61.44 |
| V2718 | PRESS-ON LENS, FRESNELL PRISM, PER LENS | \$46.50 | \$23.18 |
| V2718 | PRESS-ON LENS, FRESNELL PRISM, PER LENS | \$46.50 | \$23.18 |
| V2730 | SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS | \$34.50 | \$17.12 |
| V2730 | SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS | \$34.50 | \$17.12 |
| V2750 | ANTI-REFLECTIVE COATING, PER LENS | \$40.25 | \$16.69 |
| V2750 | ANTI-REFLECTIVE COATING, PER LENS | \$40.25 | \$16.69 |
| V2780 | OVERSIZE LENS, PER LENS | \$10.25 | \$10.17 |
| V2780 | OVERSIZE LENS, PER LENS | \$10.25 | \$10.17 |
| V2783 | LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES P | \$65.00 | \$58.96 |
| V2783 | LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES P | \$65.00 | \$58.96 |

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896

ARCHIVED