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DIVISION OF MEDICAL SERVICES

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Optical Bulletin:

Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) mandates that states allow providers to bill for services using the standard current versions of Current Procedural Terminology (CPT) book and the Health Care Procedure Coding System (HCPCS) book.

To prepare for the mandatory implementation of HIPAA, this bulletin contains information regarding the implementation of CPT and Level II procedure codes and modifiers which are replacing the state specific Level III procedure codes.

2003 CPT AND HCPCS UPDATE

Effective July 1, 2003, Missouri Medicaid will begin accepting the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS). The 2003 procedure codes have an effective date of July 1, 2003.

Providers may begin billing the 2003 CPT or HCPCS codes with appropriate modifier(s) for dates of service on or after July 1, 2003. A transition period will be given to allow time to make necessary changes. Providers may bill the old code through September 30, 2003. Claims for dates of service on or after October 1, 2003 must be submitted using the new 2003 CPT or HCPCS codes and modifiers. Claims submitted October 1, 2003 and after for dates of service prior to July 1, 2003 must be submitted using the old procedure codes and modifier(s).

Claims for both the old and new procedure codes must not be submitted for the same date of service for the same recipient during the transition period.

Changes, which occurred as a result of the update, include additions, deletions, and replacement of procedure codes including elimination of state specific Level III procedure codes and modifiers. See Attachment A for a list of the replacement procedure codes and modifiers.

Copies of the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS) books may be purchased from your local medical bookstore.

EPSDT / HEALTHY CHILDREN AND YOUTH (HCY) VISION SCREEN

For dates of service on or after October 16, 2003, billing for Early Periodic Screening Diagnosis and Treatment (EPSDT)/HCY vision screen must be billed using the CPT procedure code for reporting the vision screen. For dates of service prior to October 16, 2003, the state specific Level III procedure code must be billed. The replacement procedure code with modifier for procedure code W0025XP (*vision screen*) is 9942952. The replacement procedure code with modifier for W0025XQ (*vision screen with referral*) is 9942952UC.

The UC modifier must be used when the child is referred for follow-up care as a result of the screen. The UC modifier must always appear as the last modifier.

DELETED PROCEDURE CODES - HIPAA COMPLIANCE

The following is a list of procedure codes being deleted:

Y4000 - Complete eye examination with refraction (6 or more components)
Y4001 - Limited eye examination (5 or less procedures)
Y4002 - Refraction
Y4011 - Special frame
Y4015 - Temple (one)
Y4020 - Single vision lens (1)
Y4021 - Single vision lens (2)
Y4030 - Trifocal lens (1)
Y4031 - Trifocal lens (2)
Y4040 - Cataract lens (1)
Y4041 - Cataract lens (2)
Y4049 - Special lens (1)

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Y4050 - Special lens (2)
Y4060 - Bifocal, kryptok, lens (1)
Y4061 - Bifocal, kryptok, lens (2)
Y4062 - Bifocal, flat top, lens (1)
Y4063 - Bifocal, flat top, lens (2)
Y4064 - Bifocal, executive, lens (1)
Y4065 - Bifocal, executive, lens (2)
Y4070 - Miscellaneous repairs
V2623 – Prosthetic eye
V2740 - Tint, Plastic, Rose I or II, per lens
V2742 - Tint, Glass, Rose I or II, per lens
V2744 - Tint, photochromatic, per lens

CODES WITH MODIFIERS

The implementation of the new procedure codes require the use of the following modifiers: RT (*right eye*); LT (*left eye*); 22 (*unusual procedural services*); 26 (*professional component*); 52 (*reduced services*); 55 (*postoperative management only*)

When a procedure code requires a modifier, the modifier *must* be used with the procedure code. Procedure codes without the appropriate modifier will deny on claims as non-covered service.

PROSTHETIC EYE SERVICES

Procedure code V2623 (*prosthetic eye*), is being deleted and replaced by procedure codes V2623RT (*prosthetic eye, right*) and V2623LT (*prosthetic eye, left*). Procedure code V2623, without a modifier, was used to bill for a prosthetic eye which included the prescription and fitting. The replacement procedure codes are used to bill for the prosthetic eye only.

In order to be HIPAA compliant, CPT procedure code 9233026 (*prescription and fitting of ocular prosthesis, with medical supervision of adaptation*) has been added for coverage.

The date of service to use on the claim for procedure code 9233026 is the date the service was provided. The date of service to use on the claim for procedure codes V2623RT and V2623LT is the date the prosthesis was placed.

EYE EXAMINATIONS

The following procedure codes must be used when billing Medicaid for an optical exam performed for refractive errors.

- S0620 (*Routine ophthalmological exam including refraction; new patient; complete exam*)
- S062022 (*Routine ophthalmological exam including refraction; new patient; limited exam*)
- S0621 (*Routine ophthalmological exam including refraction; established patient; complete exam*)
- S062122 *(Routine ophthalmological exam including refraction; established patient; limited exam*)

DIAGNOSIS CODES

One or more of the following diagnosis codes must be used on all claims with procedure codes S0620, S062022, S0621, S062122.

3670 (hypermetropia)
3671 (myopia)
36720 (astiginatism, unspecified)
36721 (regular astigmatism)
36722 (irregular astiginastism)
36731 (anisometropia)
36732 (aniseikonia)
3674 (presbyopia)
36751 (paresis of accommodation)

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36752 (total or complete internal ophthalmoplegia)
36753 (spasm of accommodation)
36781 (transient refractive change)
36789 (other disorders of refraction and accommodation, other)
3679 (unspecified disorder of refraction and accommodation)

Do *not* use the above diagnosis codes on claims when treating patients for disease or trauma to the eye.

MEDICARE PATIENTS

Eye examination procedure codes which include the refraction cannot be billed to Medicaid if the patient has Medicare Part B. Providers must bill Medicare Part B with the appropriate 2003 CPT eye examination procedure code. After Medicare's payment, providers then submit a crossover claim to Medicaid for reimbursement of allowed deductible and co-insurance.

EYE REFRACTION

Providers may not bill for a refraction (92015) only, unless the recipient has Medicare Part B coverage at the time of service.

EYE EXAMINATIONS FOR DISEASE/TRAUMA

When services are provided for disease or trauma, providers must bill Medicaid using the appropriate 2003 CPT procedure code(s) for the service(s) performed.

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PROVIDER COMMUNICATIONS

(800) 392-0938
or
(573) 751-2896

Attachment A

Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
92330	26	$49.50	None	Prescription and fitting of ocular prosthesis (artificial eye), with medical adoption
92370		$15.00	None	Repair and refitting spectacles, except for aphakia
92370	52	$3.00	None	Repair and refitting spectacles, except for aphakia; temples only
66982	55	$86.00	None	Post-op management following extracapsular cataract removal
S0620		$43.00	None	Routine ophthalmological exam including refraction; new patient; complete exam
S0620	22	$43.00	None	Routine ophthalmological exam including refraction; new patient; limited exam
S0621		$20.00	None	Routine ophthalmological exam including refraction; established patient; complete exam
S0621	22	$20.00	None	Routine ophthalmological exam including refraction; established patient; limited exam
V2020	22	$35.00	None	Special frames
V2100	RT	$13.25	None	Sphere, single vision; plano to plus or minus 4.00 per lens
V2100	LT	$13.25	None	Sphere, single vision; plano to plus or minus 4.00 per lens
V2101	RT	$23.00	None	Sphere, single vision; plus or minus 4.12 to plus or minus 7.00d per lens
V2101	LT	$23.00	None	Sphere, single vision; plus or minus 4.12 to plus or minus 7.00d per lens
V2102	RT	$34.50	None	Sphere, single vision; plus or minus 7.12 to plus or minus 20.00d per lens
V2102	LT	$34.50	None	Sphere, single vision; plus or minus 7.12 to plus or minus 20.00d per lens
V2103	RT	$21.75	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens
V2103	LT	$21.75	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens
V2104	RT	$23.00	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; 2.12 to 4.00d cylinder, per lens
V2104	LT	$23.00	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; 2.12 to 4.00d cylinder, per lens
V2105	RT	$31.00	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; 4.25 to 6.00d cylinder, per lens
V2105	LT	$31.00	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; 4.25 to 6.00d cylinder, per lens
V2106	RT	$35.75	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; over 6.00d cylinder, per lens
V2106	LT	$35.75	None	Spherocylinder, single vision, plano to plus or minus 4.00d sphere; over 6.00d cylinder, per lens

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2107	RT	$25.50	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; .12 to 200d cylinder, per lens
V2107	LT	$25.50	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; .12 to 200d cylinder, per lens
V2108	RT	$31.00	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; 2.12 to 4.00dd cylinder, per lens
V2108	LT	$31.00	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; 2.12 to 4.00dd cylinder, per lens
V2109	RT	$34.50	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; 4.25 to 6.00dd cylinder, per lense
V2109	LT	$34.50	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; 4.25 to 6.00dd cylinder, per lense
V2110	RT	$41.50	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; over 6.00d cylinder, per lens
V2110	LT	$41.50	None	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere; over 6.00d cylinder, per lens
V2111	RT	$34.50	None	Spherocylinder, single vision, plus or minus 7.25d to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens
V2111	LT	$34.50	None	Spherocylinder, single vision, plus or minus 7.25d to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens
V2112	RT	$40.25	None	Spherocylinder, single vision, plus or minus 7.25d to plus or minus 12.00d sphere; 2.25d to 4.00d cylinder, per lens
V2112	LT	$40.25	None	Spherocylinder, single vision, plus or minus 7.25d to plus or minus 12.00d sphere; 2.25d to 4.00d cylinder, per lens
V2113	RT	$41.50	None	Spherocylinder, single vision, plus or minus 7.25d to plus or minus 12.00d sphere; 4.25 to 6.00dd cylinder, per lens
V2113	LT	$41.50	None	Spherocylinder, single vision, plus or minus 7.25d to plus or minus 12.00d sphere; 4.25 to 6.00dd cylinder, per lens
V2114	RT	$54.00	None	Spherocylinder, single vision, sphere over plus or minus 12.00d per lens
V2114	LT	$54.00	None	Spherocylinder, single vision, sphere over plus or minus 12.00d per lens
V2115	RT	$86.25	None	Lenticular, (myodisc), per lens, single vision
V2115	LT	$86.25	None	Lenticular, (myodisc), per lens, single vision
V2116	RT	$86.25	None	Lenticular lens, nonaspheric, per lens, single vision
V2116	LT	$86.25	None	Lenticular lens, nonaspheric, per lens, single vision
V2117	RT	$86.25	None	Lenticular, aspheric, per lings, single vision
V2117	LT	$86.25	None	Lenticular, aspheric, per lings, single vision
V2118	RT	$86.25	None	Aniseikonic lens, single vision
V2118	LT	$86.25	None	Aniseikonic lens, single vision

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2199	RT	Manually Priced (MP)	MN*, I/C**	Not otherwise classified, single vision lens
V2199	LT	MP	MN*, I/C**	Not otherwise classified, single vision lens
V2200	RT	$31.00	None	Bifocal , flat top lens (1)
V2200	LT	$31.00	None	Bifocal , flat top lens (1)
V2201	RT	$39.00	None	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d per lens
V2201	LT	$39.00	None	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d per lens
V2202	RT	$51.75	None	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d per lens
V2202	LT	$51.75	None	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d per lens
V2203	RT	$36.00	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens
V2203	LT	$36.00	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; .12 to 2.00d cylinder, per lens
V2204	RT	$39.00	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; 2.12 to 4.00 cylinder, per lens
V2204	LT	$39.00	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; 2.12 to 4.00 cylinder, per lens
V2205	RT	$40.25	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; 4.25 to 6.00d cylinder, per lens
V2205	LT	$40.25	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; 4.25 to 6.00d cylinder, per lens
V2206	RT	$47.00	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; over 6.00d cylinder, per lens
V2206	LT	$47.00	None	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere; over 6.00d cylinder, per lens
V2207	RT	$40.25	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens
V2207	LT	$40.25	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; .12 to 2.00d cylinder, per lens
V2208	RT	$42.50	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; 2.12 to 4.00d cylinder, per lens
V2208	LT	$42.50	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; 2.12 to 4.00d cylinder, per lens
V2209	RT	$46.00	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; 4.25 to 6.00d cylinder, per lens
V2209	LT	$46.00	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; 4.25 to 6.00d cylinder, per lens
V2210	RT	$53.00	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; over 6.00d cylinder, per lens
V2210	LT	$53.00	None	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere; over 6.00d cylinder, per lens

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2211	RT	$54.00	None	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens
V2211	LT	$54.00	None	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; .25 to 2.25d cylinder, per lens
V2212	RT	$54.00	None	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; 2.25 to 4.00d cylinder, per lens
V2212	LT	$54.00	None	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; 2.25 to 4.00d cylinder, per lens
V2213	RT	$54.00	None	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; 4.25 to 6.00d cylinder, per lens
V2213	LT	$54.00	None	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere; 4.25 to 6.00d cylinder, per lens
V2214	RT	$69.00	None	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2214	LT	$69.00	None	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2215	RT	$115.00	None	Lenticular (myodisc), per lens, bifocal
V2215	LT	$115.00	None	Lenticular (myodisc), per lens, bifocal
V2216	RT	$115.00	None	Lenticular, nonaspheric, per lens, bifocal
V2216	LT	$115.00	None	Lenticular, nonaspheric, per lens, bifocal
V2217	RT	$115.00	None	Lenticular, aspheric lens, bifocal
V2217	LT	$115.00	None	Lenticular, aspheric lens, bifocal
V2218	RT	$115.00	None	Aniseikonic, per lens, bifocal
V2218	LT	$115.00	None	Aniseikonic, per lens, bifocal
V2219	RT	$115.00	None	Bifocal seg width over 28mm
V2219	LT	$115.00	None	Bifocal seg width over 28mm
V2220	RT	$23.00	None	Bifocal add over 3.25d
V2220	LT	$23.00	None	Bifocal add over 3.25d
V2299	RT	MP	MN*, I/C**	Specialty bifocal
V2299	LT	MP	MN*, I/C**	Specialty bifocal
V2300	RT	$58.75	None	Sphere, trifocal, plano to plus or minus 4.00d, per lens
V2300	LT	$58.75	None	Sphere, trifocal, plano to plus or minus 4.00d, per lens

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2301	RT	$63.25	None	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens
V2301	LT	$63.25	None	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens
V2302	RT	$65.50	None	Sphere, trifocal, plus or minus 7.12, to plus or minus 20.00 per lens
V2302	LT	$65.50	None	Sphere, trifocal, plus or minus 7.12, to plus or minus 20.00 per lens
V2303	RT	$48.00	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; .12 to 2.00d cylinder, per lens
V2303	LT	$48.00	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; .12 to 2.00d cylinder, per lens
V2304	RT	$58.75	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; 2.25 to 4.00d cylinder, per lens
V2304	LT	$58.75	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; 2.25 to 4.00d cylinder, per lens
V2305	RT	$65.50	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; 4.25 to 6.00d cylinder, per lens
V2305	LT	$65.50	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; 4.25 to 6.00d cylinder, per lens
V2306	RT	$69.00	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; over 600d cylinder, per lens
V2306	LT	$69.00	None	Spherocylinder, trifocal, plano to plus or minus 4.00d, sphere; over 600d cylinder, per lens
V2307	RT	$63.25	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; .12 to 2.00d cylinder, per lens
V2307	LT	$63.25	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; .12 to 2.00d cylinder, per lens
V2308	RT	$63.25	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; 2.12 to 4.00d cylinder, per lens
V2308	LT	$63.25	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; 2.12 to 4.00d cylinder, per lens
V2309	RT	$71.25	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; 4.25 to 6.00d cylinder, per lens
V2309	LT	$71.25	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; 4.25 to 6.00d cylinder, per lens
V2310	RT	$74.75	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; over 6.00d cylinder, per lens
V2310	LT	$74.75	None	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere;per lens; over 6.00d cylinder, per lens
V2311	RT	$69.00	None	Spherocylinder, trifocal, plus or minus 7.25, to plus or minus 12.00d per sphere; .25 to 2.25d cylinder, per lens
V2311	LT	$69.00	None	Spherocylinder, trifocal, plus or minus 7.25, to plus or minus 12.00d per sphere; .25 to 2.25d cylinder, per lens
V2312	RT	$69.00	None	Spherocylinder, trifocal, plus or minus 7.25, to plus or minus 12.00d per sphere; 2.25 to 4.00d cylinder, per lens
V2312	LT	$69.00	None	Spherocylinder, trifocal, plus or minus 7.25, to plus or minus 12.00d per sphere; 2.25 to 4.00d cylinder, per lens

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2313	RT	$74.75	None	Spherocylinder, trifocal, plus or minus 7.25, to plus or minus 12.00d per sphere; 4.25 to 6.00d cylinder, per lens
V2313	LT	$74.75	None	Spherocylinder, trifocal, plus or minus 7.25, to plus or minus 12.00d per sphere; 4.25 to 6.00d cylinder, per lens
V2314	RT	$86.25	None	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens
V2314	LT	$86.25	None	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens
V2315	RT	$143.75	None	Lenticular (myodisc), per lens, trifocal
V2315	LT	$143.75	None	Lenticular (myodisc), per lens, trifocal
V2316	LT	$143.75	None	Lenticular, nonaspheric, per lens, trifocal
V2316	RT	$143.75	None	Lenticular, nonaspheric, per lens, trifocal
V2317	RT	$143.75	None	Lenticular, aspheric lens, trifocal
V2317	LT	$143.75	None	Lenticular, aspheric lens, trifocal
V2318	RT	$143.75	None	Aniseikonic, per lens, trifocal
V2318	LT	$143.75	None	Aniseikonic, per lens, trifocal
V2319	RT	$63.25	None	Trifocal seg width over 28mm
V2319	LT	$63.25	None	Trifocal seg width over 28mm
V2320	RT	$34.50	None	Trifocal add over 3.25d
V2320	LT	$34.50	None	Trifocal add over 3.25d
V2399	RT	MP	MN*, I/C**	Specialty trifocal
V2399	LT	MP	MN*, I/C**	Specialty trifocal
V2410	RT	$86.25	None	Variable asphericity lens; single vision, full field, glass or plastic, per lens
V2410	LT	$86.25	None	Variable asphericity lens; single vision, full field, glass or plastic, per lens
V2430	RT	$86.25	None	Variable asphericity lens; bifocal, full field, glass or plastic, per lens
V2430	LT	$86.25	None	Variable asphericity lens; bifocal, full field, glass or plastic, per lens
V2499	RT	MP	MN*, I/C**	Variable asphericity lens; other type
V2499	LT	MP	MN*, I/C**	Variable asphericity lens; other type

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2500	RT	MP	MN*, I/C** Age 0-20	Contact lens, PMMA; spherical, per lens
V2500	LT	MP	MN*, I/C** Age 0-20	Contact lens, PMMA; spherical, per lens
V2501	RT	MP	MN*, I/C** Age 0-20	Contact lens, PMMA; toric or prism ballast, per lens
V2501	LT	MP	MN*, I/C** Age 0-20	Contact lens, PMMA; toric or prism ballast, per lens
V2502	RT	MP	MN*, I/C** Age 0-20	Contact lens, PMMA; bifocal, per lens
V2502	LT	MP	MN*, I/C** Age 0-20	Contact lens, PMMA; bifocal, per lens
V2510	RT	MP	MN*, I/C** Age 0-20	Contact lens, gas permeable; spherical, per lens
V2510	LT	MP	MN*, I/C** Age 0-20	Contact lens, gas permeable; spherical, per lens
V2511	RT	MP	MN*, I/C** Age 0-20	Contact lens, gas permeable; toric, prism ballast, per lens
V2511	LT	MP	MN*, I/C** Age 0-20	Contact lens, gas permeable; toric, prism ballast, per lens
V2512	RT	MP	MN*, I/C** Age 0-20	Contact lens, gas permeable; bifocal, per lens
V2512	LT	MP	MN*, I/C** Age 0-20	Contact lens, gas permeable; bifocal, per lens
V2520	RT	MP	MN*, I/C** Age 0-20	Contact lens hydrophilic; spherical, per lens
V2520	LT	MP	MN*, I/C** Age 0-20	Contact lens hydrophilic; spherical, per lens
V2521	RT	MP	MN*, I/C** Age 0-20	Contact lens hydrophilic; toric or prism ballast, per lens
V2521	LT	MP	MN*, I/C** Age 0-20	Contact lens hydrophilic; toric or prism ballast, per lens
V2522	RT	MP	MN*, I/C** Age 0-20	Contact lens hydrophilic; bifocal, per lens
V2522	LT	MP	MN*, I/C** Age 0-20	Contact lens hydrophilic; bifocal, per lens
V2530	RT	MP	MN*, I/C** Age 0-20	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2530	LT	MP	MN*, I/C** Age 0-20	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531	RT	MP	MN*, I/C** Age 0-20	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2531	LT	MP	MN*, I/C** Age 0-20	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2599	RT	MP	MN*, I/C** Age 0-20	Contact lens, other type
V2599	LT	MP	MN*, I/C** Age 0-20	Contact lens, other type

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2623	RT	$750.50	None	Prosthetic Eye, plastic, custom
V2623	LT	$750.50	None	Prosthetic Eye, plastic, custom
V2700	RT	MP	None	Balance lens, per lens
V2700	LT	MP	None	Balance lens, per lens
V2710	RT	$66.75	None	Slab off prism, glass or plastic, per lens
V2710	LT	$66.75	None	Slab off prism, glass or plastic, per lens
V2715	RT	$10.25	None	Prism, per lens
V2715	LT	$10.25	None	Prism, per lens
V2718	RT	$46.50	None	Press-on lens, fresnell prism, per lens
V2718	LT	$46.50	None	Press-on lens, fresnell prism, per lens
V2730	RT	$34.50	None	Special base curve, glass or plastic, per lens
V2730	LT	$34.50	None	Special base curve, glass or plastic, per lens
V2740	RT	$1.88	None	Tint; plastic, rose 1 or 2, per lens
V2740	LT	$1.88	None	Tint; plastic, rose 1 or 2, per lens
V2742	RT	$1.88	None	Tint; glass rose 1 or 2, per lens
V2742	LT	$1.88	None	Tint; glass rose 1 or 2, per lens
V2744	RT	$5.00	None	Tint; photchromatic, per lens
V2744	LT	$5.00	None	Tint; photchromatic, per lens
V2750	RT	$40.25	Covered only after cataract surgery	Anti-reflective coating, per lens
V2750	LT	$40.25	Covered only after cataract surgery	Anti-reflective coating, per lens
V2755	RT	$8.75	Covered only after cataract surgery	U-V lens, per lens
V2755	LT	$8.75	Covered only after cataract surgery	U-V lens, per lens

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Replacement Procedure Codes	Modifier	Maximum Allowable	Restriction	Description
V2770	LT	$23.00	None	Occluder lens, per lens
V2770	LT	$23.00	None	Occluder lens, per lens
V2780	RT	$10.25	None	Oversize lens
V2780	LT	$10.25	None	Oversize lens
V2781	RT	$37.25	Only covered if replacing progressive lens	Progressive lens, per lens
V2781	LT	$37.25	Only covered if replacing progressive lens	Progressive lens, per lens
* Certificate of Medical Necessity				
**Manufacturer's Invoice of Cost				

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