

## PROVIDER BULLETIN

Volume 40 Number 08

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

July 24, 2017

## RATE UPDATE FOR OPTICAL SERVICES

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- **RATE UPDATE FOR THE FOLLOWING PROGRAMS:**
    - **OPTICAL SERVICES**
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### MAXIMUM ALLOWABLE RATE DECREASE

Effective for dates of services on or after July 1, 2017, the MO HealthNet Division (MHD) Fee-For-Service maximum allowable rates are reduced by approximately three percent (3%) for optical services. These changes are due to reductions included in the Fiscal Year 2018 budget.

The MHD will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed. Providers may not bill the MHD at a higher rate than they charge their private pay patients. Providers must bill the MHD their usual and customary rate.

The affected procedure codes and amounts are indicated on Attachment A.

The MHD will reprocess claims paid for dates of service on or after July 1, 2017. Please check your future remittance advice statements for rate adjustments.

**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.mo.gov/mhd/> 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 MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
65205			REMOVAL OF FOREIGN BODY, EXTERNAL EYE CONJUNCTIVAL SUPERFICIAL	\$25.75	25.00
65210			REMOVAL OF FOREIGN BODY, EXTERNAL EYE CONJUNCTIVALEMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL	\$30.90	30.00
65220			REMOVAL OF FOREIGN BODY, EXTERNAL EYE CORNEAL, WITHOUT SLIT LAMP	\$25.75	25.00
65222			REMOVAL OF FOREIGN BODY, EXTERNAL EYE CORNEAL, WITH SLIT LAMP	\$36.05	35.00
65430			SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$51.50	50.00
65435			REMOVAL OF CORNEAL EPITHELIUM WITH OR WITHOUT	\$25.75	25.00
66986	55		EXCHANGE OF INTRAOCULAR LENS	\$25.75	25.00
67820			CORRECTION OF TRICHIASIS EPILATION, BY FORCEPS ONLY	\$7.73	7.50
67820	50		CORRECTION OF TRICHIASIS EPILATION, BY FORCEPS ONLY	\$11.59	11.25
67825			EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)	\$25.75	25.00
68040			EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	\$20.60	20.00
68761			CLOSURE OF LACRIMAL PUNCTUM BY THERMOCAUTERIZATION, LIGATION OR LASER SURGERY	\$15.45	15.00
68801			DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$10.30	10.00
68810			PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION	\$30.90	30.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
68840			PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$30.90	30.00
68899			UNLISTED PROCEDURE, LACRIMAL SYSTEM	\$36.05	35.00
76511			OPHTH US QUANT A ONLY	\$36.05	35.00
76512			OPHTH US B W/NON-QUANT A	\$51.50	50.00
76514			ECHO EXAM OF EYE THICKNESS	\$6.14	5.96
76516			OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN	\$46.35	45.00
76519			OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W/INTRAOCULAR LENS POWER CALCULATION	\$63.26	61.42
76529			OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$51.50	50.00
92002			EYE EXAM NEW PATIENT	\$30.90	30.00
92004			EYE EXAM NEW PATIENT	\$49.44	48.00
92012			EYE EXAM ESTABLISH PATIENT	\$30.90	30.00
92014			EYE EXAM&TX ESTAB PT 1/>VST	\$49.44	48.00
92015			DETERMINE REFRACTIVE STATE	\$5.15	5.00
92019			OPHTHALMOLOGICAL EXAMINATION AN EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION	\$51.50	50.00
92020			GONIOSCOPY (SEPARATE PROCEDURE)	\$10.30	10.00
92060			SENSORIMOTOR EXAM W/ MULTIPLE MEASUREMENTS OF OCULAR DEVIATION(EG,RESTRICTIVE OR PARETIC MUSCLE W/DI	\$8.24	8.00
92065			ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	\$8.24	8.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
92071			CONTACT LENS FITTING FOR TX	\$23.77	23.08
92072			FIT CONTACT LENS FOR MANAGMNT	\$75.94	73.73
92081			VISUAL FIELD EXAM,UNILATERAL/BILATERAL,W/INTERPRETATION AND REPORT;LIMITED EXAM(EG,TANGENT SCREEN,AU	\$15.45	15.00
92082			VISUAL FIELD EXAM,UNILATERAL/BILATERAL,W/MEDICAL DX EVAL;INTERMEDIATE EXAM(EG,AT LEAST 2 ISOPERS...)	\$17.00	16.50
92083			VISUAL FIELD EXAMINATION(S)	\$41.20	40.00
92100			SERIAL TONOMETRY(SEP.PROC.)W/MULTIPLE MEAS.OF INTRAOCULAR PRESSURE OVER AN EXT. TIME PER.W/INTERPRET	\$11.33	11.00
92132			CMPTR OPHTH DX IMG ANT SEGMENT	\$22.98	22.31
92133			CMPTR OPHTH IMG OPTIC NERVE	\$15.97	15.50
92134			CPTR OPHTH DX IMG POST SEGMENT	\$15.97	15.50
92136			OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATOR	\$37.45	36.36
92225			SPECIAL EYE EXAM INITIAL	\$11.33	11.00
92226			SPECIAL EYE EXAM SUBSEQUENT	\$11.33	11.00
92227			REMOTE DX RETINAL IMAGING	\$7.22	7.01
92228			REMOTE RETINAL IMAGING MGMT	\$18.88	18.33
92230			FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	\$11.33	11.00
92250			FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$17.00	16.50
92260			OPHTHALMODYNAMOMETRY	\$11.33	11.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
92265			NEEDLE OCULO ELECTROMYOGRAPHY, 1/MORE EXTRAOCULAR MUSCLES, 1/BOTH EYES, W/INTERPRETATION AND REPORT	\$15.45	15.00
92270			ELECTRO-OCULOGRAPHY, WITH INTERPRETATION AND REPORT	\$9.27	9.00
92275			ELECTRORETINOGRAPHY, WITH INTERPRETATION AND REPORT	\$15.45	15.00
92283			COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	\$11.33	11.00
92284			DARK ADAPTATION EXAMINATION, WITH INTERPRETATION AND REPORT	\$11.33	11.00
92285			EXTERNAL OCULAR PHOTOGRAPHY W/INTERPRET.& REP.FOR DOCUMENTATION OF MED.PROGRESS(EG CLOSE-UP PHOTOGRA	\$14.42	14.00
92310			PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SU	\$20.60	20.00
92370			REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	\$15.45	15.00
92370	52		REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA (TEMPLES)	\$3.09	3.00
95930			VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FLASH	\$77.25	75.00
99050			MEDICAL SERVICES AFTER HRS	\$5.15	5.00
99051			MED SERV EVE/WKEND/HOLIDAY	\$10.30	10.00
99053			MED SERV 10PM-8AM 24 HR FAC	\$10.30	10.00
99056			MED SERVICE OUT OF OFFICE	\$11.33	11.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
99058			OFFICE EMERGENCY CARE	\$11.33	11.00
99201			OFFICE/OUTPATIENT VISIT NEW	\$15.45	15.00
99202			OFFICE/OUTPATIENT VISIT NEW	\$15.45	15.00
99203			OFFICE/OUTPATIENT VISIT NEW	\$20.60	20.00
99204			OFFICE/OUTPATIENT VISIT NEW	\$27.81	27.00
99205			OFFICE/OUTPATIENT VISIT NEW	\$27.81	27.00
99211			OFFICE/OUTPATIENT VISIT EST	\$5.15	5.00
99212			OFFICE/OUTPATIENT VISIT EST	\$17.51	17.00
99213			OFFICE/OUTPATIENT VISIT EST	\$24.72	24.00
99214			OFFICE/OUTPATIENT VISIT EST	\$20.60	20.00
99215			OFFICE/OUTPATIENT VISIT EST	\$25.75	25.00
99221			INITIAL HOSPITAL CARE	\$20.60	20.00
99222			INITIAL HOSPITAL CARE	\$25.75	25.00
99223			INITIAL HOSPITAL CARE	\$28.84	28.00
99231			SUBSEQUENT HOSPITAL CARE	\$25.75	25.00
99232			SUBSEQUENT HOSPITAL CARE	\$30.90	30.00
99233			SUBSEQUENT HOSPITAL CARE	\$36.05	35.00
99241			OFFICE CONSULTATION	\$17.00	16.50
99242			OFFICE CONSULTATION	\$20.60	20.00
99243			OFFICE CONSULTATION	\$20.60	20.00
99244			OFFICE CONSULTATION	\$28.84	28.00
99245			OFFICE CONSULTATION	\$50.99	49.50
99251			INPATIENT CONSULTATION	\$17.00	16.50
99252			INPATIENT CONSULTATION	\$20.60	20.00
99253			INPATIENT CONSULTATION	\$20.60	20.00
99254			INPATIENT CONSULTATION	\$28.84	28.00
99255			INPATIENT CONSULTATION	\$50.99	49.50
99281			EMERGENCY DEPT VISIT	\$15.45	15.00
99282			EMERGENCY DEPT VISIT	\$15.45	15.00
99283			EMERGENCY DEPT VISIT	\$15.45	15.00
99284			EMERGENCY DEPT VISIT	\$15.45	15.00
99285			EMERGENCY DEPT VISIT	\$15.45	15.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
99304			NURSING FACILITY CARE INIT	\$25.75	25.00
99305			NURSING FACILITY CARE INIT	\$25.75	25.00
99306			NURSING FACILITY CARE INIT	\$25.75	25.00
99307			NURSING FAC CARE SUBSEQ	\$10.30	10.00
99308			NURSING FAC CARE SUBSEQ	\$12.36	12.00
99309			NURSING FAC CARE SUBSEQ	\$15.45	15.00
99310			NURSING FAC CARE SUBSEQ	\$15.45	15.00
99318			ANNUAL NURSING FAC ASSESSMNT	\$25.75	25.00
99324			DOMICIL/R-HOME VISIT NEW PAT	\$29.77	28.90
99325			DOMICIL/R-HOME VISIT NEW PAT	\$43.63	42.36
99326			DOMICIL/R-HOME VISIT NEW PAT	\$63.29	61.45
99327			DOMICIL/R-HOME VISIT NEW PAT	\$83.34	80.91
99328			DOMICIL/R-HOME VISIT NEW PAT	\$103.19	100.18
99334			DOMICIL/R-HOME VISIT EST PAT	\$23.03	22.36
99335			DOMICIL/R-HOME VISIT EST PAT	\$36.50	35.44
99336			DOMICIL/R-HOME VISIT EST PAT	\$56.36	54.72
99337			DOMICIL/R-HOME VISIT EST PAT	\$82.97	80.55
99341			HOME VISIT NEW PATIENT	\$18.54	18.00
99342			HOME VISIT NEW PATIENT	\$20.60	20.00
99343			HOME VISIT NEW PATIENT	\$27.81	27.00
99347			HOME VISIT EST PATIENT	\$14.42	14.00
99348			HOME VISIT EST PATIENT	\$17.51	17.00
99349			HOME VISIT EST PATIENT	\$20.60	20.00
99429	52		UNLISTED PREVENTIVE (VISION)	\$5.15	5.00
G0117			GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHALMOLOGIST	\$25.62	24.87
G0118			GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION OF AN OPTOMETRIST OR	\$18.00	17.48
V2020			FRAMES, PURCHASES	\$20.60	20.00
V2020	22		SPECIAL FRAMES	\$36.05	35.00

<b>PROCEDURE CODE</b>	<b>MODIFIER I</b>	<b>MODIFIER II</b>	<b>DESCRIPTION</b>	<b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b>	<b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b>
V2020	UB		FRAMES, PURCHASES	\$20.60	20.00
V2100	LT		SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	\$11.33	11.00
V2100	RT		SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	\$11.33	11.00
V2100	UB	LT	SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	\$11.33	11.00
V2100	UB	RT	SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	\$11.33	11.00
V2101	LT		SPHERE, SINGLE VISION; PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	\$23.69	23.00
V2101	RT		SPHERE, SINGLE VISION; PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	\$23.69	23.00
V2102	LT		SPHERE, SINGLE VISION; PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	\$35.54	34.50
V2102	RT		SPHERE, SINGLE VISION; PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	\$35.54	34.50
V2103	LT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	\$11.33	11.00
V2103	RT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	\$11.33	11.00
V2104	LT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00D CYLINDER, PER LENS	\$23.69	23.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2104	RT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00D CYLINDER, PER LENS	\$23.69	23.00
V2105	LT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	\$31.93	31.00
V2105	RT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	\$31.93	31.00
V2106	LT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	\$36.82	35.75
V2106	RT		SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	\$36.82	35.75
V2107	LT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; .12 TO 200D CYLIND	\$26.27	25.50
V2107	RT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; .12 TO 200D CYLIND	\$26.27	25.50
V2108	LT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00DD CYL	\$31.93	31.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2108	RT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00DD CYL	\$31.93	31.00
V2109	LT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00DD CYL	\$35.54	34.50
V2109	RT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00DD CYL	\$35.54	34.50
V2110	LT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDE	\$40.91	39.72
V2110	RT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDE	\$40.91	39.72
V2111	LT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLI	\$35.54	34.50
V2111	RT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLI	\$35.54	34.50
V2112	LT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.25D TO 4.00D C	\$41.46	40.25
V2112	RT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.25D TO 4.00D C	\$41.46	40.25
V2113	LT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00DD C	\$42.75	41.50

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2113	RT		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00DD C	\$42.75	41.50
V2114	LT		SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D PER LENS	\$55.62	54.00
V2114	RT		SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D PER LENS	\$55.62	54.00
V2115	LT		LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$61.86	60.06
V2115	RT		LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	\$61.86	60.06
V2118	LT		ANISEIKONIC LENS, SINGLE VISION	\$61.33	59.54
V2118	RT		ANISEIKONIC LENS, SINGLE VISION	\$61.33	59.54
V2121	LT		LENTICULAR LENS, PER LENS, SINGLE	\$63.30	61.46
V2121	RT		LENTICULAR LENS, PER LENS, SINGLE	\$63.30	61.46
V2200	LT		SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$31.42	30.50
V2200	RT		SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$31.42	30.50
V2201	LT		SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	\$40.17	39.00
V2201	RT		SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	\$40.17	39.00
V2202	LT		SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	\$53.30	51.75
V2202	RT		SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	\$53.30	51.75
V2203	LT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	\$31.42	30.50

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2203	RT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	\$31.42	30.50
V2204	LT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00 CYLINDER, PER LENS	\$40.17	39.00
V2204	RT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00 CYLINDER, PER LENS	\$40.17	39.00
V2205	LT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	\$41.46	40.25
V2205	RT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	\$41.46	40.25
V2206	LT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	\$48.41	47.00
V2206	RT		SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	\$48.41	47.00
V2207	LT		SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; .12 TO 2.00D CYLINDER, P	\$41.46	40.25
V2207	RT		SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; .12 TO 2.00D CYLINDER, P	\$41.46	40.25
V2208	LT		SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00D CYLINDER,	\$43.78	42.50

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V2208	RT		SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00D CYLINDER,	\$43.78	42.50
V2209	LT		SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00D CYLINDER,	\$47.38	46.00
V2209	RT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00D CYLINDER,	\$47.38	46.00
V2210	LT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDER, PER	\$54.59	53.00
V2210	RT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDER, PER	\$54.59	53.00
V2211	LT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLINDER,	\$55.62	54.00
V2211	RT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLINDER,	\$55.62	54.00
V2212	LT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.12 TO 4.00 CYLINDER,	\$55.62	54.00
V2212	RT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.12 TO 4.00 CYLINDER,	\$55.62	54.00
V2213	LT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00D CYLINDER,	\$55.62	54.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2213	RT		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00D CYLINDER,	\$55.62	54.00
V2214	LT		SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$71.07	69.00
V2214	RT		SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$71.07	69.00
V2215	LT		LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$71.07	69.00
V2215	RT		LENTICULAR (MYODISC), PER LENS, BIFOCAL	\$71.07	69.00
V2218	LT		ANISEIKONIC, PER LENS, BIFOCAL	\$118.45	115.00
V2218	RT		ANISEIKONIC, PER LENS, BIFOCAL	\$118.45	115.00
V2219	LT		BIFOCAL SEG WIDTH OVER 28MM	\$32.19	31.25
V2219	RT		BIFOCAL SEG WIDTH OVER 28MM	\$32.19	31.25
V2220	LT		BIFOCAL ADD OVER 3.25D	\$23.69	23.00
V2220	RT		BIFOCAL ADD OVER 3.25D	\$23.69	23.00
V2221	LT		LENTICULAR LENS, PER LENS, BIFOCAL	\$73.85	71.70
V2221	RT		LENTICULAR LENS, PER LENS, BIFOCAL	\$73.85	71.70
V2300	LT		SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00DD, PER LENS	\$51.50	50.00
V2300	RT		SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00DD, PER LENS	\$51.50	50.00
V2301	LT		SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	\$64.32	62.45
V2301	RT		SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	\$64.32	62.45
V2302	LT		SPHERE, TRIFOCAL, PLUS OR MINUS 7.12, TO PLUS OR MINUS 20.00 PER LENS	\$67.47	65.50
V2302	RT		SPHERE, TRIFOCAL, PLUS OR MINUS 7.12, TO PLUS OR MINUS 20.00 PER LENS	\$67.47	65.50

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2303	LT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; .12 TO 2.00D CYLINDER, PER LENS	\$51.50	50.00
V2303	RT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; .12 TO 2.00D CYLINDER, PER LENS	\$51.50	50.00
V2304	LT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 2.25 TO 4.00D CYLINDER, PER LENS	\$56.27	54.63
V2304	RT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 2.25 TO 4.00D CYLINDER, PER LENS	\$56.27	54.63
V2305	LT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	\$65.11	63.21
V2305	RT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	\$65.11	63.21
V2306	LT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	\$67.03	65.08
V2306	RT		SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	\$67.03	65.08
V2307	LT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; .12 TO 2.00D CY	\$63.46	61.61
V2307	RT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; .12 TO 2.00D CY	\$63.46	61.61

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2308	LT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 2.12 TO 4.00D	\$65.15	63.25
V2308	RT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 2.12 TO 4.00D	\$65.15	63.25
V2309	LT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 4.25 TO 6.00D C	\$72.45	70.34
V2309	RT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 4.25 TO 6.00D C	\$72.45	70.34
V2310	LT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; OVER 6.00D CYLI	\$71.60	69.51
V2310	RT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; OVER 6.00D CYLI	\$71.60	69.51
V2311	LT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; .25 TO 2.25D CYLIN	\$71.07	69.00
V2311	RT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; .25 TO 2.25D CYLIN	\$71.07	69.00
V2312	LT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 2.25 TO 4.00D CYLI	\$71.07	69.00
V2312	RT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 2.25 TO 4.00D CYLI	\$71.07	69.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2313	LT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 4.25 TO 6.00 D CYL	\$76.99	74.75
V2313	RT		SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 4.25 TO 6.00 D CYL	\$76.99	74.75
V2314	LT		SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$88.84	86.25
V2314	RT		SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	\$88.84	86.25
V2315	LT		LENTICULAR (MYODISC), PER LENS, TRIFOCAL	\$148.06	143.75
V2315	RT		LENTICULAR (MYODISC), PER LENS, TRIFOCAL	\$148.06	143.75
V2318	LT		ANISEIKONIC, PER LENS, TRIFOCAL	\$148.06	143.75
V2318	RT		ANISEIKONIC, PER LENS, TRIFOCAL	\$148.06	143.75
V2319	LT		TRIFOCAL SEG WIDTH OVER 28MM	\$41.52	40.31
V2319	RT		TRIFOCAL SEG WIDTH OVER 28MM	\$41.52	40.31
V2320	LT		TRIFOCAL ADD OVER 3.25D	\$35.54	34.50
V2320	RT		TRIFOCAL ADD OVER 3.25D	\$35.54	34.50
V2321	LT		LENTICULAR LENS, PER LENS, TRIFOCAL	\$90.38	87.75
V2321	RT		LENTICULAR LENS, PER LENS, TRIFOCAL	\$90.38	87.75
V2410	LT		VARIABLE ASPHERICITY LENS; SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$74.97	72.79
V2410	RT		VARIABLE ASPHERICITY LENS; SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$74.97	72.79
V2430	LT		VARIABLE ASPHERICITY LENS; BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$88.84	86.25

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2430	RT		VARIABLE ASPHERICITY LENS; BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	\$88.84	86.25
V2499	LT		VARIABLE ASPHERICITY LENS; OTHER TYPE	\$88.84	86.25
V2499	RT		VARIABLE ASPHERICITY LENS; OTHER TYPE	\$88.84	86.25
V2500	LT		CONTACT LENS, PMMA; SPHERICAL, PER LENS	\$16.48	16.00
V2500	RT		CONTACT LENS, PMMA; SPHERICAL, PER LENS	\$16.48	16.00
V2501	LT		CONTACT LENS, PMMA; TORIC OR PRISM BALLAST, PER LENS	\$40.17	39.00
V2501	RT		CONTACT LENS, PMMA; TORIC OR PRISM BALLAST, PER LENS	\$40.17	39.00
V2502	LT		CONTACT LENS, PMMA; BIFOCAL, PER LENS	\$160.68	156.00
V2502	RT		CONTACT LENS, PMMA; BIFOCAL, PER LENS	\$160.68	156.00
V2510	LT		CONTACT LENS, GAS PERMEABLE; SPHERICAL, PER LENS	\$47.38	46.00
V2510	RT		CONTACT LENS, GAS PERMEABLE; SPHERICAL, PER LENS	\$47.38	46.00
V2511	LT		CONTACT LENS, GAS PERMEABLE; TORIC, PRISM BALLAST, PER LENS	\$70.04	68.00
V2511	RT		CONTACT LENS, GAS PERMEABLE; TORIC, PRISM BALLAST, PER LENS	\$70.04	68.00
V2512	LT		CONTACT LENS, GAS PERMEABLE; BIFOCAL, PER LENS	\$181.28	176.00
V2512	RT		CONTACT LENS, GAS PERMEABLE; BIFOCAL, PER LENS	\$181.28	176.00

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2520	LT		CONTACT LENS HYDROPHILIC; SPHERICAL, PER LENS	\$28.84	28.00
V2520	RT		CONTACT LENS HYDROPHILIC; SPHERICAL, PER LENS	\$28.84	28.00
V2521	LT		CONTACT LENS HYDROPHILIC; TORIC OR PRISM BALLAST, PER LENS	\$66.95	65.00
V2521	RT		CONTACT LENS HYDROPHILIC; TORIC OR PRISM BALLAST, PER LENS	\$66.95	65.00
V2522	LT		CONTACT LENS HYDROPHILIC; BIFOCAL, PER LENS	\$97.85	95.00
V2522	RT		CONTACT LENS HYDROPHILIC; BIFOCAL, PER LENS	\$97.85	95.00
V2530	LT		CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	\$67.98	66.00
V2530	RT		CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	\$67.98	66.00
V2531	LT		CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	\$78.28	76.00
V2531	RT		CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	\$78.28	76.00
V2623	LT		PROSTHETIC EYE; PLASTIC, CUSTOM	\$773.02	750.50
V2623	RT		PROSTHETIC EYE; PLASTIC, CUSTOM	\$773.02	750.50
V2624	LT		POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$10.56	10.25
V2624	RT		POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$10.56	10.25

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2625	LT		ENLARGEMENT OF OCULAR PROSTHESIS	\$353.29	343.00
V2625	RT		ENLARGEMENT OF OCULAR PROSTHESIS	\$353.29	343.00
V2626	LT		REDUCTION OF OCULAR PROSTHESIS	\$190.55	185.00
V2626	RT		REDUCTION OF OCULAR PROSTHESIS	\$190.55	185.00
V2627	LT		SCLERAL COVER SHELL	\$824.00	800.00
V2627	RT		SCLERAL COVER SHELL	\$824.00	800.00
V2628	LT		FABRICATION AND FITTING OF OCULAR CONFORMER	\$290.46	282.00
V2628	RT		FABRICATION AND FITTING OF OCULAR CONFORMER	\$290.46	282.00
V2700	LT		BALANCE LENS, PER LENS	\$38.41	37.29
V2700	RT		BALANCE LENS, PER LENS	\$38.41	37.29
V2710	LT		SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$63.28	61.44
V2710	RT		SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$63.28	61.44
V2715	LT		PRISM, PER LENS	\$10.56	10.25
V2715	RT		PRISM, PER LENS	\$10.56	10.25
V2718	LT		PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$23.88	23.18
V2718	RT		PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$23.88	23.18
V2730	LT		SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$17.63	17.12
V2730	RT		SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	\$17.63	17.12
V2744	LT		TINT; PHOTCHROMATIC, PER LENS	\$5.15	5.00
V2744	RT		TINT; PHOTCHROMATIC, PER LENS	\$5.15	5.00
V2745	LT		TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL	\$1.94	1.88

PROCEDURE CODE	MODIFIER I	MODIFIER II	DESCRIPTION	MAX ALLOWABLE UNTIL JUNE 30, 2017	MAX ALLOWABLE EFFECTIVE JULY 1, 2017
V2745	RT		TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL	\$1.94	1.88
V2750	LT		ANTI-REFLECTIVE COATING, PER LENS	\$17.19	16.69
V2750	RT		ANTI-REFLECTIVE COATING, PER LENS	\$17.19	16.69
V2755	LT		U-V LENS, PER LENS	\$9.01	8.75
V2755	RT		U-V LENS, PER LENS	\$9.01	8.75
V2761	LT		MIRROR COATING, ANT TYPE, SOLID, GRADIENT,OR EQUAL, ANY LENS MATERIAL, PER LENS	\$20.60	20.00
V2761	RT		MIRROR COATING, ANT TYPE, SOLID, GRADIENT,OR EQUAL, ANY LENS MATERIAL, PER LENS	\$20.60	20.00
V2770	LT		OCCLUDER LENS, PER LENS	\$23.69	23.00
V2770	RT		OCCLUDER LENS, PER LENS	\$23.69	23.00
V2780	LT		OVERSIZE LENS, PER LENS	\$10.48	10.17
V2780	RT		OVERSIZE LENS, PER LENS	\$10.48	10.17
V2781	LT		PROGRESSIVE LENS, PER LENS	\$38.37	37.25
V2781	RT		PROGRESSIVE LENS, PER LENS	\$38.37	37.25
V2782	LT		LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	\$36.05	35.00
V2782	RT		LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	\$36.05	35.00
V2783	LT		LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES P	\$60.73	58.96
V2783	RT		LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES P	\$60.73	58.96
V2784	LT		POLYCARBONATE LENS OR EQUAL, ANY INDEX, PER LENS	\$15.45	15.00

<b>PROCEDURE CODE</b>	<b>MODIFIER I</b>	<b>MODIFIER II</b>	<b>DESCRIPTION</b>	<b>MAX ALLOWABLE UNTIL JUNE 30, 2017</b>	<b>MAX ALLOWABLE EFFECTIVE JULY 1, 2017</b>
V2784	RT		POLYCARBONATE LENS OR EQUAL, ANY INDEX, PER LENS	\$15.45	15.00