

PROVIDER BULLETIN

Volume 41 Number 17

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

September 17, 2018

RATE UPDATE FOR OPTICAL SERVICES BULLETIN

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- RATE UPDATE FOR OPTICAL SERVICES

MAXIMUM ALLOWABLE RATE INCREASE

Effective for dates of service on and after July 1, 2018, the MO HealthNet Division's (MHD) maximum allowable rates for optical services are increased by approximately one and a half percent (1 ½%).

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

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

The MHD will reprocess claims paid for dates of service on and after July 1, 2018. Please check your future remittance advice statements for rate adjustments.

Provider Bulletins are available on the MO HealthNet Division (MHD) 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

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

Attachment A – Optical Program Rates

Procedure Code	Procedure Code Description	MOD 1	MOD 2	New Rate 7/01/2018
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE CONJUNCTIVAL SUPERFICIAL			\$25.38
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE CONJUNCTIVALEMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL			\$30.45
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE CORNEAL, WITHOUT SLIT LAMP			\$25.38
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE CORNEAL, WITH SLIT LAMP			\$35.53
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE			\$50.75
65435	REMOVAL OF CORNEAL EPITHELIUM WITH OR WITHOUT			\$25.38
66986	EXCHANGE OF INTRAOCULAR LENS	55		\$26.14
67820	CORRECTION OF TRICHIASIS EPILATION, BY FORCEPS ONLY			\$7.61
67820	CORRECTION OF TRICHIASIS EPILATION, BY FORCEPS ONLY	50		\$11.42
67825	EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)			\$25.38
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA			\$20.30
68761	CLOSURE OF LACRIMAL PUNCTUM BY THERMOCAUTERIZATION, LIGATION OR LASER SURGERY			\$15.23
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION			\$10.15
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION			\$30.45
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION			\$30.45
68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM			\$35.53
76511	OPHTH US QUANT A ONLY			\$35.53
76512	OPHTH US B W/NON-QUANT A			\$50.75
76514	ECHO EXAM OF EYE THICKNESS			\$6.05
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN			\$45.68
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; W/INTRAOCULAR LENS POWER CALCULATION			\$62.34
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION			\$50.75
92002	EYE EXAM NEW PATIENT			\$30.45
92004	EYE EXAM NEW PATIENT			\$48.72

92012	EYE EXAM ESTABLISH PATIENT			\$30.45
92014	EYE EXAM&TX ESTAB PT 1/>VST			\$48.72
92015	DETERMINE REFRACTIVE STATE			\$5.08
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION			\$50.75
92020	GONIOSCOPY (SEPARATE PROCEDURE)			\$10.15
92060	SENSORIMOTOR EXAM W/ MULTIPLE MEASUREMENTS OF OCULAR DEVIATION(EG,RESTRICTIVE OR PARETIC MUSCLE W/DI			\$8.12
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION			\$8.12
92071	CONTACT LENS FITTING FOR TX			\$23.43
92072	FIT CONTACT LENS FOR MANAGEMENT			\$74.84
92081	VISUAL FIELD EXAM, UNILATERAL/BILATERAL, W/INTERPRETATION AND REPORT; LIMITED EXAM(EG, TANGENT SCREEN, AU			\$15.23
92082	VISUAL FIELD EXAM, UNILATERAL/BILATERAL, W/MEDICAL DX EVAL; INTERMEDIATE EXAM(EG, AT LEAST 2 ISOPERS...)			\$16.75
92083	VISUAL FIELD EXAMINATION(S)			\$40.60
92100	SERIAL TONOMETRY(SEP.PROC.)W/MULTIPLE MEAS.OF INTRAOCULAR PRESSURE OVER AN EXT. TIME PER.W/INTERPRET			\$11.17
92132	CMPTR OPHTH DX IMG ANT SEGMENT			\$22.64
92133	CMPTR OPHTH IMG OPTIC NERVE			\$15.73
92134	CMPTR OPHTH DX IMG POST SEGMENT			\$15.73
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATOR			\$36.91
92225	SPECIAL EYE EXAM INITIAL			\$11.17
92226	SPECIAL EYE EXAM SUBSEQUENT			\$11.17
92227	REMOTE DX RETINAL IMAGING			\$7.12
92228	REMOTE RETINAL IMAGING MGMT			\$18.60
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT			\$11.17
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT			\$16.75
92260	OPHTHALMODYNAMOMETRY			\$11.17
92265	NEEDLE OCULO-ELECTROMYOGRAPHY, 1/MORE EXTRAOCULAR MUSCLES, 1/BOTH EYES, W/INTERPRETATION AND REPORT			\$15.23
92270	ELECTRO-OCULOGRAPHY, WITH INTERPRETATION AND REPORT			\$9.14
92275	ELECTRORETINOGRAPHY, WITH INTERPRETATION AND REPORT			\$15.23

92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT			\$11.17
92284	DARK ADAPTATION EXAMINATION, WITH INTERPRETATION AND REPORT			\$11.17
92285	EXTERNAL OCULAR PHOTOGRAPHY W/INTERPRET.& REP.FOR DOCUMENTATION OF MED.PROGRESS(EG CLOSE-UP PHOTOGRA			\$14.21
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SU			\$20.30
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA			\$15.23
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA (TEMPLES)	52		\$3.05
95930	VISUAL EP TEST CNS W/I&R			\$76.13
99050	MEDICAL SERVICES AFTER HRS			\$5.08
99051	MED SERV EVE/WKEND/HOLIDAY			\$10.15
99053	MED SERV 10PM-8AM 24 HR FAC			\$10.15
99056	MED SERVICE OUT OF OFFICE			\$11.17
99058	OFFICE EMERGENCY CARE			\$11.17
99201	OFFICE/OUTPATIENT VISIT NEW			\$15.23
99202	OFFICE/OUTPATIENT VISIT NEW			\$15.23
99203	OFFICE/OUTPATIENT VISIT NEW			\$20.30
99204	OFFICE/OUTPATIENT VISIT NEW			\$27.41
99205	OFFICE/OUTPATIENT VISIT NEW			\$27.41
99211	OFFICE/OUTPATIENT VISIT EST			\$5.08
99212	OFFICE/OUTPATIENT VISIT EST			\$17.26
99213	OFFICE/OUTPATIENT VISIT EST			\$24.36
99214	OFFICE/OUTPATIENT VISIT EST			\$20.30
99215	OFFICE/OUTPATIENT VISIT EST			\$25.38
99221	INITIAL HOSPITAL CARE			\$20.30
99222	INITIAL HOSPITAL CARE			\$25.38
99223	INITIAL HOSPITAL CARE			\$28.42
99231	SUBSEQUENT HOSPITAL CARE			\$25.38
99232	SUBSEQUENT HOSPITAL CARE			\$30.45
99233	SUBSEQUENT HOSPITAL CARE			\$35.53
99241	OFFICE CONSULTATION			\$16.75
99242	OFFICE CONSULTATION			\$20.30
99243	OFFICE CONSULTATION			\$20.30
99244	OFFICE CONSULTATION			\$28.42
99245	OFFICE CONSULTATION			\$50.24
99251	INPATIENT CONSULTATION			\$16.75
99252	INPATIENT CONSULTATION			\$20.30
99253	INPATIENT CONSULTATION			\$20.30
99254	INPATIENT CONSULTATION			\$28.42
99255	INPATIENT CONSULTATION			\$50.24
99281	EMERGENCY DEPT VISIT			\$15.23
99282	EMERGENCY DEPT VISIT			\$15.23

99283	EMERGENCY DEPT VISIT			\$15.23
99284	EMERGENCY DEPT VISIT			\$15.23
99285	EMERGENCY DEPT VISIT			\$15.23
99304	NURSING FACILITY CARE INIT			\$25.38
99305	NURSING FACILITY CARE INIT			\$25.38
99306	NURSING FACILITY CARE INIT			\$25.38
99307	NURSING FAC CARE SUBSEQ			\$10.15
99308	NURSING FAC CARE SUBSEQ			\$12.18
99309	NURSING FAC CARE SUBSEQ			\$15.23
99310	NURSING FAC CARE SUBSEQ			\$15.23
99318	ANNUAL NURSING FAC ASSESSMNT			\$25.38
99324	DOMICIL/R-HOME VISIT NEW PAT			\$29.33
99325	DOMICIL/R-HOME VISIT NEW PAT			\$43.00
99326	DOMICIL/R-HOME VISIT NEW PAT			\$62.37
99327	DOMICIL/R-HOME VISIT NEW PAT			\$82.12
99328	DOMICIL/R-HOME VISIT NEW PAT			\$101.68
99334	DOMICIL/R-HOME VISIT EST PAT			\$22.70
99335	DOMICIL/R-HOME VISIT EST PAT			\$35.97
99336	DOMICIL/R-HOME VISIT EST PAT			\$55.54
99337	DOMICIL/R-HOME VISIT EST PAT			\$81.76
99341	HOME VISIT NEW PATIENT			\$18.27
99342	HOME VISIT NEW PATIENT			\$20.30
99343	HOME VISIT NEW PATIENT			\$27.41
99347	HOME VISIT EST PATIENT			\$14.21
99348	HOME VISIT EST PATIENT			\$17.26
99349	HOME VISIT EST PATIENT			\$20.30
99429	UNLISTED PREVENTIVE (VISION)	52		\$5.08
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHALOMOLOGIST			\$25.24
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION OF AN OPTOMETRIST OR			\$17.74
V2020	FRAMES, PURCHASES			\$20.30
V2020	SPECIAL FRAMES	22		\$35.53
V2020	FRAMES, PURCHASES	UB		\$20.30
V2100	SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	LT		\$11.17
V2100	SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	RT		\$11.17
V2100	SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	UB	LT	\$11.17
V2100	SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00 PER LENS	UB	RT	\$11.17
V2101	SPHERE, SINGLE VISION; PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	LT		\$23.35
V2101	SPHERE, SINGLE VISION; PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	RT		\$23.35

V2102	SPHERE, SINGLE VISION; PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	LT		\$35.02
V2102	SPHERE, SINGLE VISION; PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	RT		\$35.02
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	LT		\$11.17
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	RT		\$11.17
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00D CYLINDER, PER LENS	LT		\$23.35
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00D CYLINDER, PER LENS	RT		\$23.35
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	LT		\$31.47
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	RT		\$31.47
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	LT		\$36.29
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	RT		\$36.29
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; .12 TO 200D CYLIND	LT		\$25.88
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; .12 TO 200D CYLIND	RT		\$25.88
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00DD CYL	LT		\$31.47
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00DD CYL	RT		\$31.47
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00DD CYL	LT		\$35.02
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00DD CYL	RT		\$35.02
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLIND	LT		\$40.32

V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDE	RT		\$40.32
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLI	LT		\$35.02
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLI	RT		\$35.02
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.25D TO 4.00D C	LT		\$40.85
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.25D TO 4.00D C	RT		\$40.85
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00DD C	LT		\$42.12
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00DD C	RT		\$42.12
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D PER LENS	LT		\$54.81
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D PER LENS	RT		\$54.81
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	LT		\$60.96
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	RT		\$60.96
V2118	ANISEIKONIC LENS, SINGLE VISION	LT		\$60.43
V2118	ANISEIKONIC LENS, SINGLE VISION	RT		\$60.43
V2121	LENTICULAR LENS, PER LENS, SINGLE	LT		\$62.38
V2121	LENTICULAR LENS, PER LENS, SINGLE	RT		\$62.38
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	LT		\$30.96
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	RT		\$30.96
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	LT		\$39.59
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	RT		\$39.59
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	LT		\$52.53
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D PER LENS	RT		\$52.53
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	LT		\$30.96

V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER LENS	RT		\$30.96
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00 CYLINDER, PER LENS	LT		\$39.59
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00 CYLINDER, PER LENS	RT		\$39.59
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	LT		\$40.85
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PER LENS	RT		\$40.85
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	LT		\$47.71
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER LENS	RT		\$47.71
V2207	SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; .12 TO 2.00D CYLINDER, P	LT		\$40.85
V2207	SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; .12 TO 2.00D CYLINDER, P	RT		\$40.85
V2208	SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00D CYLINDER,	LT		\$43.14
V2208	SPHEROCYLINDER, BIFACAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00D CYLINDER,	RT		\$43.14
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00D CYLINDER,	LT		\$46.69
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25. TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00D CYLINDER,	RT		\$46.69
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDER, PER	LT		\$53.80
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CYLINDER, PER	RT		\$53.80
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLINDER,	LT		\$54.81

V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D CYLINDER,	RT		\$54.81
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.12 TO 4.00 CYLINDER,	LT		\$54.81
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 2.12 TO 4.00 CYLINDER,	RT		\$54.81
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00D CYLINDER,	LT		\$54.81
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25D TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00D CYLINDER,	RT		\$54.81
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	LT		\$70.04
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	RT		\$70.04
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	LT		\$70.04
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	RT		\$70.04
V2218	ANISEIKONIC, PER LENS, BIFOCAL	LT		\$116.73
V2218	ANISEIKONIC, PER LENS, BIFOCAL	RT		\$116.73
V2219	BIFOCAL SEG WIDTH OVER 28MM	LT		\$31.72
V2219	BIFOCAL SEG WIDTH OVER 28MM	RT		\$31.72
V2220	BIFOCAL ADD OVER 3.25D	LT		\$23.35
V2220	BIFOCAL ADD OVER 3.25D	RT		\$23.35
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	LT		\$72.78
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	RT		\$72.78
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00DD, PER LENS	LT		\$50.75
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00DD, PER LENS	RT		\$50.75
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	LT		\$63.39
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	RT		\$63.39
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12, TO PLUS OR MINUS 20.00 PER LENS	LT		\$66.48
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12, TO PLUS OR MINUS 20.00 PER LENS	RT		\$66.48
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; .12 TO 2.00D CYLINDER, PER LENS	LT		\$50.75
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; .12 TO 2.00D CYLINDER, PER LENS	RT		\$50.75

V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 2.25 TO 4.00D CYLINDER, PER LENS	LT		\$55.45
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 2.25 TO 4.00D CYLINDER, PER LENS	RT		\$55.45
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	LT		\$64.16
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	RT		\$64.16
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	LT		\$66.06
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS; 4.25 TO 6.00D CYLINDER, PER LENS	RT		\$66.06
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; .12 TO 2.00D CY	LT		\$62.53
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; .12 TO 2.00D CY	RT		\$62.53
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 2.12 TO 4.00D	LT		\$64.20
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 2.12 TO 4.00D	RT		\$64.20
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 4.25 TO 6.00D C	LT		\$71.40
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; 4.25 TO 6.00D C	RT		\$71.40
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; OVER 6.00D CYLI	LT		\$70.55
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE;PER LENS; OVER 6.00D CYLI	RT		\$70.55
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; .25 TO 2.25D CYLIN	LT		\$70.04
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; .25 TO 2.25D CYLIN	RT		\$70.04

V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 2.25 TO 4.00D CYLI	LT		\$70.04
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 2.25 TO 4.00D CYLI	RT		\$70.04
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 4.25 TO 6.00 D CYL	LT		\$75.87
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25, TO PLUS OR MINUS 12.00D PER SPHERE; 4.25 TO 6.00 D CYL	RT		\$75.87
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	LT		\$87.54
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	RT		\$87.54
V2315	LENTICULAR (MYODISC), PER LENS, TRIFOCAL	LT		\$145.91
V2315	LENTICULAR (MYODISC), PER LENS, TRIFOCAL	RT		\$145.91
V2318	ANISEIKONIC, PER LENS, TRIFOCAL	LT		\$145.91
V2318	ANISEIKONIC, PER LENS, TRIFOCAL	RT		\$145.91
V2319	TRIFOCAL SEG WIDTH OVER 28MM	LT		\$40.91
V2319	TRIFOCAL SEG WIDTH OVER 28MM	RT		\$40.91
V2320	TRIFOCAL ADD OVER 3.25D	LT		\$35.02
V2320	TRIFOCAL ADD OVER 3.25D	RT		\$35.02
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	LT		\$89.07
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	RT		\$89.07
V2410	VARIABLE ASPHERICITY LENS; SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	LT		\$73.88
V2410	VARIABLE ASPHERICITY LENS; SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	RT		\$73.88
V2430	VARIABLE ASPHERICITY LENS; BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	LT		\$87.54
V2430	VARIABLE ASPHERICITY LENS; BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	RT		\$87.54
V2499	VARIABLE ASPHERICITY LENS; OTHER TYPE	LT		\$87.54
V2499	VARIABLE ASPHERICITY LENS; OTHER TYPE	RT		\$87.54
V2500	CONTACT LENS, PMMA; SPHERICAL, PER LENS	LT		\$16.24
V2500	CONTACT LENS, PMMA; SPHERICAL, PER LENS	RT		\$16.24
V2501	CONTACT LENS, PMMA; TORIC OR PRISM BALLAST, PER LENS	LT		\$39.59
V2501	CONTACT LENS, PMMA; TORIC OR PRISM BALLAST, PER LENS	RT		\$39.59
V2502	CONTACT LENS, PMMA; BIFOCAL, PER LENS	LT		\$158.34
V2502	CONTACT LENS, PMMA; BIFOCAL, PER LENS	RT		\$158.34
V2510	CONTACT LENS, GAS PERMEABLE; SPHERICAL, PER LENS	LT		\$46.69
V2510	CONTACT LENS, GAS PERMEABLE; SPHERICAL, PER LENS	RT		\$46.69

V2511	CONTACT LENS, GAS PERMEABLE; TORIC, PRISM BALLAST, PER LENS	LT		\$69.02
V2511	CONTACT LENS, GAS PERMEABLE; TORIC, PRISM BALLAST, PER LENS	RT		\$69.02
V2512	CONTACT LENS, GAS PERMEABLE; BIFOCAL, PER LENS	LT		\$178.64
V2512	CONTACT LENS, GAS PERMEABLE; BIFOCAL, PER LENS	RT		\$178.64
V2520	CONTACT LENS HYDROPHILIC; SPHERICAL, PER LENS	LT		\$28.42
V2520	CONTACT LENS HYDROPHILIC; SPHERICAL, PER LENS	RT		\$28.42
V2521	CONTACT LENS HYDROPHILIC; TORIC OR PRISM BALLAST, PER LENS	LT		\$65.98
V2521	CONTACT LENS HYDROPHILIC; TORIC OR PRISM BALLAST, PER LENS	RT		\$65.98
V2522	CONTACT LENS HYDROPHILIC; BIFOCAL, PER LENS	LT		\$96.43
V2522	CONTACT LENS HYDROPHILIC; BIFOCAL, PER LENS	RT		\$96.43
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	LT		\$66.99
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	RT		\$66.99
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	LT		\$77.14
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	RT		\$77.14
V2623	PROSTHETIC EYE; PLASTIC, CUSTOM	LT		\$761.76
V2623	PROSTHETIC EYE; PLASTIC, CUSTOM	RT		\$761.76
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	LT		\$10.40
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	RT		\$10.40
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	LT		\$348.15
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	RT		\$348.15
V2626	REDUCTION OF OCULAR PROSTHESIS	LT		\$187.78
V2626	REDUCTION OF OCULAR PROSTHESIS	RT		\$187.78
V2627	SCLERAL COVER SHELL	LT		\$812.00
V2627	SCLERAL COVER SHELL	RT		\$812.00
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	LT		\$286.23
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	RT		\$286.23
V2700	BALANCE LENS, PER LENS	LT		\$37.85

V2700	BALANCE LENS, PER LENS	RT	\$37.85
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	LT	\$62.36
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	RT	\$62.36
V2715	PRISM, PER LENS	LT	\$10.40
V2715	PRISM, PER LENS	RT	\$10.40
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	LT	\$23.53
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	RT	\$23.53
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	LT	\$17.38
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	RT	\$17.38
V2744	TINT; PHOTCHROMATIC, PER LENS	LT	\$5.08
V2744	TINT; PHOTCHROMATIC, PER LENS	RT	\$5.08
V2745	TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL	LT	\$1.91
V2745	TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL	RT	\$1.91
V2750	ANTI-REFLECTIVE COATING, PER LENS	LT	\$16.94
V2750	ANTI-REFLECTIVE COATING, PER LENS	RT	\$16.94
V2755	U-V LENS, PER LENS	LT	\$8.88
V2755	U-V LENS, PER LENS	RT	\$8.88
V2761	MIRROR COATING, ANT TYPE, SOLID, GRADIENT,OR EQUAL, ANY LENS MATERIAL, PER LENS	LT	\$20.30
V2761	MIRROR COATING, ANT TYPE, SOLID, GRADIENT,OR EQUAL, ANY LENS MATERIAL, PER LENS	RT	\$20.30
V2770	OCCLUDER LENS, PER LENS	LT	\$23.35
V2770	OCCLUDER LENS, PER LENS	RT	\$23.35
V2780	OVERSIZE LENS, PER LENS	LT	\$10.32
V2780	OVERSIZE LENS, PER LENS	RT	\$10.32
V2781	PROGRESSIVE LENS, PER LENS	LT	\$37.81
V2781	PROGRESSIVE LENS, PER LENS	RT	\$37.81
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	LT	\$35.53
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	RT	\$35.53
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES P	LT	\$59.84
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES P	RT	\$59.84
V2784	POLYCARBONATE LENS OR EQUAL, ANY INDEX, PER LENS	LT	\$15.23
V2784	POLYCARBONATE LENS OR EQUAL, ANY INDEX, PER LENS	RT	\$15.23