

## VISION FEE SCHEDULE effective 07/01/2018

Print Date: 1/2/19

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
92002	Fee on File		OPHTHALMOLOGICAL SERVICES MEDICAL EXAM & EVAL INTERMEDIATE NEW PATIENT	0	999	07/01/2018	12/31/9999	1	69.74
92004	Fee on File		OPHTHALMOLOGICAL SERVICES:MEDICAL EXAM EVAL COMPREHENSIVE,NEW PATIENT	0	999	07/01/2018	12/31/9999	1	126.89
92012	Fee on File		OPHTHALMOLOGICAL SERVICES:MEDICAL EXAM & EVAL;INTERMEDIATE,ESTAB PATIE	0	999	07/01/2018	12/31/9999	1	73.13
92014	Fee on File		ESTABLISHED PATIENT	0	999	07/01/2018	12/31/9999	1	105.64
92015	Fee on File		DETERMINATION OF REFRACTIVE STATE	0	999	11/01/2005	12/31/9999	1	55.79
92018	Fee on File		OPHTHALMOLOGICAL EXAM AND EVAL UNDER GENERAL ANESTHESIA FOR	0	999	07/01/2018	12/31/9999	1	125.16
92019	Fee on File		OPHTHALMOLOGICAL EXAM,EVAL,GEN ANESTHESIA,W/WO MAN LIMITED	0	999	07/01/2018	12/31/9999	1	62.78
92020	Fee on File		GONIOSCOPY (SEPARATE PROCEDURE)	0	999	07/01/2018	12/31/9999	1	22.82
92025	Fee on File		COMPUTERIZED TOPOGRAPHY UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT	0	999	07/01/2018	12/31/9999	1	31.59
92060	Fee on File		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION	0	999	07/01/2018	12/31/9999	1	54.45
92065	Not Covered		ORTHOPTIC AND/OR PLEOPTIC TRAINING W MED DIRECTION AND EVAL	0	20	08/20/1996	12/31/9999	1	0.00
92071	Fee on File	Yes	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	0	999	07/01/2018	12/31/9999	1	32.41
92072	Fee on File	Yes	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	0	999	07/01/2018	12/31/9999	1	113.43
92081	Fee on File		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	0	999	07/01/2018	12/31/9999	1	28.57
92082	Fee on File		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	0	999	07/01/2018	12/31/9999	1	39.98
92083	Fee on File		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	0	999	07/01/2018	12/31/9999	1	53.08
92100	Fee on File		SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTR	0	999	07/01/2018	12/31/9999	1	67.08
92132	Fee on File		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,	0	999	07/01/2018	12/31/9999	1	26.03
92133	Fee on File		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC	0	999	07/01/2018	12/31/9999	1	31.52
92134	Fee on File		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA	0	999	07/01/2018	12/31/9999	1	34.83
92136	Fee on File		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR	0	999	07/01/2018	12/31/9999	2	64.81
92145	Not Covered		CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	0	999	01/01/2015	12/31/9999	1	0.00
92225	Fee on File		OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHME	0	999	07/01/2018	12/31/9999	2	23.14

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92226	Fee on File		OPHTHALMOSCOPY,EXTENDED AS FOR RETINAL DETACHMENT W MEDICAL EVAL SEBSEQ	0	999	07/01/2018	12/31/9999	2	21.24
92227	Not Covered		REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH	0	999	01/01/2011	12/31/9999	1	0.00
92228	Not Covered		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIABETIC RETINOPATHY)	0	999	01/01/2011	12/31/9999	1	0.00
92230	Fee on File		FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	0	999	07/01/2018	12/31/9999	1	48.27
92235	Fee on File		FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	0	999	07/01/2018	12/31/9999	2	71.61
92240	Fee on File		INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	0	999	07/01/2018	12/31/9999	1	170.60
92250	Fee on File		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	0	999	07/01/2018	12/31/9999	1	47.03
92260	Fee on File		OPHTHALMODYNAMOMETRY	0	999	07/01/2018	12/31/9999	1	15.34
92265	Fee on File		NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BO	0	999	07/01/2018	12/31/9999	1	73.56
92266	Not Covered		SENSORI-NEURAL VISUAL THERAPY	0	999	12/10/1991	12/31/9999	99999	0.00
92270	Fee on File		ELECTRO-OCULOGRAPHY, WITH DIAGNOSTIC EVALUATION	0	999	07/01/2018	12/31/9999	1	77.34
92273	Fee on File		ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; FULL FIELD	0	999	01/01/2019	12/31/9999	1	109.25
92274	Fee on File		ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; MULTIFOCAL	0	999	01/01/2019	12/31/9999	1	74.88
92283	Fee on File		COLOR VISION EXAMINATION, EXTENDED, EG, ANAMALOSCOPE OR	0	999	07/01/2018	12/31/9999	1	44.36
92284	Fee on File		DARK ADAPTATION EXAMINATION, WITH DIAGNOSTIC EVALUATION	0	999	07/01/2018	12/31/9999	1	50.86
92285	Fee on File		EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTA	0	999	07/01/2018	12/31/9999	1	16.52
92286	Fee on File		ANTERIOR SEGMENT IMAGING W/ INTERPRETATION AND REPORT; W/ SPECUALR MICROSCOPY AND ENDOTHELIAL CELL ANALYSIS	0	999	07/01/2018	12/31/9999	2	32.09
92287	Fee on File		ANTERIOR SEGMENT IMAGING W/ INTERPRETATION AND REPORT;W/ FLUORESCEIN ANGIOGRAPHY	0	999	07/01/2018	12/31/9999	1	113.71
92310	Fee on File	Yes	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTCS OF AND FITTING CONTA	0	999	02/01/1993	12/31/9999	1	62.40
92311	Fee on File	Yes	FIT CONTAC LENS CORNEAL APHAKIA ONE EYE	0	999	07/01/2018	12/31/9999	1	85.37
92312	Fee on File	Yes	FIT CONTAC LENS CORNEAL FOR APHAKIA BOTH EYES	0	999	07/01/2018	12/31/9999	1	99.09
92313	Fee on File	Yes	FIT CONTAC LENS CORNEO SCLERAL LENS	0	999	07/01/2018	12/31/9999	1	80.62
92314	Not Covered		RX CONTACT LENS FITTING BY TECHNICIAN CORNEAL LENS	0	999	07/01/1983	12/31/9999	1	0.00
92315	Not Covered		RX CONTACT LENS CORNEAL FOR APHAKA ONE EYE	0	999	07/01/1983	12/31/9999	1	0.00
92316	Not Covered		RX CONTACT LENS CORNEAL FOR APHAKIA BOTH EYES	0	999	07/01/1983	12/31/9999	1	0.00
92317	Not Covered		RX CONTACT LENS CORNEOSCLERAL LENS	0	999	07/01/1983	12/31/9999	1	0.00
92325	Fee on File	Yes	MODIFICIATION CONTACT LENS	0	999	07/01/2018	12/31/9999	1	34.51

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92326	Fee on File	Yes	REPLACEMENT OF CONTACT LENS	0	999	07/01/2018	12/31/9999	2	29.15
92340	Fee on File		FITTING OF SPECTACLES EXCEPT FOR APHAKIA; MONOFOCAL	0	999	02/01/1993	12/31/9999	1	11.64
92341	Fee on File		FITTING OF SPECTACLES EXCEPT FOR APHAKIA; BIFOCAL	0	999	02/01/1993	12/31/9999	1	13.76
92342	Fee on File		FITTING OF SPECTACLES EXCEPT FOR APHAKIA; MULTIFOCAL	0	999	02/01/1993	12/31/9999	1	15.12
92352	Fee on File		FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA;MONOFOCAL	0	20	02/01/1993	12/31/9999	1	20.41
92353	Fee on File		FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA;MULTIFOCAL	0	999	02/01/1993	12/31/9999	1	28.04
92354	Fee on File	Yes	FIT SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	0	20	01/01/1994	12/31/9999	1	178.72
92355	Fee on File	Yes	FIT OF SPECTACLE MOUNTED LOW VISION AID; COMPOUND LENS SYSTEM	0	20	01/01/1994	12/31/9999	1	87.00
92358	Fee on File		PROSTHESIS SERVICE FOR APHAKIA TEMPORARY	0	20	02/01/1993	12/31/9999	1	23.29
92370	Not Covered		REPAIR AND REFITTING SPECTALES; EXCEPT FOR APHAKIA	0	999	07/01/1983	12/31/9999	1	0.00
92371	Fee on File	Yes	REPAIR AND REFITTING SPECTACLE PROSTHESIS FOR APHAKIA	0	20	01/01/1994	12/31/9999	1	12.29
V2020	Fee on File		FRAMES, PURCHASE	0	999	01/01/1994	12/31/9999	1	36.73
V2025	Not Covered		DELUXE FRAMES	0	999	12/10/1991	12/31/9999	99999	0.00
V2030	Not Covered		FRAMES, REPAIR OR PART REPLACEMENT	0	999	12/10/1991	12/31/9999	99999	0.00
V2100	Fee on File		SPHERE SINGLE VISION PLANO TO +/- 4.00 PER LENS	0	999	01/01/1994	12/31/9999	2	19.49
V2101	Fee on File		SPHERE SINGLE VISION +/- 4.12 TO +/- 7.00D PER LENS	0	999	01/01/1994	12/31/9999	2	19.37
V2102	Fee on File		SPHERE SINGLE VISION +/- 7.12 TO +/- 20.00D PER LENS	0	999	01/01/1994	12/31/9999	2	26.96
V2103	Fee on File		SPHEROCYLINDER SINGLE VISION PLANO TO +/- 4.00D SPHERE 0.12 TO 2.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	16.28
V2104	Fee on File		SPHEROCYLINDER SINGLE VISION PLANO TO +/- 4.00D SPHERE 2.12 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	17.93
V2105	Fee on File		SPHEROCYLINDER SINGLE VISION PLANO TO +/- 4.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	19.80
V2106	Fee on File		SPHEROCYLINDER SINGLE VISION PLANO TO +/- 4.00D SPHERE OVER 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	22.06
V2107	Fee on File		SPHEROCYLINDER SINGLE VISION +/- 4.25 TO +/- 7.00 SPHERE 0.12 TO 2.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	20.52
V2108	Fee on File		SPHEROCYLINDER SINGLE VISION +/- 4.25D TO +/- 7.00D SPHERE 2.12 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	21.01
V2109	Fee on File		SPHEROCYLINDER SINGLE VISION +/- 4.25 TO +/- 7.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	23.51
V2110	Fee on File		SPHEROCYLINDER SINGLE VISION +/- 4.25 TO +/- 7.00D SPHERE OVER 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	25.67
V2111	Fee on File		SPHEROCYLINDER SINGLE VISION +/- 7.25 TO +/- 12.00D SPHERE 0.25 TO 2.25D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	24.36
V2112	Fee on File		SPHEROCYLINDER SINGLE VISION +/- 7.25 TO +/- 12.00D SPHERE 2.25D TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	26.50
V2113	Fee on File		SPHEROCYLINDER SINGLE VISION +/- 7.25 TO +/- 12.00D SPHERE 4.25D TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	29.33
V2114	Fee on File		SPHEROCYLINDER SINGLE VISION SPHERE +/- 12.00D PER LENS	0	999	01/01/1994	12/31/9999	2	32.24

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V2115	Fee on File		LENTICULAR (MYODISC) PER LENS SINGLE VISION	0	999	01/01/1994	12/31/9999	2	35.08
V2118	Fee on File		ANISEIKONIC LENS,SINGLE VISION	0	999	01/01/1994	12/31/9999	2	35.92
V2121	Fee on File		LENTICULAR LENS, PER LENS, SINGLE	0	999	01/01/2004	12/31/9999	2	35.54
V2199	Priced by PA	Yes	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	0	999	10/01/2003	12/31/9999	2	0.00
V2200	Fee on File		SPHERE BIFOCAL PLANO TO +/- 4.00D PER LENS	0	999	01/01/1994	12/31/9999	2	25.12
V2201	Fee on File		SPHERE BIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0	999	01/01/1994	12/31/9999	2	26.45
V2202	Fee on File		SPHERE BIFOCAL +/- 7.12 TO +/- 20.00D PER LENS	0	999	01/01/1994	12/31/9999	2	31.03
V2203	Fee on File		SPHEROCYLINDER BIFOCAL PLANO TO +/- 4.00D SPHERE 0.12 TO 2.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	24.66
V2204	Fee on File		SPHEROCYLINDER BIFOCAL PLANO TO +/- 4.00D SPHERE 2.12 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	26.85
V2205	Fee on File		SPHEROCYLINDER BIFOCAL PLANO TO +/- 4.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	28.18
V2206	Fee on File		SPHEROCYLINDER BIFOCAL PLANO TO +/- 4.00D SPHERE OVER 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	30.56
V2207	Fee on File		SPHEROCYLINDER BIFOCAL +/- 4.25 TO +/- 7.00D SPHERE 0.12 TO 2.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	28.42
V2208	Fee on File		SPHEROCYLINDER BIFOCAL +/- 4.25 TO +/- 7.00D SPHERE 2.12 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	28.61
V2209	Fee on File		SPHEROCYLINDER BIFOCAL +/- 4.25 TO +/- 7.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	29.16
V2210	Fee on File		SPHEROCYLINDER BIFOCAL +/- 4.25 TO +/- 7.00D SPHERE,OVER 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	34.23
V2211	Fee on File		SPHEROCYLINDER BIFOCAL +/- 7.25 TO +/- 12.00D SPHERE 0.25 TO 2.25D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	34.67
V2212	Fee on File		SPHEROCYLINDER BIFOCAL +/- 7.25 TO +/- 12.00D SPHERE 2.25 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	36.08
V2213	Fee on File		SPHEROCYLINDER BIFOCAL +/- 7.25 TO +/- 12.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	37.65
V2214	Fee on File		SPHEROCYLINDER BIFOCAL OVER +/- 12.00D PER LENS	0	999	01/01/1994	12/31/9999	2	40.25
V2215	Fee on File		LENTICULAR (MYODISC), PER LENS, BIFOCAL	0	999	01/01/1994	12/31/9999	2	40.44
V2218	Fee on File		ANISEKONIC, PER LENS, BIFOCAL	0	999	01/01/1994	12/31/9999	2	48.95
V2219	Fee on File		BIFOCAL SEG WIDTH OVER 28MM	0	999	01/01/1994	12/31/9999	2	20.74
V2220	Fee on File		BIFOCAL ADD OVER 3.25D	0	999	01/01/1994	12/31/9999	2	17.53
V2221	Fee on File		LENTICULAR LENS, PER LENS, BIFOCAL	0	999	01/01/2004	12/31/9999	2	46.95
V2299	Priced by PA	Yes	SPECIALTY BIFOCAL (BY REPORT)	0	999	10/01/2003	12/31/9999	2	0.00
V2300	Fee on File		SPHERE TRIFOCAL PLANO TO +/- 4.00D PER LENS	0	999	01/01/1994	12/31/9999	2	33.20
V2301	Fee on File		SPHERE TRIFOCAL +/- 4.12 TO +/- 7.00D PER LENS	0	999	01/01/1994	12/31/9999	2	36.50
V2302	Fee on File		SPHERE TRIFOCAL +/- 7.12 TO +/- 20.00 PER LENS	0	999	01/01/1994	12/31/9999	2	39.01
V2303	Fee on File		SPHEROCYLINDER TRIFOCAL PLANO TO +/- 4.00D SPHERE 0.12 TO 2.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	33.25

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V2304	Fee on File		SPHEROCYLINDER TRIFOCAL PLANO TO +/- 4.00D SPHERE 2.25 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	34.89
V2305	Fee on File		SPHEROCYLINDER TRIFOCAL PLANO TO +/- 4.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	37.00
V2306	Fee on File		SPHEROCYLINDER TRIFOCAL PLANO TO +/- 4.00D SPHERE OVER 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	38.46
V2307	Fee on File		SPHEROCYLINDER TRIFOCAL +/- 4.25D TO +/- 7.00D SPHERE 0.12 TO 2.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	35.61
V2308	Fee on File		SPHEROCYLINDER TRIFOCAL +/- 4.25D TO +/- 7.00D SPHERE 2.12 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	37.24
V2309	Fee on File		SPHEROCYLINDER TRIFOCAL +/- 4.25D TO +/- 7.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	40.55
V2310	Fee on File		SPHEROCYLINDER TRIFOCAL +/- 4.25D TO +/- 7.00D SPHERE OVER 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	46.49
V2311	Fee on File		SPHEROCYLINDER TRIFOCAL +/- 7.25D TO +/- 12.00D SPHERE 0.25 TO 2.25D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	42.25
V2312	Fee on File		SPHEROCYLINDER TRIFOCAL +/- 7.25D TO +/- 12.00D SPHERE 2.25 TO 4.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	42.14
V2313	Fee on File		SPHEROCYLINDER TRIFOCAL +/- 7.25D TO +/- 12.00D SPHERE 4.25 TO 6.00D CYLINDER PER LENS	0	999	01/01/1994	12/31/9999	2	49.46
V2314	Fee on File		SPHEROCYLINDER TRIFOCAL SPHERE OVER PLUS OR MINUS 12.00D PER LENS	0	999	01/01/1994	12/31/9999	2	64.67
V2315	Fee on File		LENTICULAR (MYODISC) PER LENS TRIFOCAL	0	999	01/01/1994	12/31/9999	2	53.67
V2318	Fee on File		ANISEIKONIC LENS, TRIFOCAL	0	999	01/01/1994	12/31/9999	2	68.47
V2319	Fee on File		TRIFOCAL SEG WIDTH OVER 28MM	0	999	01/01/1994	12/31/9999	2	23.77
V2320	Fee on File		TRIFOCAL ADD OVER 3.25D	0	999	01/01/1994	12/31/9999	2	24.70
V2321	Fee on File		LENTICULAR LENS, PER LENS, TRIFOCAL	0	999	01/01/2004	12/31/9999	2	61.68
V2399	Priced by PA	Yes	SPECIALTY TRIFOCAL (BY REPORT)	0	999	10/01/2003	12/31/9999	2	0.00
V2410	Fee on File		VARIABLE ASPHERICITY LENS SINGLE VISION FULL FIELD GLASS OR PLASTIC PER LENS	0	999	01/01/1994	12/31/9999	2	42.63
V2430	Fee on File		VARIABLE ASPHERICITY LENS BIFOCAL FULL FIELD GLASS OR PLASTIC PER LENS	0	999	01/01/1994	12/31/9999	2	52.96
V2499	Priced by PA	Yes	VARIABLE SPHERICITY LENS, OTHER TYPE	0	999	10/01/2003	12/31/9999	2	0.00
V2500	Fee on File	Yes	CONTACT LENS, PMMA, SPHERICAL, PER LENS	0	999	01/01/1994	12/31/9999	2	38.90
V2501	Fee on File	Yes	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	0	999	01/01/1994	12/31/9999	2	58.58
V2502	Fee on File	Yes	CONTACT LENS PMMA BIFOCAL PER LENS	0	999	01/01/1994	12/31/9999	2	72.58
V2503	Not Covered	Yes	CONTACT LENS PMMA, COLOR VISION DEFICIENCY, PER LENS	0	999	11/01/2005	12/31/9999	2	0.00
V2510	Fee on File	Yes	CONTACT LENS, GAS PERMABLE, SPHERICAL, PER LENS	0	999	01/01/1994	12/31/9999	2	53.45
V2511	Fee on File	Yes	CONTACT LENS, GAS PERMABLE, TORIC, PRISM BALLAST, PER LENS	0	999	01/01/1994	12/31/9999	2	73.71
V2512	Fee on File	Yes	CONTACT LENS, GAS PERMABLE, BIFOCAL, PER LENS	0	999	01/01/1994	12/31/9999	2	89.55
V2513	Fee on File	Yes	CONTACT LENS, GAS PERMABLE, EXTENDED WEAR, PER LENS	0	999	01/01/1994	12/31/9999	2	74.82

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
V2520	Fee on File	Yes	CONTACT LENS HYDROPHILIC, SPHERICAL, PER LENS	0	999	01/01/1994	12/31/9999	2	49.76
V2521	Fee on File	Yes	CONTACT LENS HYDROPHILIC,TORIC, OR PRISM BALLAST, PER LENS	0	999	01/01/1994	12/31/9999	2	86.16
V2522	Fee on File	Yes	CONTACT LENS HYDROPHILLIC,BIFOCAL,PER LENS	0	999	01/01/1994	12/31/9999	2	82.48
V2523	Fee on File	Yes	CONTACT LENS HYDROPHILIC,EXTENDED WEAR, PER	0	999	01/01/1994	12/31/9999	2	71.34
V2530	Fee on File	Yes	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS CONTA	0	999	01/01/1994	12/31/9999	2	104.06
V2531	Fee on File	Yes	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFIC	0	999	01/01/1996	12/31/9999	2	53.45
V2599	Priced by PA	Yes	CONTACT LENS, OTHER TYPE	0	999	10/01/2003	12/31/9999	2	0.00
V2600	Priced by PA	Yes	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	0	20	11/01/2006	12/31/9999	1	0.00
V2610	Priced by PA	Yes	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	0	20	10/01/2003	12/31/9999	1	0.00
V2615	Not Covered		TELESCOPIC AND OTHER COMPOUND LENS SYSTEM,INCLUDING DISTANCE VISION	0	999	06/18/1986	12/31/9999	1	0.00
V2623	Fee on File		PROSTHETIC EYE,PLASTIC,CUSTOM	0	20	01/01/1994	12/31/9999	1	434.78
V2624	Fee on File		POLISHING/RESURFACING OF OCULAR PROSTHESIS	0	20	07/01/2018	12/31/9999	1	52.97
V2625	Fee on File		ENLARGEMENT OF OCULAR	0	20	07/01/2018	12/31/9999	1	343.13
V2626	Fee on File		REDUCTION OF OCULAR PROSTHESIS	0	20	07/01/2018	12/31/9999	1	217.69
V2627	Not Covered		SCLERAL COVER SHELL	0	999	01/01/1993	12/31/9999	9999	0.00
V2628	Not Covered		FABRICATION AND FITTING OF OCULAR CONFORMER	0	999	01/01/1993	12/31/9999	9999	0.00
V2629	Not Covered		PROSTHETIC EYE, OTHER TYPE	0	999	06/18/1986	12/31/9999	1	0.00
V2630	Priced by PA	Yes	ANTERIOR CHAMBER INTRAOCULAR LENS ANTERIOR CHAMBER INTRAOCULAR LENS	0	999	10/01/2003	12/31/9999	1	0.00
V2631	Priced by PA	Yes	IRIS SUPPORTED INTRAOCULAR LENS IRIS SUPPORTED INTRAOCULAR LENS	0	999	10/01/2003	12/31/9999	1	0.00
V2632	Priced by PA	Yes	POSTERIOR CHAMBER INTRAOCULAR LENS POSTERIOR CHAMBER INTRAOCULAR LENS	0	999	10/01/2003	12/31/9999	1	0.00
V2700	Fee on File		BALANCE LENS, PER LENS	0	999	01/01/1994	12/31/9999	2	20.41
V2702	Not Covered		DELUXE LENS FEATURE	0	999	01/01/2005	12/31/9999	1	0.00
V2710	Fee on File		SLAB OFF PRISM,GLASS OR PLASTIC,PER LENS	0	999	02/01/1993	12/31/9999	2	39.93
V2715	Fee on File		PRISM,PER LENS	0	999	02/01/1993	12/31/9999	2	6.69
V2718	Fee on File		PRESS-ON LENS,FRESNELL PRISM,PER LENS	0	999	02/01/1993	12/31/9999	2	19.79
V2730	Fee on File		SPECIAL BASE CURVE,GLASS OR PLASTIC,PER LENS	0	999	02/01/1993	12/31/9999	2	14.19
V2744	Fee on File		TINT,PHOTOCHOMATIC,PER LENS	0	999	01/01/1994	12/31/9999	2	10.35
V2745	Fee on File		ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCROMATIC, ANY LENS MATERIAL, PER LENS	0	999	01/01/2004	12/31/9999	2	6.84
V2750	Not Covered		ANTI-REFLECTIVE COATING,PER LENS	0	999	11/01/2005	12/31/9999	2	0.00
V2755	Fee on File		U-V LENS,PER LENS	0	999	01/01/1994	12/31/9999	2	7.67
V2756	Not Covered		EYE GLASS CASE	0	999	01/01/2004	12/31/9999	1	0.00
V2760	Not Covered		SCRATCH RESISTANT COATING,PER LENS	0	999	06/01/2002	12/31/9999	2	0.00
V2761	Not Covered		MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	0	999	01/01/2004	12/31/9999	1	0.00
V2762	Not Covered		POLARIZATION, ANY LENS MATERIAL, PER LENS	0	999	01/01/2004	12/31/9999	1	0.00

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
V2770	Fee on File		OCCULAR LENS,PER LENS	0	999	01/01/1994	12/31/9999	2	11.07
V2780	Fee on File		OVERSIZE LENS,PER LENS	0	999	01/01/1994	12/31/9999	2	7.68
V2781	Not Covered		PROGRESSIVE LENS, PER LENS	0	999	01/01/1996	12/31/9999	2	0.00
V2782	Priced by PA	Yes	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	0	20	01/01/2004	12/31/9999	2	0.00
V2783	Priced by PA	Yes	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCARBONATE, PER LENS	0	20	01/01/2004	12/31/9999	2	0.00
V2784	Priced by PA	Yes	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	0	20	01/01/2004	12/31/9999	2	0.00
V2785	Manual Pricing		PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	0	999	04/15/2000	12/31/9999	1	0.00
V2786	Not Covered		SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS	0	999	01/01/2004	12/31/9999	1	0.00
V2787	Not Covered		ASTIGMATISM CORRECTING FUNCTIONOF INTRAOCULAR LENS	0	999	01/01/2008	12/31/9999	1	0.00
V2788	Not Covered		PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	0	999	01/01/2006	12/31/9999	1	0.00
V2790	Not Covered		AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	0	999	01/01/2001	12/31/9999	1	0.00
V2797	Not Covered		VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	0	999	01/01/2004	12/31/9999	1	0.00
V2799	Priced by PA	Yes	VISION ITEM OR SERVICE, MISCELLANEOUS	0	999	10/01/2003	12/31/9999	2	0.00