

VISION FEE SCHEDULE effective 06/01/2020

Print Date: 6/2/20

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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	07/01/2019	12/31/9999	1	70.10
92004	Fee on File		OPHTHALMOLOGICAL SERVICES:MEDICAL EXAM EVAL COMPREHENSIVE,NEW PATIENT	0	999	07/01/2019	12/31/9999	1	126.75
92012	Fee on File		OPHTHALMOLOGICAL SERVICES:MEDICAL EXAM & EVAL;INTERMEDIATE,ESTAB PATIE	0	999	07/01/2019	12/31/9999	1	73.49
92014	Fee on File		ESTABLISHED PATIENT	0	999	07/01/2019	12/31/9999	1	105.76
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 DIAG	0	999	07/01/2019	12/31/9999	1	125.30
92019	Fee on File		OPHTHALMOLOGICAL EXAM,EVAL,GEN ANESTHESIA,W/WO MAN LIMITED	0	999	07/01/2019	12/31/9999	1	62.56
92020	Fee on File		GONIOSCOPY (SEPARATE PROCEDURE)	0	999	07/01/2019	12/31/9999	1	23.41
92025	Fee on File		COMPUTERIZED TOPOGRAPHY UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT	0	999	07/01/2019	12/31/9999	1	31.35
92060	Fee on File		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION	0	999	07/01/2019	12/31/9999	1	53.95
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	05/01/2020	12/31/9999	2	32.45
92072	Fee on File	Yes	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	0	999	07/01/2019	12/31/9999	1	112.15
92081	Fee on File		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOST	0	999	07/01/2019	12/31/9999	1	28.03
92082	Fee on File		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOST	0	999	07/01/2019	12/31/9999	1	39.46
92083	Fee on File		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOST	0	999	07/01/2019	12/31/9999	1	52.86
92100	Fee on File		SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTR	0	999	07/01/2019	12/31/9999	1	67.72
92132	Fee on File		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	0	999	07/01/2019	12/31/9999	1	26.06
92133	Fee on File		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC NERVE	0	999	07/01/2019	12/31/9999	1	31.00

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92134	Fee on File		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA	0	999	07/01/2019	12/31/9999	1	34.31
92136	Fee on File		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR	0	999	07/01/2019	12/31/9999	2	57.83
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
92201	Fee on File		OPHTHALMOSCOPY, EXTENDED; WITH RETINAL DRAWING AND SCLERAL DEPRESSION OF PERIPHERAL RETINAL DISEASE W/ INTERPRE AND RPT, UNI OR BI	0	999	05/01/2020	12/31/9999	1	21.11
92202	Fee on File		OPHTHALMOSCOPY, EXTENDED; W/DRAWING OF OPTIC NERVE OR MACULA W/INTERPRE AND RPT, UNI OR BI	0	999	01/01/2020	12/31/9999	1	13.44
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	05/01/2020	12/31/9999	2	53.69
92235	Fee on File		FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	0	999	05/01/2020	12/31/9999	1	75.92
92240	Fee on File		INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	0	999	07/01/2019	12/31/9999	1	166.91
92242	Fee on File		FLUORESCEIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING)	0	999	07/01/2019	12/31/9999	1	187.39
92250	Fee on File		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	0	999	07/01/2019	12/31/9999	1	41.72
92260	Fee on File		OPHTHALMODYNAMOMETRY	0	999	07/01/2019	12/31/9999	1	16.20
92265	Fee on File		NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BO	0	999	07/01/2019	12/31/9999	1	73.07
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	07/01/2019	12/31/9999	1	78.96
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	07/01/2019	12/31/9999	1	74.48
92283	Fee on File		COLOR VISION EXAMINATION, EXTENDED, EG, ANAMALSCOPE OR EQUIVALENT	0	999	07/01/2019	12/31/9999	1	43.28
92284	Fee on File		DARK ADAPTATION EXAMINATION, WITH DIAGNOSTIC EVALUATION	0	999	07/01/2019	12/31/9999	1	49.79

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92285	Fee on File		EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTA	0	999	07/01/2019	12/31/9999	1	17.10
92286	Fee on File		ANTERIOR SEGMENT IMAGING W/ INTERPRETATION AND REPORT; W/ SPECUALR MICROSCOPY AND ENDOTHELIAL CELL ANALYSIS	0	999	05/01/2020	12/31/9999	1	32.40
92287	Fee on File		ANTERIOR SEGMENT IMAGING W/ INTERPRETATION AND REPORT;W/ FLUORESCEIN ANGIOGRAPHY	0	999	07/01/2019	12/31/9999	1	119.48
92310	Fee on File	Yes	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING CONTA	0	999	02/01/1993	12/31/9999	1	62.40
92311	Fee on File	Yes	FIT CONTACT LENS CORNEAL APHAKIA ONE EYE	0	999	07/01/2019	12/31/9999	1	86.87
92312	Fee on File	Yes	FIT CONTACT LENS CORNEAL FOR APHAKIA BOTH EYES	0	999	07/01/2019	12/31/9999	1	100.61
92313	Fee on File	Yes	FIT CONTACT LENS CORNEO SCLERAL LENS	0	999	07/01/2019	12/31/9999	1	81.84
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	07/01/2019	12/31/9999	1	34.83
92326	Fee on File	Yes	REPLACEMENT OF CONTACT LENS	0	999	07/01/2019	12/31/9999	2	29.47
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

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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
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

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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
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

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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
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 HYDROPHILIC, 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

Code	Code Status	PA	Description	Min Age	Max Age	Begin Date	End Date	Max Units	Fee
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	07/01/2019	12/31/9999	1	54.19
V2625	Fee on File		ENLARGEMENT OF OCULAR PROSTHESIS	0	20	07/01/2019	12/31/9999	1	351.02
V2626	Fee on File		REDUCTION OF OCULAR PROSTHESIS	0	20	07/01/2019	12/31/9999	1	222.70
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,PHOTOCHROMATIC,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 PHOTOCHROMATIC, 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