

**Mississippi Division of Medicaid**  
**VISION FEE SCHEDULE**  
**COVER SHEET**



**Additional References:**

- [MS Division of Medicaid Website](#)
- [MS Envision Interactive Fee Schedule](#)
- [MS Envision Downloadable Fee Schedule](#)
- [Medicaid National Correct Coding Initiative \(NCCI\) Edits](#)

Note Number	Column Title	Details
1	Code	<ul style="list-style-type: none"> <li>• Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) Code</li> </ul>
2	Description	<ul style="list-style-type: none"> <li>• Short Descriptor for the Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology Code Clinical Description</li> </ul>
3	Prior Authorization	<ul style="list-style-type: none"> <li>• This column identifies the codes that require prior authorization before the service is performed.</li> <li>• Priced by PA (prior authorization) - require a prior authorization with the invoice submittal to Fiscal Agent for approval prior to service(s) rendered. ☐</li> </ul>
4	Min Age	<ul style="list-style-type: none"> <li>• This column is the covered minimum age for the service.</li> </ul>
5	Max Age	<ul style="list-style-type: none"> <li>• This column is the covered maximum age for the service.</li> </ul>
6	Begin Date	<ul style="list-style-type: none"> <li>• This column represents the begin date of which the fee in columns I and J became effective.</li> </ul>
7	End Date	<ul style="list-style-type: none"> <li>• This column represents the end date of the fee segment in columns I and J.</li> </ul>
8	Max Units	<ul style="list-style-type: none"> <li>• This column represents the maximum units the Division of Medicaid covers for the service. ☐</li> </ul>
9	Fee	<ul style="list-style-type: none"> <li>• This column is the maximum amount that Division of Medicaid will pay for each unit.</li> <li>• When the maximum fee listed is 0.00, the provider must request prior authorization and/or submit a By Report claim, as identified on the fee schedule.</li> <li>• MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment.</li> <li>• NC - Non Covered Service</li> </ul>
10	Fee Reduced	<ul style="list-style-type: none"> <li>• This column is the maximum amount less the 5% reduction required by Miss. Code Ann. §43-13-117(B) that the Division of Medicaid will pay for each unit.</li> <li>• When the maximum fee is listed as 0.00, the provider must request prior authorization and/or submit a By Report claim, as identified on the fee schedule to determine appropriate payment.</li> <li>• MP - Manually Priced, the provider must submit a By Report claim, as identified on the fee schedule to determine appropriate payment.</li> <li>• NC - Non Covered Service</li> </ul>

**Mississippi Division of Medicaid**  
**VISION FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

\*\*Units are subject to change upon Agency review.\*\*

\*\*Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed\*\*

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
92002	Eye exam new patient	No	0	999	7/1/2020	12/31/9999	1	69.17	65.71
92004	Eye exam new patient	No	0	999	7/1/2020	12/31/9999	1	124.27	118.06
92012	Eye exam establish patient	No	0	999	7/1/2020	12/31/9999	1	72.55	68.92
92014	Eye exam&tx estab pt 1/>vst	No	0	999	7/1/2020	12/31/9999	1	103.79	98.60
92015	Determine refractive state	No	0	999	7/1/2020	12/31/9999	1	17.03	16.18
92018	New eye exam & treatment	No	0	999	7/1/2020	12/31/9999	1	121.59	115.51
92019	Eye exam & treatment	No	0	999	7/1/2020	12/31/9999	1	62.20	59.09
92020	Special eye evaluation	No	0	999	7/1/2020	12/31/9999	1	23.04	21.89
92025	Corneal topography	No	0	999	7/1/2020	12/31/9999	1	30.09	28.59
92060	Special eye evaluation	No	0	999	7/1/2020	12/31/9999	1	52.28	49.67
92065	Orthoptic/pleoptic training	No	0	20	8/20/1996	12/31/9999	1	NC	NC
92071	Contact lens fitting for tx	Yes	0	999	7/1/2020	12/31/9999	2	31.67	30.09
92072	Fit contac lens for managmnt	Yes	0	999	7/1/2020	12/31/9999	1	108.13	102.72
92081	Visual field examination(s)	No	0	999	7/1/2020	12/31/9999	1	27.39	26.02
92082	Visual field examination(s)	No	0	999	7/1/2020	12/31/9999	1	38.63	36.70
92083	Visual field examination(s)	No	0	999	7/1/2020	12/31/9999	1	51.26	48.70
92100	Serial tonometry exam(s)	No	0	999	7/1/2020	12/31/9999	1	66.98	63.63
92132	Cmptr ophth dx img ant segmt	No	0	999	7/1/2020	12/31/9999	1	25.71	24.42
92133	Cmptr ophth img optic nerve	No	0	999	7/1/2020	12/31/9999	1	30.56	29.03
92134	Cptr ophth dx img post segmt	No	0	999	7/1/2020	12/31/9999	1	33.54	31.86
92136	Ophthalmic biometry	No	0	999	7/1/2020	12/31/9999	2	50.86	48.32
92145	Corneal hysteresis deter	No	0	999	1/1/2015	12/31/9999	1	NC	NC
92201	Opscopy extnd rta draw uni/bi	No	0	999	7/1/2020	12/31/9999	1	21.11	20.05
92202	Opscopy extnd on/mac draw	No	0	999	7/1/2020	12/31/9999	1	13.44	12.77
92227	Remote dx retinal imaging	No	0	999	1/1/2011	12/31/9999	1	NC	NC
92228	Remote retinal imaging mgmt	No	0	999	1/1/2011	12/31/9999	1	NC	NC
92230	Eye exam with photos	No	0	999	7/1/2020	12/31/9999	2	62.67	59.54
92235	Fluorescein angrph uni/bi	No	0	999	7/1/2020	12/31/9999	1	84.22	80.01
92240	Icg angiography uni/bi	No	0	999	7/1/2020	12/31/9999	1	160.72	152.68
92242	Fluorescein icg angiography	No	0	999	7/1/2020	12/31/9999	1	190.11	180.60
92250	Eye exam with photos	No	0	999	7/1/2020	12/31/9999	1	36.68	34.85
92260	Ophthalmoscopy/dynamometry	No	0	999	7/1/2020	12/31/9999	1	15.98	15.18
92265	Eye muscle evaluation	No	0	999	7/1/2020	12/31/9999	1	71.11	67.55
92266	Sensori-Neural Visual Therapy	No	0	999	12/10/1991	12/31/9999	99999	NC	NC
92270	Electro-oculography	No	0	999	7/1/2020	12/31/9999	1	78.68	74.75
92273	Full field erg w/i&r	No	0	999	7/1/2020	12/31/9999	1	104.72	99.48
92274	Multifocal erg w/i&r	No	0	999	7/1/2020	12/31/9999	1	71.43	67.86
92283	Color vision examination	No	0	999	7/1/2020	12/31/9999	1	41.89	39.80
92284	Dark adaptation eye exam	No	0	999	7/1/2020	12/31/9999	1	47.33	44.96
92285	Eye photography	No	0	999	7/1/2020	12/31/9999	1	17.22	16.36
92286	Internal eye photography	No	0	999	7/1/2020	12/31/9999	1	31.95	30.35
92287	Internal eye photography	No	0	999	7/1/2020	12/31/9999	1	126.89	120.55
92310	Contact lens fitting	Yes	0	999	7/1/2020	12/31/9999	1	83.18	79.02
92311	Contact lens fitting	Yes	0	999	7/1/2020	12/31/9999	1	86.09	81.79
92312	Contact lens fitting	Yes	0	999	7/1/2020	12/31/9999	1	99.86	94.87
92313	Contact lens fitting	Yes	0	999	7/1/2020	12/31/9999	1	80.55	76.52
92314	Prescription of contact lens	No	0	999	7/1/1983	12/31/9999	1	NC	NC
92315	Rx cntact lens aphakia 1 eye	No	0	999	7/1/1983	12/31/9999	1	NC	NC
92316	Rx cntact lens aphakia 2 eye	No	0	999	7/1/1983	12/31/9999	1	NC	NC
92317	Rx corneoscleral cntact lens	No	0	999	7/1/1983	12/31/9999	1	NC	NC
92325	Modification of contact lens	Yes	0	999	7/1/2020	12/31/9999	1	34.64	32.91
92326	Replacement of contact lens	Yes	0	999	7/1/2020	12/31/9999	2	29.37	27.90
92340	Fit spectacles monofocal	No	0	999	7/1/2020	12/31/9999	1	28.67	27.24
92341	Fit spectacles bifocal	No	0	999	7/1/2020	12/31/9999	1	33.29	31.63
92342	Fit spectacles multifocal	No	0	999	7/1/2020	12/31/9999	1	35.76	33.97
92352	Fit aphakia spectcl monofocl	No	0	20	7/1/2020	12/31/9999	1	35.61	33.83
92353	Fit aphakia spectcl multifoc	No	0	999	7/1/2020	12/31/9999	1	41.47	39.40

**Mississippi Division of Medicaid**  
**VISION FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

\*\*Units are subject to change upon Agency review.\*\*

\*\*Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed\*\*

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
92354	Fit spectacles single system	Yes	0	20	7/1/2020	12/31/9999	1	10.18	9.67
92355	Fit spectacles compound lens	Yes	0	20	7/1/2020	12/31/9999	1	15.91	15.11
92358	Aphakia prosth service temp	No	0	20	7/1/2020	12/31/9999	1	8.51	8.08
92370	Repair & adjust spectacles	No	0	999	7/1/1983	12/31/9999	1	NC	NC
92371	Repair & adjust spectacles	Yes	0	20	7/1/2020	12/31/9999	1	8.78	8.34
V2020	Vision svcs frames purchases	No	0	999	1/1/1994	12/31/9999	1	36.73	34.89
V2025	Eyeglasses delux frames	No	0	999	12/10/1991	12/31/9999	99999	NC	NC
V2030	Frames, Repair or Part Replacement	No	0	999	12/10/1991	12/31/9999	99999	NC	NC
V2100	Lens spher single plano 4.00	No	0	999	1/1/1994	12/31/9999	2	19.49	18.52
V2101	Single visn sphere 4.12-7.00	No	0	999	1/1/1994	12/31/9999	2	19.37	18.40
V2102	Singl visn sphere 7.12-20.00	No	0	999	1/1/1994	12/31/9999	2	26.96	25.61
V2103	Spherocylindr 4.00d/12-2.00d	No	0	999	1/1/1994	12/31/9999	2	16.28	15.47
V2104	Spherocylindr 4.00d/2.12-4d	No	0	999	1/1/1994	12/31/9999	2	17.93	17.03
V2105	Spherocylinder 4.00d/4.25-6d	No	0	999	1/1/1994	12/31/9999	2	19.80	18.81
V2106	Spherocylinder 4.00d/>6.00d	No	0	999	1/1/1994	12/31/9999	2	22.06	20.96
V2107	Spherocylinder 4.25d/12-2d	No	0	999	1/1/1994	12/31/9999	2	20.52	19.49
V2108	Spherocylinder 4.25d/2.12-4d	No	0	999	1/1/1994	12/31/9999	2	21.01	19.96
V2109	Spherocylinder 4.25d/4.25-6d	No	0	999	1/1/1994	12/31/9999	2	23.51	22.33
V2110	Spherocylinder 4.25d/over 6d	No	0	999	1/1/1994	12/31/9999	2	25.67	24.39
V2111	Spherocylindr 7.25d/.25-2.25	No	0	999	1/1/1994	12/31/9999	2	24.36	23.14
V2112	Spherocylindr 7.25d/2.25-4d	No	0	999	1/1/1994	12/31/9999	2	26.50	25.18
V2113	Spherocylindr 7.25d/4.25-6d	No	0	999	1/1/1994	12/31/9999	2	29.33	27.86
V2114	Spherocylinder over 12.00d	No	0	999	1/1/1994	12/31/9999	2	32.24	30.63
V2115	Lens lenticular bifocal	No	0	999	1/1/1994	12/31/9999	2	35.08	33.33
V2118	Lens aniseikonic single	No	0	999	1/1/1994	12/31/9999	2	35.92	34.12
V2121	Lenticular lens, single	No	0	999	1/1/2004	12/31/9999	2	35.54	33.76
V2199	Lens single vision not oth c	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	2	0.00	0.00
V2200	Lens spher bifoc plano 4.00d	No	0	999	1/1/1994	12/31/9999	2	25.12	23.86
V2201	Lens sphere bifocal 4.12-7.0	No	0	999	1/1/1994	12/31/9999	2	26.45	25.13
V2202	Lens sphere bifocal 7.12-20.	No	0	999	1/1/1994	12/31/9999	2	31.03	29.48
V2203	Lens sphcyl bifocal 4.00d/.1	No	0	999	1/1/1994	12/31/9999	2	24.66	23.43
V2204	Lens sphcy bifocal 4.00d/2.1	No	0	999	1/1/1994	12/31/9999	2	26.85	25.51
V2205	Lens sphcy bifocal 4.00d/4.2	No	0	999	1/1/1994	12/31/9999	2	28.18	26.77
V2206	Lens sphcy bifocal 4.00d/ove	No	0	999	1/1/1994	12/31/9999	2	30.56	29.03
V2207	Lens sphcy bifocal 4.25-7d/.	No	0	999	1/1/1994	12/31/9999	2	28.42	27.00
V2208	Lens sphcy bifocal 4.25-7/2.	No	0	999	1/1/1994	12/31/9999	2	28.61	27.18
V2209	Lens sphcy bifocal 4.25-7/4.	No	0	999	1/1/1994	12/31/9999	2	29.16	27.70
V2210	Lens sphcy bifocal 4.25-7/ov	No	0	999	1/1/1994	12/31/9999	2	34.23	32.52
V2211	Lens sphcy bifo 7.25-12/.25-	No	0	999	1/1/1994	12/31/9999	2	34.67	32.94
V2212	Lens sphcyl bifo 7.25-12/2.2	No	0	999	1/1/1994	12/31/9999	2	36.08	34.28
V2213	Lens sphcyl bifo 7.25-12/4.2	No	0	999	1/1/1994	12/31/9999	2	37.65	35.77
V2214	Lens sphcyl bifocal over 12.	No	0	999	1/1/1994	12/31/9999	2	40.25	38.24
V2215	Lens lenticular bifocal	No	0	999	1/1/1994	12/31/9999	2	40.44	38.42
V2218	Lens aniseikonic bifocal	No	0	999	1/1/1994	12/31/9999	2	48.95	46.50
V2219	Lens bifocal seg width over	No	0	999	1/1/1994	12/31/9999	2	20.74	19.70
V2220	Lens bifocal add over 3.25d	No	0	999	1/1/1994	12/31/9999	2	17.53	16.65
V2221	Lenticular lens, bifocal	No	0	999	1/1/2004	12/31/9999	2	46.95	44.60
V2299	Lens bifocal speciality	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	2	0.00	0.00
V2300	Lens sphere trifocal 4.00d	No	0	999	1/1/1994	12/31/9999	2	33.20	31.54
V2301	Lens sphere trifocal 4.12-7.	No	0	999	1/1/1994	12/31/9999	2	36.50	34.68
V2302	Lens sphere trifocal 7.12-20	No	0	999	1/1/1994	12/31/9999	2	39.01	37.06
V2303	Lens sphcy trifocal 4.0/.12-	No	0	999	1/1/1994	12/31/9999	2	33.25	31.59
V2304	Lens sphcy trifocal 4.0/2.25	No	0	999	1/1/1994	12/31/9999	2	34.89	33.15
V2305	Lens sphcy trifocal 4.0/4.25	No	0	999	1/1/1994	12/31/9999	2	37.00	35.15
V2306	Lens sphcyl trifocal 4.00/>6	No	0	999	1/1/1994	12/31/9999	2	38.46	36.54

**Mississippi Division of Medicaid**  
**VISION FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

\*\*Units are subject to change upon Agency review.\*\*  
\*\*Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed\*\*

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
V2307	Lens sphcy trifocal 4.25-7/.	No	0	999	1/1/1994	12/31/9999	2	35.61	33.83
V2308	Lens sphc trifocal 4.25-7/2.	No	0	999	1/1/1994	12/31/9999	2	37.24	35.38
V2309	Lens sphc trifocal 4.25-7/4.	No	0	999	1/1/1994	12/31/9999	2	40.55	38.52
V2310	Lens sphc trifocal 4.25-7/>6	No	0	999	1/1/1994	12/31/9999	2	46.49	44.17
V2311	Lens sphc trifo 7.25-12/.25-	No	0	999	1/1/1994	12/31/9999	2	42.25	40.14
V2312	Lens sphc trifo 7.25-12/2.25	No	0	999	1/1/1994	12/31/9999	2	42.14	40.03
V2313	Lens sphc trifo 7.25-12/4.25	No	0	999	1/1/1994	12/31/9999	2	49.46	46.99
V2314	Lens sphcyl trifocal over 12	No	0	999	1/1/1994	12/31/9999	2	64.67	61.44
V2315	Lens lenticular trifocal	No	0	999	1/1/1994	12/31/9999	2	53.67	50.99
V2318	Lens aniseikonic trifocal	No	0	999	1/1/1994	12/31/9999	2	68.47	65.05
V2319	Lens trifocal seg width > 28	No	0	999	1/1/1994	12/31/9999	2	23.77	22.58
V2320	Lens trifocal add over 3.25d	No	0	999	1/1/1994	12/31/9999	2	24.70	23.47
V2321	Lenticular lens, trifocal	No	0	999	1/1/2004	12/31/9999	2	61.68	58.60
V2399	Lens trifocal speciality	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	2	0.00	0.00
V2410	Lens variab asphericity sing	No	0	999	1/1/1994	12/31/9999	2	42.63	40.50
V2430	Lens variable asphericity bi	No	0	999	1/1/1994	12/31/9999	2	52.96	50.31
V2499	Variable asphericity lens	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	2	0.00	0.00
V2500	Contact lens pmma spherical	Yes	0	999	1/1/1994	12/31/9999	2	38.90	36.96
V2501	Cntct lens pmma-toric/prism	Yes	0	999	1/1/1994	12/31/9999	2	58.58	55.65
V2502	Contact lens pmma bifocal	Yes	0	999	1/1/1994	12/31/9999	2	72.58	68.95
V2503	Cntct lens pmma color vision	Yes	0	999	11/1/2005	12/31/9999	2	NC	NC
V2510	Cntct gas permeable sphericl	Yes	0	999	1/1/1994	12/31/9999	2	53.45	50.78
V2511	Cntct toric prism ballast	Yes	0	999	1/1/1994	12/31/9999	2	73.71	70.02
V2512	Cntct lens gas permbl bifocl	Yes	0	999	1/1/1994	12/31/9999	2	89.55	85.07
V2513	Contact lens extended wear	Yes	0	999	1/1/1994	12/31/9999	2	74.82	71.08
V2520	Contact lens hydrophilic	Yes	0	999	1/1/1994	12/31/9999	2	49.76	47.27
V2521	Cntct lens hydrophilic toric	Yes	0	999	1/1/1994	12/31/9999	2	86.16	81.85
V2522	Cntct lens hydrophil bifocl	Yes	0	999	1/1/1994	12/31/9999	2	82.48	78.36
V2523	Cntct lens hydrophil extend	Yes	0	999	1/1/1994	12/31/9999	2	71.34	67.77
V2524	Cntct Lens Hydrophil Photoch	Yes	0	999	10/1/2020	12/31/9999	2	NC	NC
V2530	Contact lens gas impermeable	Yes	0	999	1/1/1994	12/31/9999	2	104.06	98.86
V2531	Contact lens gas permeable	Yes	0	999	1/1/1996	12/31/9999	2	53.45	50.78
V2599	Contact lens/es other type	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	2	0.00	0.00
V2600	Hand held low vision aids	Yes - Priced by PA	0	20	11/1/2006	12/31/9999	1	0.00	0.00
V2610	Single lens spectacle mount	Yes - Priced by PA	0	20	10/1/2003	12/31/9999	1	0.00	0.00
V2615	Telescop/otr compound lens	No	0	999	6/18/1986	12/31/9999	1	NC	NC
V2623	Plastic eye prosth custom	No	0	20	7/1/2020	12/31/9999	2	434.78	413.04
V2624	Polishing artifical eye	No	0	20	7/1/2020	12/31/9999	2	54.19	51.48
V2625	Enlargemnt of eye prosthesis	No	0	20	7/1/2020	12/31/9999	2	351.02	333.47
V2626	Reduction of eye prosthesis	No	0	20	7/1/2019	12/31/9999	1	222.70	211.57
V2627	Scleral cover shell	No	0	999	1/1/1993	12/31/9999	9999	NC	NC
V2628	Fabrication & fitting	No	0	999	1/1/1993	12/31/9999	9999	NC	NC
V2629	Prosthetic eye other type	No	0	999	6/18/1986	12/31/9999	1	NC	NC
V2630	Anter chamber intraocul lens	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00	0.00
V2631	Iris support intraoclr lens	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00	0.00

**Mississippi Division of Medicaid**  
**VISION FEE SCHEDULE**

Print Date: November 3, 2020



The fee schedules located on the Mississippi Medicaid website are prepared to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules.

\*\*Units are subject to change upon Agency review.\*\*  
 \*\*Price does not include cutbacks, assessment fees, etc. Payment is not guaranteed\*\*

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright© 2019 American Medical Association and © 2019 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

Code	Description	PA	Min Age	Max Age	Begin Date	End Date	Max Units	Fee	Fee Reduced
V2632	Post chmbr intraocular lens	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	1	0.00	0.00
V2700	Balance lens	No	0	999	1/1/1994	12/31/9999	2	20.41	19.39
V2702	Deluxe lens feature	No	0	999	1/1/2005	12/31/9999	1	NC	NC
V2710	Glass/plastic slab off prism	No	0	999	2/1/1993	12/31/9999	2	39.93	37.93
V2715	Prism lens/es	No	0	999	7/1/2020	12/31/9999	4	6.69	6.36
V2718	Fresnell prism press-on lens	No	0	999	2/1/1993	12/31/9999	2	19.79	18.80
V2730	Special base curve	No	0	999	2/1/1993	12/31/9999	2	14.19	13.48
V2744	Tint photochromatic lens/es	No	0	999	1/1/1994	12/31/9999	2	10.35	9.83
V2745	Tint, any color/solid/grad	No	0	999	1/1/2004	12/31/9999	2	6.84	6.50
V2750	Anti-reflective coating	No	0	999	11/1/2005	12/31/9999	2	NC	NC
V2755	Uv lens/es	No	0	999	1/1/1994	12/31/9999	2	7.67	7.29
V2756	Eye glass case	No	0	999	1/1/2004	12/31/9999	1	NC	NC
V2760	Scratch resistant coating	No	0	999	6/1/2002	12/31/9999	2	NC	NC
V2761	Mirror coating	No	0	999	1/1/2004	12/31/9999	1	NC	NC
V2762	Polarization, any lens	No	0	999	1/1/2004	12/31/9999	1	NC	NC
V2770	Occluder lens/es	No	0	999	1/1/1994	12/31/9999	2	11.07	10.52
V2780	Oversize lens/es	No	0	999	1/1/1994	12/31/9999	2	7.68	7.30
V2781	Progressive lens per lens	No	0	999	1/1/1996	12/31/9999	2	NC	NC
V2782	Lens, 1.54-1.65 p/1.60-1.79g	Yes - Priced by PA	0	20	1/1/2004	12/31/9999	2	0.00	0.00
V2783	Lens, >= 1.66 p/>=1.80 g	Yes - Priced by PA	0	20	1/1/2004	12/31/9999	2	0.00	0.00
V2784	Lens polycarb or equal	Yes - Priced by PA	0	20	1/1/2004	12/31/9999	2	0.00	0.00
V2785	Corneal tissue processing	No	0	999	4/15/2000	12/31/9999	1	MP	MP
V2786	Occupational multifocal lens	No	0	999	1/1/2004	12/31/9999	1	NC	NC
V2787	Astigmatism-correct function	No	0	999	1/1/2008	12/31/9999	1	NC	NC
V2788	Presbyopia-correct function	No	0	999	1/1/2006	12/31/9999	1	NC	NC
V2790	Amniotic membrane	No	0	999	1/1/2001	12/31/9999	1	NC	NC
V2797	Vis item/svc in other code	No	0	999	1/1/2004	12/31/9999	1	NC	NC
V2799	Misc vision item or service	Yes - Priced by PA	0	999	10/1/2003	12/31/9999	2	0.00	0.00