VSP® Utah Medicaid
Network Manual

Check out the **Manuals** on **VSPOnline.**

Effective January 1, 2021

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VSP'S MEDICAID PLAN

VSP's Medicaid Plan is based on contracts with health care organizations (clients) to provide the vision care portion of the state's Medicaid program.

Clients are required to provide the minimum benefits specified by your state's Medicaid program, but may also offer enhanced benefits.

Please refer to **Client Detail pages and/or Medicaid Fee Schedules** for details about administration of basic state benefits. For state information, refer to the State Medicaid Manual.

ENROLLMENT/DOCTOR PARTICIPATION

Participation is voluntary. Only VSP doctors who have signed a Medicaid Plan Acknowledgment may provide services to Medicaid Plan members. All participating doctors are required to have a state Medicaid identification number.

Eligibility & Authorization

When you contact VSP for an authorization, please provide the following information:

- Last four-digits of the member's Social Security Number and date of birth or the entire client-assigned ID number
- Member's Medicaid number if different from Social Security Number
- Patient's date of birth
- Patient's HMO name

There are several ways to obtain an authorization:

VSP's Electronic Claim Submission System—Enter member's Social Security Number or client-assigned ID number using eyefinity's website and select "Check Patient Eligibility" to access eligible plans. You may wish to print the plan information to discuss plan coverages with your patients.

Customer Service—Call VSP at **800.615.1883**. You may select "1" to contact our automated Interactive Voice Response (IVR) system, or you may speak with a Customer Service Representative who will verify the patient's current eligibility, provide plan information, and issue an authorization.

Note: When the member's eligibility has been verified, VSP will provide an authorization number that is effective through the last day of the current month.

Coordination of Benefits

If the Medicaid patient has vision care coverage through any carrier other than VSP or another VSP plan, you must bill that carrier or the other VSP plan first. The VSP Medicaid Plan should be billed as secondary, where appropriate. For electronic claim submission, be sure to provide the patient's responsibility for exam and refraction separately.

EXAM COVERAGE

Routine eye exam coverage and timeframes are established by State regulations.

In addition to coverage for routine vision care services, Medicaid members are typically covered for services under VSP's Primary EyeCare Plan or Integrated Primary EyeCare Program. Any exceptions to this coverage are described in the Client Detail pages and/or the Fee Schedule.

For Telemedicine information refer to: Telemedicine.

Referrals

Follow all referral protocols set forth by your patient's health plan for any services beyond the scope of the patient's VSP plan. Typically, an HMO requires that patient referrals be coordinated by the primary care physician (PCP). However, a PPO usually allows patients to receive care from any medical provider without a PCP referral. Check Client Detail pages for any specific instructions or exceptions.

CPT Category II Codes for Eye Exams for Patients with Diabetes

As a health-focused vision care company, VSP highly encourages providers to use CPT Category II codes. The use of Category II codes for Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures helps confirm that you are providing the best quality patient care and further emphasizes the essential role Doctor of Optometry play in overall healthcare. Providing this information also decreases the administrative burden of pulling chart notes for requested patients.

WHAT ARE CPT CATEGORY II CODES?

- CPT Category II codes are tracking codes which facilitate data collection related to quality and performance measurement. They allow providers to report services based on nationally recognized, evidence-based performance guidelines for improving quality of patient care.
- CPT Category II codes describe clinical components, usually evaluation, management or clinical services.
- Category II codes are not to be used as a substitute for Category I codes.
- CPT Category II codes are comprised of four digits followed by the letter "F".
- CPT Category II codes are for reporting purposes only and are not separately reimbursable.

BILLING CPT CATEGORY II CODES

- CPT Category II codes are billed in the procedure code field, the same as CPT Category I codes.
- Bill CPT Category II codes with a $0.00 charge amount.
- If you receive a claim denial, your reporting code will still be included in the quality measure.

When billing eye exams for patients with diabetes use the following optometry-related CPT Category II codes, when applicable:

2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2026	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

MATERIALS COVERAGE

Note: Please refer to the Patient Record Report, authorization, or Client Detail pages to determine if any exceptions are covered by your state Medicaid Plan and/or by the client.

Lenses

Lenses are available to the patient based on state regulations.

Covered basic lenses are established by state regulations.

For more information, please refer to your Client Detail pages and/or Fee Schedule.

Dispensing of Spectacles

If a covered benefit, a dispensing fee may only be billed with a complete set of eyeglasses (frame and lenses). Please refer to your state provider manual for eligibility and state-specific guidelines.

Repair and Refitting Spectacles

If a covered benefit, bill repairs to eyeglasses using CPT code 92370 (repair and refitting of spectacles) or CPT code 92371 (repair of spectacle prosthesis for aphakia).

Do not bill a dispensing code for repairs.

Repair and refitting codes cannot be billed with material HCPCS codes (e.g., V2020) on the same date of service.

Please refer to your state provider manual for eligibility and state-specific guidelines.

Replacement

If a covered benefit, bill replacement frame and lenses using the appropriate frame or lens HCPCS code. Do not bill a dispensing code for replacement of just the frame or lenses.

A dispensing fee may only be billed, if you are replacing a complete set of eyeglasses (frame and lenses).

Please refer to your state provider manual for eligibility and state-specific guidelines.

Frames

Frame coverage is based on state regulations. Medicaid plans have an established allowance for the purchase of a new frame. For further information refer to your Client Detail pages and/or Fee Schedule.

Visually Necessary Contact Lenses

If a covered benefit, refer to Client Detail pages as specific criteria applies. You must bill for both the contact lens fitting and materials, to be reimbursed.

LABORATORY

You may use any lab of your choice on a private invoice basis or fabricate your own materials. Exceptions are noted in the Client Detail pages.

Contract labs that have agreed to provide lenses at a reduced price for VSP are identified in the **National Contract Lab List** in your VSP Provider Reference Manual. When using a contract lab on this list, please write "VSP Medicaid" and the authorization number on the private invoice to ensure reduced VSP Medicaid materials prices.

Lab Price Schedule

Note: The lab price schedule below is valid for Medicaid Plan prescriptions **only**. Please refer to the patient's authorization and the Medicaid Fee Schedule to determine if any exceptions are covered by your state Medicaid Plan and/or by the client.

COST

Single Vision	$12.15 per pair	
Bifocals	$21.55 per pair	
Trifocals	$30.55 per pair	
Covered Items	**Single Vision**	**Multifocal**
For higher powers add:	$3.65 per lens	$4.15 per lens
For lenticular add:	$11.85 per lens	$13.80 per lens
For slab off add:	$30.45 per lens	$30.45 per lens
For prism add:	$1.85 per lens	$1.85 per lens

Laboratories will charge your office on a private invoice basis. All items not listed are billed at the laboratory's private add-on prices. Doctor redos are billed by the laboratory at 50% of the scheduled fees.

Base lens includes:

- Rxs up to and including 7.00 sphere and 4.00 cylinder
- Plastic or glass lenses (including hardening)
- Zyl, metal, or carbon mounting
- Bifocal or trifocal Segment widths of 25 and 28
- All higher adds
- All base curves
- Press-on prism
- Eye size up to and including 55mm
- Shipping and handling charges to the office

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

The filing limit for submitting claims in most states is 180 days from the date of service. Exceptions are noted in the Client Detail pages.

Submit Medicaid claims:

- Electronically through eClaim on eyefinity.com.
- Via paper on a typewritten or computer-generated standard **CMS-1500** form.
- Enter the authorization number in Box 23 of the **CMS-1500** form. Use the appropriate Place of Service and Type of Service codes from your state Medicaid manual, and submit the **CMS-1500** form directly to VSP for processing after providing services. It is not necessary to include the lab's invoice for materials.

VSP will only reimburse claims received for patients who are eligible at the time of service.

All Medicaid claims must be billed with the appropriate diagnosis codes:

Exams:

Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z13.5	Encounter for screening for eye and ear disorders
Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses

Exams or Materials:

H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.511	Internal ophthalmoplegia (complete) (total), right eye

H52.512	Internal ophthalmoplegia (complete) (total), left eye
H52.513	Internal ophthalmoplegia (complete) (total), bilateral
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye
H53.003	Unspecified amblyopia, bilateral
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.141	Visual discomfort, right eye
H53.142	Visual discomfort, left eye
H53.143	Visual discomfort, bilateral
H27.01	Aphakia, right eye
H27.02	Aphakia, left eye
H27.03	Aphakia, bilateral
Z96.1	Presence of intraocular lens
H49.00 – H49.9	Paralytic Strabismus
H50.00 – H50.9	Other strabismus
H51.0 – H51.9	Other disorders of binocular movement

Any exceptions are noted in the Client Detail pages.

Medical eyecare services performed in bordering states are reimbursed per VSP's Primary EyeCare Medicaid fee schedule for the state in which you reside. Medicaid fee schedule for the state in which you reside.

You are responsible for verifying the accuracy of your payment. For Medicaid patients, overpayments must be corrected within 60 days.

Coordination of Benefits

Coordination of benefits is available in most states. Exceptions are noted in the Client Detail pages. If the patient has other vision coverage, coordinate benefits and bill the other carrier. Medicaid is the payor of last resort.

For Electronic Claims

- Exam only claims (with or without a refraction) can be submitted electronically as long as a routine or refractive diagnosis is present,
- When you receive payment from the primary plan, keep a copy of the original CMS-1500 form showing the exam and refraction services submitted to the primary plan, along with the Explanation of Payment or Explanation of Benefits from the health plan/Medicare, in the patient's file.

Note: Enter exam and refraction separately with this exact language in box 19: "secondary COB claim patient resp EXAM $XX.XX REFRACTION $XX.XX." (Indicate the dollar amount of the patient's responsibility in place of the XX.XX).

For Paper Claims

- When you receive payment from the primary plan, send a copy of the original CMS-1500 form showing the exam and refraction services submitted to the health plan, along with the Explanation of Payment or Explanation of Benefits from the health plan, to VSP. Don't send a summary.

Refer to the Coordination of Benefits (COB) section of the **VSP Manual** for complete information.

UTAH MEDICAID CLIENT DETAILS

Effective July 1, 2018, VSP will administer Medicaid vision services for **Molina Healthcare of UT**. Please review the benefit details below.

Medicaid Appointment Availability Requirements

The following access standards are required for participation in the VSP Utah Medicaid Doctor Network:

- 24-hour access to provide instruction on how and where to obtain services
- 30 calendar days (maximum) for scheduling or rescheduling routine, preventative eye exams
- Urgent care during office hours should be seen within 24 hours based on patient condition
- Emergent care should be directed to the appropriate emergency facility

Exam

Molina Healthcare members are eligible for an eye exam every 12 months.

Materials Eligibility

Children's Health and Evaluation Care - CHEC (ages 0 - 20) and Pregnant Adults: members are eligible for lenses and frames every 24 months.

CHIP (ages 0 – 19): Members are not eligible.

Adults (ages 21 and over): Members are not eligible.

FRAMES

When medically necessary, Medicaid provides one standard frame, plastic, or metal. Frames must be reusable and if the lens prescription changes, the same frame must be used when possible. Medicaid reimburses one pair of eyeglasses every 12-month period.

If a member requires lenticular lenses, use code V2025 and modifier Lenses

Lenses covered include single vision, bifocal or trifocal, with or without slab-off or prism, in glass or plastic.

To receive reimbursement for lenses, lens must have 0.5 diopter or greater in either sphere or cylinder power in either eye.

NON-COVERED SERVICES OR UPGRADES

With few exceptions, a provider may not bill a Medicaid member as the Medicaid payment is considered payment in full. Exceptions may include a member request for service that is not medically necessary and therefore not covered. Examples of services considered not medically necessary: more expensive frames, tinted lenses, lenses of special design. Please review the Utah Medicaid Provider Manual for conditions which must be met before billing a non-covered service or upgrade.

COPAYMENTS

CHIP (ages 0 – 19): Exam copay applied once per service period. Alaska or Native American members - $0; Plan B members - $5; Plan C members - $25

Visually Necessary Contact Lenses

Visually necessary contact lenses are covered for eligible members 20 and under or pregnant adults if one of the following conditions is present. Call VSP at **800.615.1883** to obtain an authorization number.

- Visual acuity cannot be corrected to 20/70 in the better eye with glasses lenses.
- The refractive error is greater than +- 8D.
- An unusual eye disease or disorder exists which is not correctable with eye glasses.
- To correct aphakia, keratoconus, nystagmus, or severe corneal distortion
- Other visually necessary medical conditions which require a contact lens
- Contact lenses are not covered for moderate visual improvement and/or cosmetic purposes.
- Piggyback lenses are a covered benefit for patients who can't tolerate rigid gas permeable contact lenses. This requires the use of soft contact lenses and rigid gas permeable contact lenses, in the manner of a piggyback fitting. When submitting a claim for piggyback lenses you must bill for both soft and rigid contact lenses in conjunction with modifier KX. In Box 19 indicate Piggyback Lenses.

If patient meets any of the above criteria, bill with appropriate diagnosis codes along with modifier KX for contact lens materials and contact lens dispensing. Visual necessity must be documented in the patient's file.

Low Vision

Low vision aids (V2600) are covered for eligible CHEC members 20 and under or adult members who are pregnant.

Bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

Vision Therapy

Vision therapy exam is covered for CHEC members 20 and under and those adult members who are pregnant if visually necessary. Orthoptic and/or pleoptic training is not covered. Bill exam services (92060) with appropriate diagnosis codes along with modifier KX. Visual necessity must be documented in the patient's medical record. Issue an authorization under Vision Therapy.

Patient Responsibility

COVERED SERVICES/MATERIALS

NOTE: It's the doctor's responsibility to verify the eligibility status of each member at the time of service and obtain the appropriate authorization. Failure to obtain authorization doesn't create a payment liability for the patient.

You must accept payment by VSP as payment in full for services rendered and make no additional charge to any person for covered services, less any applicable copays.

NON-COVERED SERVICES/MATERIALS

If the patient or guardian requests any non-covered service and/or material, you may bill the patient your usual and customary fees for the non-covered services or materials if all of the following requirements are met. For exceptions, please refer to Covered Services section above.

- The patient or guardian must be informed prior to services being rendered that this is a non-covered service or material. Advise the patient or patient's guardian of their payment responsibilities before providing services.
- Provide the patient with information regarding the necessity, options, and charge(s) for the service/material.
- You may request that the patient or guardian sign an Agreement of Financial Responsibility that clearly states that the patient is aware they are choosing to purchase non-covered services or materials. Keep the form in the patient's records.

Do not bill VSP for these non-covered services or materials. Treat this as a private-pay transaction and follow your private-pay patient policy.

Repair

Repair is allowed once every 12 months; however, Medicaid does not cover repairs due to member neglect or abuse.

Replacement

FRAME AND LENS

Replacement frames and/or lenses are allowed once every 12-months. Authorization is required to replace frames if sooner than 24 months. If necessary, an eye exam may be done when glasses are lost or broken. If the lenses need replacing, the provider must use existing frame.

Call VSP at **800.615.1883** to obtain an authorization number for the needed services. Bill with appropriate diagnosis codes along with modifier KX. Visual necessity must be documented in the patient's file.

Bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

VISUALLY NECESSARY CONTACT LENSES

Replacement of contact lenses is covered when lost. Bill with appropriate diagnosis codes along with modifier KX. Visual necessity must be documented in the patient's file.

Timely Filing

File claims within 365 days of the date of service to ensure compliance with Utah Medicaid guidelines. Claims that are not filed within this timeframe may be denied. Any corrections to a claim must also be received and/or adjusted within the same 12-month time frame. If a correction is received after the deadline, no additional funds will be reimbursed.

Primary EyeCare

VSP's Primary EyeCare (PEC) plans provide supplemental eyecare coverage for the detection, treatment and management of ocular and/or systemic conditions that produce ocular or visual symptoms. Members can see their VSP doctor when such a condition is suspected.

Covered benefits are administered according to the VSP policies and procedures in effect upon the date of service. Please click on the appropriate link below to view covered procedure codes for your state. Please note codes are only covered when appropriate based on your scope of licensure as well as the current laws, rules, and regulations as determined by the State and Federal Government.

Primary EyeCare

VSP UTAH MEDICAID PLAN

PROFESSIONAL FEE SCHEDULE

Effective 7/1/2018

Reimbursement for services is based on the lesser of the billed amount or the maximum allowable reimbursement as reflected on this fee schedule. Fees are subject to change with notification from VSP.

Exam Services

92002	Intermediate exam, new patient	$53.00
92004	Comprehensive exam, new patient	$69.00
92012	Intermediate exam, established patient	$53.00
92014	Comprehensive exam, established patient	$69.00
92015	Determination of refractive state is included in the fee for the exam	$0.00

Frames

V2020	Frame (includes case)	$27.61
V2025	Deluxe Frame (includes case) If a member requires lenticular lenses, deluxe frames will be allowed. Must be billed with modifier KX. See Client Details page for requirements. Visual necessity must be documented in the patient's file.	$42.00
V2756	Eye glass case	$0.00

Dispensing

92340	Fitting of spectacles, except for aphakia; monofocal	$25.00
92341	Fitting of spectacles, except for aphakia; bifocal	$29.00
92342	Fitting of spectacles, except for aphakia; multifocal other than bifocal	$32.00

Spectacle Services

Single Vision Lenses, per lens:		
V2100	Sphere, plano to ± 4.00d	$6.38
V2101	Sphere, plus or minus 4.12 to plus or minus 7.00d	$6.38
V2102	Sphere, plus or minus 7.12 to plus or minus 20.00d	$10.03
V2103	Spherocylinder, plano to ± 4.00d sphere, 0.12 to 2.00d cylinder	$6.38
V2104	Spherocylinder, plano to ± 4.00d sphere, 2.12 to 4.00d cylinder	$6.38
V2105	Spherocylinder, plano to ± 4.00d sphere, 4.25 to 6.00d cylinder	$10.03
V2106	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$10.03
V2107	Spherocylinder, ± 4.25 to ± 7.00d sphere, 0.12 to 2.00d cylinder	$6.38
V2108	Spherocylinder, ± 4.25 to ± 7.00d sphere, 2.12 to 4.00d cylinder	$6.38

V2109	Spherocylinder, ± 4.25 to ± 7.00d sphere, 4.25 to 6.00d cylinder	$10.03
V2110	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$10.03
V2111	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$10.03
V2112	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$10.03
V2113	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$10.03
V2114	Spherocylinder, sphere over ± 12.00d	$10.03
V2121	Lenticular lens	$18.00
V2199	Specialty single vision; not otherwise classified	$10.03
Bifocal Lenses, per lens:		
V2200	Sphere, plano to ± 4.00d	$12.43
V2201	Sphere, plus or minus 4.12 to plus or minus 7.00d	$12.43
V2202	Sphere, plus or minus 7.12 to plus or minus 20.00d	$16.58
V2203	Spherocylinder, plano to ± 4.00d sphere, 0.12 to 2.00d cylinder	$12.43
V2204	Spherocylinder, plano to ± 4.00d sphere, 2.12 to 4.00d cylinder	$12.43
V2205	Spherocylinder, plano to ± 4.00d sphere, 4.25 to 6.00d cylinder	$16.58
V2206	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$16.58
V2207	Spherocylinder, ± 4.25 to ± 7.00d sphere, 0.12 to 2.00d cylinder	$12.43
V2208	Spherocylinder, ± 4.25 to ± 7.00d sphere, 2.12 to 4.00d cylinder	$12.43
V2209	Spherocylinder, ± 4.25 to ± 7.00d sphere, 4.25 to 6.00d cylinder	$16.58
V2210	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$16.58
V2211	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$16.58
V2212	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$16.58
V2213	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$16.58
V2214	Spherocylinder, sphere over ± 12.00d	$16.58
V2221	Lenticular lens	$25.00
V2299	Specialty bifocal	$16.58
Trifocal Lenses, per lens:		
V2300	Sphere, plano to ± 4.00d	$18.03
V2301	Sphere, plus or minus 4.12 to plus or minus 7.00d	$18.03
V2302	Sphere, plus or minus 7.12 to plus or minus 20.00d	$22.18
V2303	Spherocylinder, plano to ± 4.00d sphere, 0.12 to 2.00d cylinder	$18.03
V2304	Spherocylinder, plano to ± 4.00d sphere, 2.25 to 4.00d cylinder	$18.03
V2305	Spherocylinder, plano to ± 4.00d sphere, 4.25 to 6.00d cylinder	$22.18
V2306	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$22.18
V2307	Spherocylinder, ± 4.25 to ± 7.00d sphere, 0.12 to 2.00d cylinder	$18.03
V2308	Spherocylinder, ± 4.25 to ± 7.00d sphere, 2.12 to 4.00d cylinder	$18.03
V2309	Spherocylinder, ± 4.25 to ± 7.00d sphere, 4.25 to 6.00d cylinder	$22.18
V2310	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$22.18
V2311	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$22.18

V2312	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$22.18
V2313	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$22.18
V2314	Sphere, over plus or minus 12.00d	$22.18

Miscellaneous

Miscellaneous Covered Options and Services, per lens:		
V2700	Balance lens	$6.38
V2710	Slab off prism, glass or plastic	$30.00
V2715	Prism	$6.00

Repair and Refitting

92370	Repair and refitting spectacles; except for aphakia	$8.36
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	$8.36

Visually Necessary Contact Lens Services

Visually Necessary Contact Lenses: Contacts are only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. See Client Details page for requirements. Visual necessity must be documented in the patient's file.		Maximum allowance per eye
V2502	PMMA, bifocal	$80.00
V2510	Gas permeable, spherical	$85.00
V2512	Gas permeable, bifocal	$96.00
V2520	Hydrophilic, spherical	$61.33
V2522	Hydrophilic, bifocal	$95.00
V2599	Contact lens, other type	Submit invoice for pricing*

Visually Necessary Contact Lens Fitting and Dispensing

Contact lens fitting and dispensing is only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. See VSP Utah Medicaid Client Details for requirements. Visual necessity must be documented in the patient's file.		
92072	Fitting of contact lens for management of keratoconus, initial fitting	$99.71
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes except for aphakia	$70.94
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for Aphakia, one eye	$74.08

92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	$86.25
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	$70.42
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneoscleral lens, both eyes except for aphakia	$58.20
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneal lens for aphakia, one eye	$53.56
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneal lens for aphakia, both eyes	$67.35
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneoscleral lens	$54.89
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	$29.97
92326	Replacement of contact lens	$24.94

Low Vision Aids

Low Vision Aids are only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. Visual necessity must be documented in the patient's file.		
V2600	Hand held low vision aids and other nonspectacle mounted aids	Submit invoice for pricing*

Vision Therapy

Vision Therapy services must be billed with modifier KX. See VSP Utah Medicaid Client Details for requirements. Visual necessity must be documented in the patient's file.		
92060	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	$47.61

* Please refer to the Contacting VSP by Mail section of the Provider Reference Manual.

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