VSP® Vision Care

VSP® Florida Medicaid
Network Manual

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

Effective January 1, 2019

Note: This manual remains the sole and exclusive property of VSP. The information contained in this manual is confidential and proprietary, and the VSP network provider is granted a limited personal and nontransferrable license for use of the content of this manual during participation on the VSP network. The contents of this manual may not be used, copied, and/or reproduced for any other purpose, or disclosed and/or disseminated to any third party for any purpose whatsoever, without the prior written consent of VSP. If, for any reason, the manual recipient no longer participates on the VSP network, the doctor hereby agrees, and is directed, to immediately destroy this manual, all copies, and any and all amendments and addenda that may be issued by VSP from time to time.

VSP'S MEDICAID PLAN **2**

ENROLLMENT/DOCTOR PARTICIPATION **2**

EXAM COVERAGE **3**

MATERIALS COVERAGE **4**

LABORATORY **5**

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT **6**

FLORIDA MEDICAID CLIENT DETAILS **9**

VSP FLORIDA MEDICAID PLAN **13**

PROFESSIONAL FEE SCHEDULE **13**

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.

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.

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.

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.

FLORIDA MEDICAID CLIENT DETAILS

Member Identification Number

Members are reported by an alpha/numeric ID number (the letters “PHP” plus six numbers, e.g., PHP123456). The ID number is located directly above the member name on their plan ID card like the one below:

Exam

Positive Healthcare Partners members are eligible for an exam twice every 12 months.

Materials Eligibility

20 and under: Positive Healthcare Partners members are eligible for lenses and frames twice every 12 months.

21 and over: Positive Healthcare Partners members are eligible for lenses twice every 12 months and frames once every 12 months.

LENSES

Plastic lenses are covered. Glass lenses are not covered.

Polycarbonate lenses are covered if one of the following conditions is present:

- Monocular visual acuity
- Amblyopia
- History of, or at risk for, retinal detachment
- Seizure disorder
- Marfan’s Syndrome, ocular prosthesis, or keratoplasty
- Member works in a high activity physical job

For a single vision lens, no modifier is necessary. When billing for a bifocal polycarbonate lens, use modifier SC. When billing for a trifocal polycarbonate lens, use modifier TG.

Oversized lenses (V2780) are covered when the following criteria is met:

- Lenses are 56mm or greater, or there is a large effective diameter.

Special base curve lenses (V2730) are covered for, but not limited to, the following conditions:

- Anisekonia
- Anisometropia

Aspheric Lenses can't be used below + or – 7.00D and over, any meridian, either eye.

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

FRAME

Frames, including, but not limited to, plastic or metal are covered. A metal frame may be billed if a plastic frame is not available or visual necessity is established. For metal frames, bill V2025 with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

VISUALLY NECESSARY CONTACT LENSES

Visually necessary contact lenses are covered if one of the following conditions is present:

- Unilateral aphakia or bilateral aphakia, but not pseudophakia;
- Keratoconus (conical cornea);
- Irregular cornea or irregular astigmatism (does not apply if the recipient has had previous refractive surgery);
- Significant, symptomatic anisometropia;
- Refractive errors that are + or – 7.00D and over, any meridian, either eye, spectacle prescription; or
- Nystagmus, congenital or acquired but not latent monocular, where there is significant improvement of the visual acuity with contact lens wear regardless of the refractive error, astigmatic status or natural lens status.

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

Vision Therapy

Vision Therapy exam is covered if visually necessary. Orthoptic and/or pleoptic training is not covered. Call VSP at **800.615.1883** to obtain an authorization number for Vision Therapy claim(s). Bill exam services (92060) with appropriate diagnosis codes along with modifier KX. Visual necessity must be documented in the patient's medical record

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.

MISSED APPOINTMENTS

Medicaid members may not be billed for missed appointments.

Repair

Repair is unlimited.

Call VSP at 800.615.1883 to obtain an authorization number. When billing for repair, bill with modifier TS. Bill with appropriate diagnosis codes along with modifier KX. Visual necessity must be documented in the patient's file.

Replacement

LENS AND FRAME

One replacement pair of eyeglasses is covered due to a medical prescription change or if glasses are lost, stolen, or broken. When billing for a replacement part, bill with modifier SC.

If additional replacement glasses are required during the one year period, they must meet the following criteria and be billed with appropriate diagnosis codes along with modifier KX. Visual necessity must be documented in the patient's file.

Changes in prescription due to one of the following reasons:

- Cataracts
- Paralysis or Paresis of Accommodation
- Retinopathy of Prematurity
- Contact Lens Induced
- Diabetes
- Post-Ocular Trauma

- Myopia Progression
- Post-Surgical Aphakia, Pseudophakia
- Astigmatism Shift or increase
- Keratoconus
- Latent Hyperopia increase
- Treatment with Miotics
- Pterygium
- Adies Tonic Syndrome
- Orbital Tumor
- Systemic Drug Reaction

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.

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 FLORIDA MEDICAID PLAN

PROFESSIONAL FEE SCHEDULE

Effective 4/1/14

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	$40.00
92004	Comprehensive exam, new patient	$58.00
92012	Intermediate exam, established patient	$35.00
92014	Comprehensive exam, established patient	$55.00
92015	Determination of refractive state	$5.00

Frames

Bill Modifier SC for replacement parts and TS for actual repair of frame		
V2020	Frame (plastic) includes case	$12.00
V2025	Deluxe Frame (metal) includes case Must be billed with modifier KX. See Client Detail page for requirements. Visual necessity must be documented in the patient's file.	$14.00
V2756	Eye glass case	$0.00

Dispensing

92340	Fitting of spectacles, except for aphakia; monofocal	$19.25
92341	Fitting of spectacles, except for aphakia; bifocal	$21.49
92342	Fitting of spectacles, except for aphakia; multifocal	$23.10

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	$10.21
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	$10.21
V2106	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$10.21
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	$10.21
V2110	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$10.21

V2111	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$10.21
V2112	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$10.21
V2113	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$10.21
V2114	Spherocylinder, sphere over ± 12.00d	$10.21
V2115	Lenticular (myodisc)	$19.00
V2121	Lenticular lens	$19.00
V2199	Specialty single vision; not otherwise classified	$10.21

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	$17.20
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	$17.20
V2206	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$17.20
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	$17.20
V2210	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$17.20
V2211	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$17.20
V2212	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$17.20
V2213	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$17.20
V2214	Spherocylinder, sphere over ± 12.00d	$17.20
V2215	Lenticular (myodisc)	$28.30
V2219	Width over 28mm	$8.00
V2220	Add over 3.25d	$4.00
V2221	Lenticular lens	$28.30
V2299	Specialty bifocal	$17.20

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	$22.93
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	$22.93
V2306	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$22.93
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	$22.93

Trifocal Lenses, per lens:		
V2310	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$22.93
V2311	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$22.93
V2312	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$22.93
V2313	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$22.93
V2314	Sphere, over plus or minus 12.00d	$22.93
V2315	Lenticular (myodisc)	$34.31
V2319	Width over 28mm	$12.00
V2320	Add over 3.25d	$12.00
V2321	Lenticular	$34.31
V2399	Specialty trifocal	$22.93

Variable Asphericity Lenses, per lens: Must be billed with modifier KX. See Client Detail page for requirements. Visual necessity must be documented in the patient's file.		
V2410	Variable, asphericity lens, single vision, full field, glass or plastic	$30.00
V2430	Variable, asphericity lens, bifocal, full field, glass or plastic	$55.00

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 Detail page for requirements. Visual necessity must be documented in the patient's file.		Maximum allowance per eye
V2500	PMMA, spherical	$72.00
V2501	PMMA, toric or prism ballast	$100.00
V2510	Gas permeable, spherical	$100.00
V2511	Gas permeable, toric or prism ballast	$140.00
V2513	Gas permeable, extended wear	$142.00
V2520	Hydrophilic, spherical	$95.00
V2521	Hydrophilic, toric or prism ballast	$160.00
V2523	Hydrophilic, extended wear	$135.00
V2599	Contact lens, not otherwise classified	$160.00
S0590	Additional contact lens services (includes fitting and follow-up visits)	$85.00

Miscellaneous

Miscellaneous Covered Options and Services, per lens:		
V2710	Slab off prism, glass or plastic	$25.00
V2715	Prism	$5.00
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material	$1.50
V2755	UV lens	$6.00
Miscellaneous Covered Options and Services, per lens: Service must be billed with modifier KX. See Client Detail page for requirements. Visual necessity must be documented in the patient's file.		
V2730	Special base curve, glass or plastic	$7.00
V2780	Oversize lens	$3.00
V2784	Lens, polycarbonate or equal, any index	$8.00
V2799	Vision Service, miscellaneous	Submit invoice for pricing*

Vision Therapy

Vision Therapy Service must be billed with modifier KX. See Client Detail page 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.	$25.00

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

PO Box 997100
Sacramento, CA 95899-7100
800.615.1883
vsp.com