

VSP Utah Medicaid **Network Manual**

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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 Essential Medical Eye Care 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.

HEDIS and Eye Exams for Patients with Diabetes

The Healthcare Effectiveness Data and Information Set (HEDIS®) is one of healthcare's most widely used performance improvement tools. The National Committee for Quality Assurance (NCQA) collects HEDIS data from health plans and other healthcare organizations to create annual health outcome surveys. Health plans use HEDIS data to measure performance and identify opportunities for improvement.

HEDIS includes more than 90 measures across multiple domains of care. These measures relate to public health issues, including (and not limited to) asthma medication use, blood pressure control, cancer screening, diabetes care, heart disease, and smoking and tobacco use cessation.

Eye Exam for Patients With Diabetes (EED) – Effectiveness of Care HEDIS Measure

Eye Exam for Patients With Diabetes (EED) is a specific HEDIS measure that requires health plans offering commercial, Medicaid, and Medicare plans to report the percentage of members with diabetes who had a dilated or retinal eye exam.

Measurement Definition:

Patients ages 18–75 with diabetes (Type 1 or Type 2) who received screening or monitoring for diabetic retinal eye disease:

- Retinal or dilated eye exam by an eye care professional in the measurement year or,
- A negative retinal or dilated eye exam by an eye care professional in the year prior to the measurement year.
- Note: Fundus photography with interpretation and report and certain types of retinal imaging (CPT® codes 92227, 92228, 92250, 92260, and 92314) covered by Essential Medical Eye Care may also meet the performance measurement.

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 for reporting purposes only and are not separately reimbursable.

WHAT ARE CPT CATEGORY II CODES?

Current Procedural Terminology (CPT®) Category II codes are informational, supplemental tracking codes that can be used for quality and performance measurement. These codes are intended to facilitate data collection about the quality of care for certain services (e.g., dilated or retinal eye exam) that support performance measures (e.g., Eye Exam for Patients With Diabetes (EED) HEDIS performance measure).

When VSP members with diabetes receive a dilated or retinal eye exam from a network doctor, in addition to billing the exam CPT code, VSP instructs doctors to bill the appropriate supplemental CPT Category II code, which can be used for HEDIS performance measurement.

Including HEDIS supplemental data on VSP claims strengthens the role doctors of optometry have in their patients' healthcare and highlights the impact they have on protecting their patients' vision and overall health. In addition, when VSP network doctors include CPT Category II codes on claims, this data can be securely delivered to VSP health plan clients, reducing the administrative burden of medical record chart reviews for doctors and their staff.

- Category II codes are not to be used as a substitute for Category I codes. CPT Category II codes are for reporting purposes only and are not separately reimbursable. 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 dilated or retinal eye exams for VSP patients with diabetes, include the appropriate supplemental CPT Category II code, for the Eye Exam for Patients With Diabetes (EED) - HEDIS performance measure:

| | |
|-------|--|
| 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 |

| | |
|-------|---|
| 2026F | 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) |

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA) Current Procedural Terminology (CPT) Category II codes developed by the American Medical Association (AMA)

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.

See [Services Subject to Review/Audit](#) for information regarding material record keeping requirements.

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 lenses include:

- 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 |
| Z01.020 | Encounter for examination of eyes and vision following failed vision screening without abnormal findings |
| Z01.021 | Encounter for examination of eyes and vision following failed vision screening 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 - COB only, will be accepted without refractive error diagnosis. |
| H49.01 – 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 Essential Medical Eye Care 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

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 patient 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.

Essential Medical Eye Care

Essential Medical Eye Care provides 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.

[Essential Medical Eye Care](#)

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 $\pm 4.00d$ | \$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 $\pm 4.00d$ sphere, 0.12 to 2.00d cylinder | \$6.38 |
| V2104 | Spherocylinder, plano to $\pm 4.00d$ sphere, 2.12 to 4.00d cylinder | \$6.38 |
| V2105 | Spherocylinder, plano to $\pm 4.00d$ sphere, 4.25 to 6.00d cylinder | \$10.03 |
| V2106 | Spherocylinder, plano to $\pm 4.00d$ sphere, over 6.00d cylinder | \$10.03 |
| V2107 | Spherocylinder, ± 4.25 to $\pm 7.00d$ sphere, 0.12 to 2.00d cylinder | \$6.38 |
| V2108 | Spherocylinder, ± 4.25 to $\pm 7.00d$ sphere, 2.12 to 4.00d cylinder | \$6.38 |
| V2109 | Spherocylinder, ± 4.25 to $\pm 7.00d$ sphere, 4.25 to 6.00d cylinder | \$10.03 |

| | | |
|-----------------------------------|--|---------|
| V2110 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, over 6.00d cylinder | \$10.03 |
| V2111 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 0.25 to 2.25d cylinder | \$10.03 |
| V2112 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 2.25 to 4.00d cylinder | \$10.03 |
| V2113 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 4.25 to 6.00d cylinder | \$10.03 |
| V2114 | Spherocylinder, sphere over ± 12.00 d | \$10.03 |
| V2121 | Lenticular lens | \$18.00 |
| V2199 | Specialty single vision; not otherwise classified | \$10.03 |
| Bifocal Lenses, per lens: | | |
| V2200 | Sphere, plano to ± 4.00 d | \$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 ± 4.00 d sphere, 0.12 to 2.00d cylinder | \$12.43 |
| V2204 | Spherocylinder, plano to ± 4.00 d sphere, 2.12 to 4.00d cylinder | \$12.43 |
| V2205 | Spherocylinder, plano to ± 4.00 d sphere, 4.25 to 6.00d cylinder | \$16.58 |
| V2206 | Spherocylinder, plano to ± 4.00 d sphere, over 6.00d cylinder | \$16.58 |
| V2207 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, 0.12 to 2.00d cylinder | \$12.43 |
| V2208 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, 2.12 to 4.00d cylinder | \$12.43 |
| V2209 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, 4.25 to 6.00d cylinder | \$16.58 |
| V2210 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, over 6.00d cylinder | \$16.58 |
| V2211 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 0.25 to 2.25d cylinder | \$16.58 |
| V2212 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 2.25 to 4.00d cylinder | \$16.58 |
| V2213 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 4.25 to 6.00d cylinder | \$16.58 |
| V2214 | Spherocylinder, sphere over ± 12.00 d | \$16.58 |
| V2221 | Lenticular lens | \$25.00 |
| V2299 | Specialty bifocal | \$16.58 |
| Trifocal Lenses, per lens: | | |
| V2300 | Sphere, plano to ± 4.00 d | \$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 ± 4.00 d sphere, 0.12 to 2.00d cylinder | \$18.03 |
| V2304 | Spherocylinder, plano to ± 4.00 d sphere, 2.25 to 4.00d cylinder | \$18.03 |
| V2305 | Spherocylinder, plano to ± 4.00 d sphere, 4.25 to 6.00d cylinder | \$22.18 |
| V2306 | Spherocylinder, plano to ± 4.00 d sphere, over 6.00d cylinder | \$22.18 |
| V2307 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, 0.12 to 2.00d cylinder | \$18.03 |
| V2308 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, 2.12 to 4.00d cylinder | \$18.03 |
| V2309 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, 4.25 to 6.00d cylinder | \$22.18 |
| V2310 | Spherocylinder, ± 4.25 to ± 7.00 d sphere, over 6.00d cylinder | \$22.18 |
| V2311 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 0.25 to 2.25d cylinder | \$22.18 |
| V2312 | Spherocylinder, ± 7.25 to ± 12.00 d sphere, 2.25 to 4.00d cylinder | \$22.18 |
| V2313 | Spherocylinder, ± 7.25 to ± 12.00 d 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; corneal scleral 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 parietic 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.

B l a n k



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