



# VSP Nevada Medicaid **Network Manual**

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Effective January 1, 2023

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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.

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**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.

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### 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

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**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.

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### 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     |                   |
| <b>Covered Items</b>   | <b>Single Vision</b> | <b>Multifocal</b> |
| 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 –<br>H49.9 | Paralytic Strabismus                                                                          |
| H50.00 –<br>H50.9 | Other strabismus                                                                              |
| H51.0 –<br>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.

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**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).

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### 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.

## NEVADA MEDICAID CLIENT DETAILS

### Member Identification Number

Members are reported by a numeric 11 digit ID number.

### Medicaid Appointment Availability Requirements

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

- 24-hr access to provide instruction on how and where to obtain services, including instructions for an after-hour emergency
- 30 minute (maximum) wait time from scheduled appointment time
- 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

Members are eligible for a routine exam once every 12 months from date of service.

### Materials Eligibility

Members are eligible for lenses and frames once every 12 months from date of service.

#### LENS OPTIONS

##### All Members:

The following lens enhancements are covered when visually necessary:

- HI – Index
- UV
- Tints

##### 20 and Under:

- Polycarbonate – when visually necessary
- Scratch coating

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

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#### FRAME

Existing frames must be used whenever possible. If a new frame is necessary, metal or plastic can be used, according to the patient's preference, up to the allowed amount.

Providers must stock a variety of frames to enable the recipient to choose a frame at no cost to them, if they so choose.

If the recipient selects a frame greater than VSP's Medicaid allowable, they will be responsible for the additional amount.

The recipient's agreement to make payment must be in writing. A copy of the agreement must be retained in the recipient's chart. The Nevada Medicaid Surveillance and Utilization Review Unit (SUR) conducts a regular review of claims history to monitor this.

**21 and Over:** Retail frame allowance alternates between \$170 and \$70 each service year. Verify Patient Record Report for frame allowance. Member may be balanced billed frame overages.

### **FRAME CASE**

One frame case must be provided to the patient as it is a covered material and included in the frame reimbursement.

## **Visually Necessary Contact Lenses**

Visually necessary contact lenses are covered if visually necessary. When submitting a claim for piggyback lenses, you must bill with all appropriate codes and provide the following information in Box 19: Piggyback lenses.

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

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When glasses to be worn over contact lenses are visually necessary, call VSP at **800.615.1883** to request the spectacle lenses and frame authorization number at the same time or within 30 days of the contact lens claim submission date. For patients with keratoconus, request an authorization number for spectacle lenses to be worn over contact lenses within 12 months of the contact lens claim submission date. Please have the relevant criteria information available when calling. Visual necessity must be documented in the patient's file.

## **Low Vision**

Low vision aids, and fitting of low vision are covered, if visually necessary. Call VSP at **800.615.1883** to obtain an authorization number for Low Vision claim(s).

### **LOW VISION AIDS**

Only basic and essential low vision aids are a benefit. Please submit a manufacturer's invoice.

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

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## **Coordination of Benefits**

If the member has vision care coverage through another carrier(s), please bill the other carrier(s) first. Once you have received the Explanation of Benefits (EOB), the Remittance Advice or denial letter from the primary insurance, please submit a copy of the documentation along with the claim to VSP. Medicaid is the payer of last resort.

## Patient Responsibility

### COVERED SERVICES/MATERIALS

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**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.

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### 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](#).

- 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(s).
- The patient or guardian must sign an [Agreement of Financial Responsibility](#) Form that clearly states the patient is aware they are choosing to purchase non-covered services or materials as a private-pay customer. 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 and Replacement

Authorization is required; please call VSP at **800.615.1883** for an authorization number.

Repair or replacement as needed for the following:

- A change in refractive error must exceed plus or minus 0.5 diopter or 10 degrees in axis deviation in order to qualify within the 12-month limitation.
- or for broken or lost glasses

An additional exam is covered to determine if a change in prescription has occurred since the patient's last exam. A change in refractive error must equal or exceed  $\pm 0.50$  diopters.

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Visual necessity must be documented in the patient's file.

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## Vision Therapy

Vision Therapy is covered as needed. Bill exam services (92060) and/or vision therapy sessions (92065) with appropriate diagnosis code(s). Vision therapy sessions are limited to one unit or visit per day.

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Bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file. Issue an authorization under Vision Therapy.

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# VSP NEVADA MEDICAID PLAN

## PROFESSIONAL FEE SCHEDULE FOR ROUTINE SERVICES

### Effective 1/1/2022

Reimbursement for routine vision care 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          | \$48.50 |
| 92004 | Comprehensive exam, new patient         | \$60.00 |
| 92012 | Intermediate exam, established patient  | \$48.50 |
| 92014 | Comprehensive exam, established patient | \$60.00 |
| 92015 | Determination of refractive state       | \$15.00 |

### Dispensing and Material Services

|                                 |                                                                           |         |
|---------------------------------|---------------------------------------------------------------------------|---------|
| Frame:                          |                                                                           |         |
| V2020                           | Frame (includes case)                                                     | \$70.00 |
| Dispensing:                     |                                                                           |         |
| 92340                           | Fitting of spectacles, except for aphakia; monofocal                      | \$31.42 |
| 92341                           | Fitting of spectacles, except for aphakia; bifocal                        | \$35.73 |
| 92342                           | Fitting of spectacles, except for aphakia; multifocal                     | \$38.53 |
| 92352                           | Fitting of spectacles, prosthesis for aphakia, monofocal                  | \$31.42 |
| 92353                           | Fitting of spectacles, prosthesis for aphakia, multifocal                 | \$35.73 |
| Single Vision Lenses, per lens: |                                                                           |         |
| V2100                           | Sphere, plano to $\pm 4.00d$                                              | \$6.38  |
| V2101                           | Sphere, $\pm 4.12$ to $\pm 7.00d$                                         | \$6.38  |
| V2102                           | Sphere, $\pm 7.12$ to $\pm 20.00d$                                        | \$10.21 |
| 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       | \$10.21 |
| V2106                           | Spherocylinder, plano to $\pm 4.00d$ sphere, over 6.00d cylinder          | \$10.21 |
| V2107                           | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 0.12 to 2.00d cylinder  | \$6.38  |
| V2108                           | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 2.12 to 4.00d cylinder  | \$6.38  |
| V2109                           | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 4.25 to 6.00d cylinder  | \$10.21 |
| V2110                           | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, over 6.00d cylinder     | \$10.21 |
| V2111                           | Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 0.25 to 2.25d cylinder | \$10.21 |
| V2112                           | Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 2.25 to 4.00d cylinder | \$10.21 |
| V2113                           | Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 4.25 to 6.00d cylinder | \$10.21 |
| V2114                           | Spherocylinder, sphere over $\pm 12.00d$                                  | \$10.21 |

|                            |                                                                                                                                                                                                         |                             |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Frame:                     |                                                                                                                                                                                                         |                             |
| V2115                      | Lenticular, myodisc                                                                                                                                                                                     | \$19.00                     |
| V2118                      | Lens, aniseikonic single                                                                                                                                                                                | \$19.00                     |
| V2121                      | Lenticular lens, single                                                                                                                                                                                 | \$19.00                     |
| V2199                      | Specialty single vision<br>Service must be billed with modifier KX. See <a href="#">VSP Nevada Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file. | Submit invoice for pricing* |
| Bifocal Lenses, per lens:  |                                                                                                                                                                                                         |                             |
| V2200                      | Sphere, plano to $\pm 4.00d$                                                                                                                                                                            | \$12.43                     |
| V2201                      | Sphere, $\pm 4.12$ to $\pm 7.00d$                                                                                                                                                                       | \$12.43                     |
| V2202                      | Sphere, $\pm 7.12$ to $\pm 20.00d$                                                                                                                                                                      | \$17.20                     |
| V2203                      | Spherocylinder, plano to $\pm 4.00d$ sphere, 0.12 to 2.00d cylinder                                                                                                                                     | \$12.43                     |
| V2204                      | Spherocylinder, plano to $\pm 4.00d$ sphere, 2.12 to 4.00d cylinder                                                                                                                                     | \$12.43                     |
| V2205                      | Spherocylinder, plano to $\pm 4.00d$ sphere, 4.25 to 6.00d cylinder                                                                                                                                     | \$17.20                     |
| V2206                      | Spherocylinder, plano to $\pm 4.00d$ sphere, over 6.00d cylinder                                                                                                                                        | \$17.20                     |
| V2207                      | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 0.12 to 2.00d cylinder                                                                                                                                | \$12.43                     |
| V2208                      | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 2.12 to 4.00d cylinder                                                                                                                                | \$12.43                     |
| V2209                      | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 4.25 to 6.00d cylinder                                                                                                                                | \$17.20                     |
| V2210                      | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, over 6.00d cylinder                                                                                                                                   | \$17.20                     |
| V2211                      | Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 0.25 to 2.25d cylinder                                                                                                                               | \$17.20                     |
| V2212                      | Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 2.25 to 4.00d cylinder                                                                                                                               | \$17.20                     |
| V2213                      | Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 4.25 to 6.00d cylinder                                                                                                                               | \$17.20                     |
| V2214                      | Spherocylinder, sphere over $\pm 12.00d$                                                                                                                                                                | \$17.20                     |
| V2215                      | Lenticular, myodisc                                                                                                                                                                                     | \$28.30                     |
| V2218                      | Lens aniseikonic bifocal                                                                                                                                                                                | \$28.30                     |
| V2219                      | Lens bifocal seg width over                                                                                                                                                                             | \$8.00                      |
| V2220                      | Add over 3.25d                                                                                                                                                                                          | \$8.00                      |
| V2221                      | Lenticular lens, bifocal                                                                                                                                                                                | \$28.30                     |
| V2299                      | Specialty bifocal<br>Service must be billed with modifier KX. See <a href="#">VSP Nevada Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file.       | Submit invoice for pricing* |
| Trifocal Lenses, per lens: |                                                                                                                                                                                                         |                             |
| V2300                      | Sphere, plano to $\pm 4.00d$                                                                                                                                                                            | \$18.03                     |
| V2301                      | Sphere, $\pm 4.12$ to $\pm 7.00d$                                                                                                                                                                       | \$18.03                     |
| V2302                      | Sphere, $\pm 7.12$ to $\pm 20.00d$                                                                                                                                                                      | \$22.93                     |
| V2303                      | Spherocylinder, plano to $\pm 4.00d$ sphere, 0.12 to 2.00d cylinder                                                                                                                                     | \$18.03                     |
| V2304                      | Spherocylinder, plano to $\pm 4.00d$ sphere, 2.25 to 4.00d cylinder                                                                                                                                     | \$18.03                     |
| V2305                      | Spherocylinder, plano to $\pm 4.00d$ sphere, 4.25 to 6.00d cylinder                                                                                                                                     | \$22.93                     |
| V2306                      | Spherocylinder, plano to $\pm 4.00d$ sphere, over 6.00d cylinder                                                                                                                                        | \$22.93                     |
| V2307                      | Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 0.12 to 2.00d cylinder                                                                                                                                | \$18.03                     |

|                                                                                                                                                                                         |                                                                                                                                                                                                                      |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Frame:                                                                                                                                                                                  |                                                                                                                                                                                                                      |                             |
| 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                     |
| 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                                                                                                                                                                                   | Spherocylinder, sphere over ± 12.00d                                                                                                                                                                                 | \$22.93                     |
| V2315                                                                                                                                                                                   | Lenticular, myodisc                                                                                                                                                                                                  | \$34.31                     |
| V2318                                                                                                                                                                                   | Lens aniseikonic trifocal                                                                                                                                                                                            | \$34.31                     |
| V2319                                                                                                                                                                                   | Lens trifocal seg width > 28                                                                                                                                                                                         | \$12.00                     |
| V2320                                                                                                                                                                                   | Add over 3.25d                                                                                                                                                                                                       | \$12.00                     |
| V2321                                                                                                                                                                                   | Lenticular lens, trifocal                                                                                                                                                                                            | \$34.31                     |
| V2399                                                                                                                                                                                   | Specialty trifocal<br>Service must be billed with modifier KX. See <a href="#">VSP Nevada Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file.                   | Submit invoice for pricing* |
| Variable Asphericity Lenses, per lens:                                                                                                                                                  |                                                                                                                                                                                                                      |                             |
| V2410                                                                                                                                                                                   | Variable asphericity lens, single vision, full field, glass or plastic                                                                                                                                               | \$32.00                     |
| V2430                                                                                                                                                                                   | Variable asphericity lens, bifocal, full field, glass or plastic                                                                                                                                                     | \$47.00                     |
| V2499                                                                                                                                                                                   | Variable Sphericity Lens, other type<br>Service must be billed with modifier KX. See <a href="#">VSP Nevada Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file. | Submit invoice for pricing* |
| Miscellaneous Covered Options and Services, per lens:                                                                                                                                   |                                                                                                                                                                                                                      |                             |
| V2700                                                                                                                                                                                   | Balance lens                                                                                                                                                                                                         | \$6.38                      |
| V2710                                                                                                                                                                                   | Slab off, glass or plastic                                                                                                                                                                                           | \$30.45                     |
| V2715                                                                                                                                                                                   | Prism                                                                                                                                                                                                                | \$7.36                      |
| V2730                                                                                                                                                                                   | Special base curve, glass or plastic                                                                                                                                                                                 | \$12.97                     |
| V2756                                                                                                                                                                                   | Frame case included in the reimbursement for frame                                                                                                                                                                   | \$0.00                      |
| V2760                                                                                                                                                                                   | Scratch resistant coating                                                                                                                                                                                            | \$10.14                     |
| V2770                                                                                                                                                                                   | Occluder lens                                                                                                                                                                                                        | \$12.36                     |
| The below services must be billed with modifier KX. See <a href="#">VSP Nevada Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file. |                                                                                                                                                                                                                      |                             |
| V2745                                                                                                                                                                                   | Addition to lens, tint, any color, solid, gradient or equal (excludes photochromic, any lens material)                                                                                                               | \$5.05                      |
| V2755                                                                                                                                                                                   | UV lens                                                                                                                                                                                                              | \$7.89                      |
| V2782                                                                                                                                                                                   | Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate                                                                                                                                       | \$30.01                     |
| V2783                                                                                                                                                                                   | Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate                                                                                                     | \$33.84                     |
| V2784                                                                                                                                                                                   | Lens, polycarbonate or equal, any index                                                                                                                                                                              | \$22.00                     |
| V2786                                                                                                                                                                                   | Specialty occupational multifocal lens                                                                                                                                                                               | \$39.00                     |

|        |                              |                             |
|--------|------------------------------|-----------------------------|
| Frame: |                              |                             |
| V2799  | Miscellaneous vision service | Submit invoice for pricing* |

## Repair Services

|                                                                                                                                    |                                                                   |         |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------|
| Repair and refitting codes cannot be billed with dispensing and/or material HCPCS codes (e.g., V2020) on the same date of service. |                                                                   |         |
| 92370                                                                                                                              | Repair and refitting spectacles; except for aphakia               | \$29.09 |
| 92371                                                                                                                              | Repair and refitting spectacles; spectacle prosthesis for aphakia | \$10.90 |

## Visually Necessary Contact Lenses

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                      |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Visually Necessary Contact Lens Fitting and Dispensing<br>Service must be billed with modifier KX. See <a href="#">VSP Nevada Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file. |                                                                                                                                                                                                      |          |
| 92072                                                                                                                                                                                                                                  | Fitting of contact lens for management of keratoconus, initial fitting                                                                                                                               | \$129.41 |
| 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                             | \$89.93  |
| 92311                                                                                                                                                                                                                                  | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, for aphakia, one eye                                      | \$96.55  |
| 92312                                                                                                                                                                                                                                  | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, for aphakia, both eyes                                    | \$108.78 |
| 92313                                                                                                                                                                                                                                  | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens                                                      | \$92.70  |
| 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 | \$74.72  |
| 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                | \$69.69  |
| 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              | \$86.64  |
| 92317                                                                                                                                                                                                                                  | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneoscleral lens                               | \$71.68  |
| 92325                                                                                                                                                                                                                                  | Modification of contact lens (separate procedure), with medical supervision of adaptation                                                                                                            | \$39.47  |
| 92326                                                                                                                                                                                                                                  | Replacement of contact lens, single or both                                                                                                                                                          | \$34.03  |

|                                                                                                                                                                                                                                                                                                                               |                                       |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|
| Visually Necessary Contact Lenses:<br>Contacts are only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. See <a href="#">VSP Nevada Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file. |                                       | Maximum allowance per eye   |
| V2500                                                                                                                                                                                                                                                                                                                         | PMMA, spherical                       | \$83.51                     |
| V2501                                                                                                                                                                                                                                                                                                                         | PMMA, toric or prism ballast          | \$131.34                    |
| V2502                                                                                                                                                                                                                                                                                                                         | PMMA, bifocal                         | \$192.17                    |
| V2503                                                                                                                                                                                                                                                                                                                         | PMMA, color vision deficiency         | \$133.40                    |
| V2510                                                                                                                                                                                                                                                                                                                         | Gas permeable, spherical              | \$112.27                    |
| V2511                                                                                                                                                                                                                                                                                                                         | Gas permeable, toric or prism ballast | \$181.44                    |
| V2512                                                                                                                                                                                                                                                                                                                         | Gas permeable, bifocal                | \$210.65                    |
| V2513                                                                                                                                                                                                                                                                                                                         | Gas permeable, extended wear          | \$193.26                    |
| V2520                                                                                                                                                                                                                                                                                                                         | Hydrophilic, spherical                | \$99.04                     |
| V2521                                                                                                                                                                                                                                                                                                                         | Hydrophilic, toric or prism ballast   | \$172.43                    |
| V2522                                                                                                                                                                                                                                                                                                                         | Hydrophilic, bifocal                  | \$223.74                    |
| V2523                                                                                                                                                                                                                                                                                                                         | Hydrophilic, extended wear            | \$143.00                    |
| V2530                                                                                                                                                                                                                                                                                                                         | Scleral, gas impermeable              | \$178.86                    |
| V2531                                                                                                                                                                                                                                                                                                                         | Scleral, gas permeable                | \$426.30                    |
| V2599                                                                                                                                                                                                                                                                                                                         | Contact lens, other type              | Submit invoice for pricing* |

## Low Vision Services

|                                                                                                                                                                                                                           |                                                                                       |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------|
| Low Vision services 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. |                                                                                       |                             |
| 92354                                                                                                                                                                                                                     | Fitting of spectacle mounted low vision aid; single element system                    | \$12.94                     |
| 92355                                                                                                                                                                                                                     | Fitting of spectacle mounted low vision aid; telescopic or other compound lens system | \$19.74                     |
| V2600                                                                                                                                                                                                                     | Hand held low vision and other nonspectacle mounted aids                              | Submit invoice for pricing* |
| V2610                                                                                                                                                                                                                     | Single lens spectacle mounted low vision aids                                         | Submit invoice for pricing* |

## Vision Therapy

|                                                                                                                     |                                                                                                        |         |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|
| Vision Therapy services must be billed with modifier KX. Visual necessity must be documented in the patient's file. |                                                                                                        |         |
| 92060                                                                                                               | Sensorimotor examination with multiple measurements of ocular deviation with interpretation and report | \$61.79 |

|       |                                                                                          |         |
|-------|------------------------------------------------------------------------------------------|---------|
| 92065 | Orthoptic training; performed by a physician or other qualified health care professional | \$50.41 |
|-------|------------------------------------------------------------------------------------------|---------|

\*Please refer to the [Contacting VSP by Mail section](#) in the VSP Manual.





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