

VSP NEVADA MEDICAID NETWORK MANUAL

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Effective January 1, 2022

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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.

CPT Category II Codes for Eye Exams for Patients with Diabetes

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

WHAT ARE CPT CATEGORY II CODES?

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

BILLING CPT CATEGORY II CODES

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

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

2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
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.

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.

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

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

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 of \$170 is subject to change, 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.

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

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.

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

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

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

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

NON-COVERED SERVICES/MATERIALS

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

- 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 ± 0.50 diopters.

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

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.

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.

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, ± 4.12 to $\pm 7.00d$	\$6.38
V2102	Sphere, ± 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, ± 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	\$10.21
V2110	Spherocylinder, ± 4.25 to $\pm 7.00d$ sphere, over 6.00d cylinder	\$10.21
V2111	Spherocylinder, ± 7.25 to $\pm 12.00d$ sphere, 0.25 to 2.25d cylinder	\$10.21
V2112	Spherocylinder, ± 7.25 to $\pm 12.00d$ sphere, 2.25 to 4.00d cylinder	\$10.21
V2113	Spherocylinder, ± 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 Service must be billed with modifier KX. See VSP Nevada Medicaid Client Details 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, ± 4.12 to $\pm 7.00d$	\$12.43
V2202	Sphere, ± 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, ± 4.25 to $\pm 7.00d$ sphere, 0.12 to 2.00d cylinder	\$12.43
V2208	Spherocylinder, ± 4.25 to $\pm 7.00d$ sphere, 2.12 to 4.00d cylinder	\$12.43
V2209	Spherocylinder, ± 4.25 to $\pm 7.00d$ sphere, 4.25 to 6.00d cylinder	\$17.20
V2210	Spherocylinder, ± 4.25 to $\pm 7.00d$ sphere, over 6.00d cylinder	\$17.20
V2211	Spherocylinder, ± 7.25 to $\pm 12.00d$ sphere, 0.25 to 2.25d cylinder	\$17.20
V2212	Spherocylinder, ± 7.25 to $\pm 12.00d$ sphere, 2.25 to 4.00d cylinder	\$17.20
V2213	Spherocylinder, ± 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 Service must be billed with modifier KX. See VSP Nevada Medicaid Client Details 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, ± 4.12 to $\pm 7.00d$	\$18.03
V2302	Sphere, ± 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, ± 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 Service must be billed with modifier KX. See VSP Nevada Medicaid Client Details 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 Service must be billed with modifier KX. See VSP Nevada Medicaid Client Details 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 VSP Nevada Medicaid Client Details 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 Service must be billed with modifier KX. See VSP Nevada 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	\$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: Contacts are only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. See VSP Nevada Medicaid Client Details 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 and/or pleoptic training, with continuing medical direction and evaluation	\$50.41
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*Please refer to the [Contacting VSP by Mail section](#) in the VSP Manual.



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