



VSP® New Mexico Medicaid **Network Manual**

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

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

VSP’S MEDICAID PLAN 2

ENROLLMENT/DOCTOR PARTICIPATION 2

EXAM COVERAGE 3

MATERIALS COVERAGE..... 4

LABORATORY 5

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT 6

NEW MEXICO MEDICAID CLIENT DETAILS 9

VSP NEW MEXICO MEDICAID PLAN..... 13

PROFESSIONAL FEE SCHEDULE FOR ROUTINE SERVICES..... 13

VSP'S MEDICAID PLAN

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

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

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

ENROLLMENT/DOCTOR PARTICIPATION

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

Eligibility & Authorization

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

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

There are several ways to obtain an authorization:

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

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

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

Coordination of Benefits

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

EXAM COVERAGE

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

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

Referrals

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

MATERIALS COVERAGE

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

Lenses

Lenses are available to the patient based on state regulations.

Covered basic lenses are established by state regulations.

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

Frames

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

Visually Necessary Contact Lenses

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

LABORATORY

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

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

Lab Price Schedule

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

COST

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

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

Base lens includes:

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

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

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

Submit Medicaid claims:

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

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

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

Exams:

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

Exams or Materials:

H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.511	Internal ophthalmoplegia (complete) (total), right eye
H52.512	Internal ophthalmoplegia (complete) (total), left eye

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

Any exceptions are noted in the Client Detail pages.

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

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

Coordination of Benefits

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

For Electronic Claims

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

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

For Paper Claims

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

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

NEW MEXICO MEDICAID CLIENT DETAILS

Member Identification Number

Presbyterian Centennial: Members are reported by an 11-digit identification number.

Exam & Materials Coverage

20 and under: Exam, lens and frame every 12 months in addition to materials eligibility criteria below.

21 and over: Exam, lens and frame every 36 months in addition to materials eligibility criteria below.

21 and over (ABP Only): Exam every 36 months. Members are not eligible for materials, including Visually Necessary Contact Lenses. However, members are covered for post-cataract services. See [Post Cataract Enhancement Clients](#) for complete information.

Materials Eligibility

Initial materials require a minimum diopter correction, as follows:

- -1.00 Myopia, nearsightedness
- +1.00 Hyperopia, farsightedness
- ±0.75 Astigmatism, distorted vision
- ±1.00 Presbyopia, farsightedness of aging
- ±2.00 Diplopia, double vision prism lenses

If an existing prescription is updated, there must be a minimum of 0.75 diopter change in the prescription. Exceptions are:

- **20 and under**
- **21 and over:** Members with cataracts

For both age groups, corrective lenses are covered more frequently when prescription change is due to a medical condition. Bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

BIFOCAL LENSES

Bifocal lenses are covered with a correction of .25 or more diopter for distance and 1 diopter or more for added power.

COVERED OPTIONS

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

BALANCE LENSES

Balance lenses are covered in the following situations:

- Lenses used to balance an aphakic eyeglass lens; or
- Members are blind in one eye and the visual acuity in the eye requiring the correction meets the diopter correction criteria.

PHOTOCHROMIC LENSES

Photochromic lenses are covered if visually necessary and meet the diopter correction criteria. Bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

PRISM

All prisms are covered if visually necessary to prevent diplopia (double vision).

LENS TEMPERING, LENS EDGING, LENS INSERTION, AND LENS POLISHING

Lens edging, insertion, and polishing are all covered benefits. Lens tempering is covered for new glass lenses only.

Note: Reimbursement for lens tempering, edging, insertion, and polishing are already included in the cost of the base lens.

POLYCARBONATE LENSES

Covered for an eligible recipient with medical condition(s) that require a prescription for high power lenses or prescriptions for high acuity; an eligible recipient with monocular vision; or an eligible recipient who works in a high activity physical job.

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

VISUALLY NECESSARY CONTACT LENSES

20 and under: As visually necessary.

21 and over: Members are limited to one pair of contact lenses every 24 months, unless a change in prescription is due to a medical condition.

Piggyback lenses are a covered benefit for patients who aren't able to tolerate rigid gas permeable contact lenses. This requires the use of soft contact lenses and rigid gas permeable contact lenses, in the manner of a piggyback fitting. When submitting a claim for piggyback lenses you must bill for both soft and rigid contact lenses in conjunction with modifier KX. In Box 19 indicate **Piggyback Lenses**.

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

GLASSES TO WEAR OVER CONTACTS BENEFIT

If visually necessary, spectacle lenses with frame over visually necessary contacts are a covered benefit. Monocular aphakics may be provided with one contact lens and a pair of bifocal glasses. A prescription is required for the lenses. Plano lenses aren't a covered benefit with the exception of qualified balance lenses.

When glasses to be worn over contact lenses is 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 and frame 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.

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 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 estimated charge(s) for the service/material(s).
- The patient or guardian must sign an [Agreement of Financial Responsibility](#) form or equivalent 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

Minor repairs are unlimited. Authorization is required; please call VSP at 800.615.1883 for an authorization number.

Replacement

Authorization is required; please call VSP at 800.615.1883 for an authorization number. Document the reason for replacement in the patient's medical record.

FRAMES

20 and under: Members are eligible for replacement frames if the frames have been lost, broken, or stolen, or are damaged beyond repair, or because of a medical condition, including but not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision.

21 and over: Members are eligible for replacement frames if the frames have been lost, broken, or stolen, or are damaged beyond repair, or because of a medical condition, including but not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision.

For members with cataracts or a development disability, replacement frames are covered if lost, broken, stolen, or damaged beyond repair, or due to a medical condition, including but

not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision.

LENSES

20 and under: Members are eligible for replacement lenses (eyeglasses or contacts) if they have a change in prescription of at least ± 0.75 diopters or if the lenses have been lost, broken, or stolen, are damaged beyond repair, or because of a change in prescription due to a medical condition, including but not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision.

21 and over: Members are eligible for replacement lenses (eyeglasses or contacts) if they have a change in prescription of at least ± 0.75 diopters, or if the lenses are necessary because of a change in prescription due to a medical condition, including but not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision.

For members with cataracts or a developmental disability, replacement lenses (eyeglasses or contacts) are covered if lost, broken, stolen, or damaged beyond repair, or because of a change in prescription due to a medical condition, including but not limited to cataracts, diabetes, hypertension, glaucoma, or treatment with certain systemic medications affecting vision.

TIMELY FILING

File claims within 90 days of the date of service to ensure compliance with New Mexico Medicaid guidelines for encounter data submission. Claims that are not filed within this timeframe may be denied.

Client Exceptions

Where medical necessity is identified but does not meet the criteria listed, you may contact VSP to request specific benefit review for your patient prior to rendering services. Specific benefits available for review include necessary contact lenses and low vision.

For service/material listed above, bill with the appropriate diagnosis codes and modifier KX when determined visually necessary. Visual necessity must be documented in the patient's file.

Primary EyeCare Coverage

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

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

[Primary EyeCare](#)

VSP NEW MEXICO MEDICAID PLAN

PROFESSIONAL FEE SCHEDULE FOR ROUTINE SERVICES

Effective 1/1/14

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. These fees include the gross receipts tax and therefore cannot be passed on to Medicaid patients.

Exam Services

92002	Intermediate exam, new patient	\$50.00
92004	Comprehensive exam, new patient	\$60.00
92012	Intermediate exam, established patient	\$50.00
92014	Comprehensive exam, established patient	\$60.00
92015	Determination of refractive state	\$6.00

Spectacle Services

92340	Fitting of spectacles, except for aphakia; monofocal	\$38.00
92341	Fitting of spectacles, except for aphakia; bifocal	\$41.00
Repair and Refitting:		
92370	Repair and refitting spectacles; except for aphakia	\$20.00
92371	Repair and refitting spectacle prosthesis for aphakia	\$11.00

Frame

V2020	Frame, regular purchase	\$17.50
-------	-------------------------	---------

Spectacle Lenses

Single Vision Lenses, per lens (glass or plastic):		
V2100	Sphere, plano to $\pm 4.00D$	\$6.08
V2101	Sphere, ± 4.12 to $\pm 7.00D$	\$6.08
V2102	Sphere, ± 7.12 to $\pm 20.00D$	\$9.73
V2103	Spherocylinder, plano to $\pm 4.00D$ sphere, 0.12 to 2.00D cylinder	\$6.08
V2104	Spherocylinder, plano to $\pm 4.00D$ sphere, 2.12 to 4.00D cylinder	\$6.08
V2105	Spherocylinder, plano to $\pm 4.00D$ sphere, 4.25 to 6.00D cylinder	\$9.73
V2106	Spherocylinder, plano to $\pm 4.00D$ sphere, over 6.00D cylinder	\$9.73
V2107	Spherocylinder, ± 4.25 to $\pm 7.00D$ sphere, 0.12 to 2.00D cylinder	\$6.08
V2108	Spherocylinder, ± 4.25 to $\pm 7.00D$ sphere, 2.12 to 4.00D cylinder	\$6.08
V2109	Spherocylinder, ± 4.25 to $\pm 7.00D$ sphere, 4.25 to 6.00D cylinder	\$9.73

V2110	Spherocylinder, ± 4.25 to ± 7.00 D sphere, over 6.00D cylinder	\$9.73
V2111	Spherocylinder, ± 7.25 to ± 12.00 D sphere, 0.25 to 2.25D cylinder	\$9.73
V2112	Spherocylinder, ± 7.25 to ± 12.00 D sphere, 2.25 to 4.00D cylinder	\$9.73
V2113	Spherocylinder, ± 7.25 to ± 12.00 D sphere, 4.25 to 6.00D cylinder	\$9.73
V2114	Spherocylinder, sphere over ± 12.00 D	\$9.73
V2115	Lenticular, myodisc	\$17.93
V2118	Aniseikonic lens	\$9.73
V2121	Lenticular lens	\$17.93
V2199	Not otherwise classified, single vision lens	\$9.73

Bifocal Lenses, per lens (glass or plastic):

V2200	Sphere, plano to ± 4.00 D	\$10.78
V2201	Sphere, ± 4.12 to ± 7.00 D	\$10.78
V2202	Sphere, ± 7.12 to ± 20.00 D	\$14.93
V2203	Spherocylinder, plano to ± 4.00 D sphere, 0.12 to 2.00D cylinder	\$10.78
V2204	Spherocylinder, plano to ± 4.00 D sphere, 2.12 to 4.00D cylinder	\$10.78
V2205	Spherocylinder, plano to ± 4.00 D sphere, 4.25 to 6.00D cylinder	\$14.93
V2206	Spherocylinder, plano to ± 4.00 D sphere, over 6.00D cylinder	\$14.93
V2207	Spherocylinder, ± 4.25 to ± 7.00 D sphere, 0.12 to 2.00D cylinder	\$10.78
V2208	Spherocylinder, ± 4.25 to ± 7.00 D sphere, 2.12 to 4.00D cylinder	\$10.78
V2209	Spherocylinder, ± 4.25 to ± 7.00 D sphere, 4.25 to 6.00D cylinder	\$14.93
V2210	Spherocylinder, ± 4.25 to ± 7.00 D sphere, over 6.00D cylinder	\$14.93
V2211	Spherocylinder, ± 7.25 to ± 12.00 D sphere, 0.25 to 2.25D cylinder	\$14.93
V2212	Spherocylinder, ± 7.25 to ± 12.00 D sphere, 2.25 to 4.00D cylinder	\$14.93
V2213	Spherocylinder, ± 7.25 to ± 12.00 D sphere, 4.25 to 6.00D cylinder	\$14.93
V2214	Spherocylinder, sphere over ± 12.00 D	\$14.93
V2215	Lenticular, myodisc	\$24.58
V2218	Aniseikonic lens	\$14.93
V2219	Seg width over 28mm	\$10.78
V2220	Add over 3.25D	\$10.78
V2221	Lenticular lens	\$24.58
V2299	Specialty bifocal	\$14.93

Contact Lenses

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 New Mexico Medicaid Client Details for requirements. Visual necessity must be documented in the patient's file.		Maximum allowance per eye
V2500	PMMA, spherical	\$73.34
V2501	PMMA, toric or prism ballast	\$89.36
V2502	PMMA, bifocal	\$110.08
V2503	PMMA, color vision deficiency	\$101.39
V2510	Gas permeable, spherical	\$105.90
V2511	Gas permeable, toric or prism ballast	\$137.34
V2512	Gas permeable, bifocal	\$181.29
V2520	Hydrophilic, spherical	\$91.13
V2521	Hydrophilic, toric or prism ballast	\$139.35
V2522	Hydrophilic, bifocal	\$170.06
V2530	Scleral	\$205.20
V2531	Scleral, gas permeable	\$395.16
V2599	Not otherwise classified, contact lens	\$181.29
Visually Necessary Contact Lens Fitting and Dispensing Contact lens fitting and dispensing is only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. See VSP New Mexico 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	\$113.37
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	\$145.00
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye	\$77.39
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	\$83.50
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	\$70.34
92325	Modification of contact lens with medical supervision of adaptation	\$12.05

Miscellaneous

See client detail pages for lens edging, lens tempering and lens insertion.

Miscellaneous Covered Options and Services, per lens:		
Services must be billed with modifier KX. Visual necessity must be documented in the patient's file.		
V2700	Balance lens See VSP New Mexico Medicaid Client Details for requirements.	\$6.08
V2710	Slab-off prism, glass or plastic See VSP New Mexico Medicaid Client Details for requirements.	\$30.45
V2715	Prism See VSP New Mexico Medicaid Client Details for requirements.	\$2.15
V2718	Press-on lens, fresnell prism See VSP New Mexico Medicaid Client Details for requirements.	\$19.00
V2730	Special base curve	\$15.00
V2744	Tint, photochromic	\$15.00
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, (excludes polycarbonate)	\$20.00
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, (excludes polycarbonate)	\$42.50
V2784	Lens, polycarbonate or equal, any index, per lens See VSP New Mexico Medicaid Client Details for requirements.	\$15.00
V2797	Vision supply accessory and/or service component of another HCPCS vision code	\$1.47
V2799	Vision service, miscellaneous	Submit invoice for pricing*

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



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