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## **Rates: Maximum Reimbursement for Eye Appliances**

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This section lists HCPCS codes for eye appliances in alphanumeric order within service category. Reimbursement for eye appliances must be in accordance with the maximum reimbursement rates listed in this section and must not exceed charges made to the general public. Listed maximum allowances for ophthalmic lenses include: impact resistance and testing, oversize lenses, special beveling, drilling, mounting, fitting, adjusting, loaners for post-cataract cases, sales taxes paid by the provider, and follow-up services for a period of six months after the date of service (*California Code of Regulations* [CCR], Title 22, Section 51519).

### **“Diopter” Defined**

“Diopter” refers to the power of the strongest meridian of the major portion of the lens, the maximum cylindrical power, or the power of the segment addition, as appropriate.

### **Eyeglass Lens Dispensing Fees**

Prison Industry Authority (PIA) fabricating optical laboratories have entered into an exclusive negotiated contract with the Department of Health Care Services (DHCS). The lens dispensing codes (CPT® codes 92340 thru 92342 and 92352 thru 92353) listed in the Rates: *Maximum Reimbursement for Dispensing and Repair Fees* section of this manual must be used instead of HCPCS codes for ophthalmic spectacle lenses (V2100 thru V2430 and V2700 thru V2755).

### **Spectacle Lens Codes**

Ophthalmic spectacle lens codes (HCPCS codes V2100 thru V2430 and V2700 thru V2755) are billed only for the following conditions:

- For a Medicare/Medi-Cal recipient with the diagnosis of aphakia (ICD-10-CM codes H27.00 thru H27.139 or Q12.3) or for pseudophakic recipients (ICD-10-CM code Z96.1) receiving the initial post-surgery eyeglasses after cataract surgery with insertion of an intraocular lens implant.
- For an Other Health Coverage (OHC) recipient with Scope of Coverage code “V” or “Comprehensive.”
- «For a recipient of California Children’s Services (CCS) or the Genetically Handicapped Persons Program (GHPP).»

Refer to the *Eye Appliance*, *Eyeglass Frames*, and *Eyeglass Lenses* sections in this manual for policy and additional billing information.

## **Codes and Rates**

Eye appliances are reimbursed as listed below.

### **Single Vision, Glass or Plastic**

«Table of Single Vision, Glass or Plastic Codes»

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	\$18.30
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	\$21.69
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	\$25.75
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	\$18.48
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	\$18.62
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	\$29.39
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	\$31.14
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	\$21.89
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$22.18
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$33.01
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	\$37.34
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	\$25.74
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	\$25.74

**Single Vision, Glass or Plastic (continued)****«Table of Single Vision, Glass or Plastic Codes (continued)»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$37.40
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	\$29.90
V2115	Lenticular, (myodisc), per lens, single vision	\$77.05
V2121	Lenticular lens, per lens, single	\$64.77
V2199	Not otherwise classified; single vision lens	By Report
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	\$57.05

**Bifocal Lens, Glass or Plastic****«Table of Bifocal Lens, Glass or Plastic Codes»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	\$29.39
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	\$36.38
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	\$42.60
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	\$29.76
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	\$29.77
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	\$43.91
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	\$44.17
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	\$36.41

**Bifocal Lens, Glass or Plastic (continued)**

«Table of Bifocal Lens, Glass or Plastic Codes (continued)»

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$38.48
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$49.81
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$51.64
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	\$42.31
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	\$42.60
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$52.37
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	\$44.87
V2215	Lenticular (myodisc), per lens, bifocal	\$95.89
V2220	Bifocal add over 3.25d	\$14.31
V2221	Lenticular lens, per lens, bifocal	\$75.56
V2299	Specialty bifocal	By Report
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	\$97.71

**Trifocal Lens, Glass or Plastic**

«Table of Trifocal Lens, Glass or Plastic Codes»

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	\$ 42.35
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	46.42
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	54.33

**Trifocal Lens, Glass or Plastic (continued)**

«Table of Trifocal Lens, Glass or Plastic Codes (continued)»

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	\$42.59
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	\$50.21
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	\$55.10
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	\$55.36
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	\$47.60
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$47.60
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$61.83
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$62.09
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	\$54.33
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	\$54.59
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$62.09
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	\$54.33
V2315	Lenticular, (myodisc), per lens, trifocal	By Report
V2320	Trifocal add over 3.25d	\$14.31
V2321	Lenticular lens, per lens, trifocal	\$93.54
V2399	Specialty trifocal	By Report

## Corneal Lens

«Table of Corneal Lens Codes»

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
S0500	Disposable contact lens, per lens	By Report
S0512	Daily wear specialty contact lens, per lens	By Report
S0514	Color contact lens, per lens	By Report
V2500	Contact lens, PMMA, spherical, per lens	\$65.94
V2501	Contact lens, PMMA, toric or prism ballast, per lens	\$103.69
V2510	Contact lens, gas permeable, spherical, per lens	\$88.64
V2511	Contact lens, gas permeable, toric or prism ballast, per lens	\$143.27
V2513	Contact lens, gas permeable, extended wear, per lens	\$152.59
V2520	Contact lens, hydrophilic, spherical, per lens	\$78.21
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens	\$136.15
V2523	Contact lens, hydrophilic, extended wear, per lens	\$112.92
V2531	Contact lens, scleral, gas permeable, per lens	By Report
V2599	Contact lens, other type (use only for the billing of bandage contact lenses)	\$56.77

## Miscellaneous Lens Items

«Table of Miscellaneous Lens Items Codes»

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2702	Deluxe lens feature	By Report
V2710	Slab off prism, glass or plastic, per lens	\$40.00
V2715	Prism, per lens	\$8.17
V2718	Press on lens, Fresnel prism, per lens	\$15.78
V2744	Tint, photochromatic, per lens	By Report
V2745	Addition to lens, tint, any color, solid, gradient, or equal, excludes photochromatic, any lens material, per lens	By Report
V2750	Anti-reflective coating, per lens	\$15.33
V2755	U-V Lens, per lens	\$9.37
V2760	Scratch resistant coating, per lens	\$13.70

**«Miscellaneous Lens Items (continued)»****«Table of Miscellaneous Lens Items Codes (continued)»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	By Report
V2762	Polarization, any lens material, per lens	\$37.54
V2781	Progressive lens, per lens	By Report
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excluding polycarbonate, per lens	By Report
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	By Report
V2784	Lens, polycarbonate or equal, any index, per lens	By Report

**Frames and Frame Repair/Parts Replacement****«Table of Frames and Frame Repair/Parts Replacement Codes»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
S0516	Safety eyeglass frames	By Report
V2020	Frames, purchases	\$21.31
V2025	Deluxe frame	By Report

**Low Vision Aids****«Table of Low Vision Aids Codes»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2600	Hand held low vision aids and other nonspectacle mounted aids	By Report
V2610	Single lens spectacle mounted low vision aids	By Report
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	By Report

## Prosthetic Eyes

«Table of Prosthetic Eyes Codes»

HCPCS Code	Description	Maximum Allowance Per Lens
V2623	Prosthetic eye, plastic, custom, recipient ages 0 to 3	\$1475.00
V2623 «(continued)»	Prosthetic eye, plastic, custom , recipient ages 4 to 9	\$1375.00
V2623 «(continued)»	Prosthetic eye, plastic, custom, recipient ages 10 to 12	1175.00
V2623 «(continued)»	Prosthetic eye, plastic, custom, recipient ages 13 to 17	\$1100
V2623 «(continued)»	Prosthetic eye, plastic, custom, recipient ages 18 and over	\$1050r
V2624	Polishing/resurfacing of ocular prosthesis	\$31.96
V2625	Enlargement of ocular prosthesis, recipient ages 0 to 10	\$362.80
V2625 «(continued)»	Enlargement of ocular prosthesis, recipient ages 11 and over	\$312.80
V2626	Reduction of ocular prosthesis, recipient ages 0 to 10	\$227.50
V2626 «(continued)»	Reduction of ocular prosthesis, recipient ages 11 and over	\$177.51
V2627	Scleral cover shell, recipient ages 0 to 3	\$1475.00
V2627 «(continued)»	Scleral cover shell, recipient ages 4 to 9	\$1375.00
V2627 «(continued)»	Scleral cover shell, recipient ages 10 and over	\$1175.00
V2628	Fabrication and fitting of ocular conformer recipient ages 0 to 10	\$328.61
V2628 «(continued)»	Fabrication and fitting of ocular conformer recipient ages 11 and over	\$278.61
V2629	Prosthetic eye, other type; When billed for refitting	\$72.62
V2629 «(continued)»	Prosthetic eye, other type; When billed for transparent sclera shell	\$403.61
V2629 «(continued)»	Prosthetic eye, other type; When billed for all other services	By Report

**Miscellaneous Non-Lens Items****«Table of Miscellaneous Non-Lens Items Codes»**

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance Per Lens</b>
V2499	Variable sphericity lens, other type	By Report
V2770	Occluder lens, per lens	\$ 7.68
V2799	Vision item or service, miscellaneous	By Report

## **<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
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