

A L E R T

September 13, 2017

TO: All Optometrists, Ophthalmologists, and Opticians

RE: Eyeglass Central Source Contractor

Classic Optical Laboratories, Inc. has been awarded the contract to serve as the Alabama Medicaid Agency's central source contractor for the July 1, 2017 – June 30, 2020 time period.

Please refer to the price sheet below showing new rates for the eyeglass program effective for dates of service September 1, 2017 and thereafter. A new fee schedule reflecting these prices will be posted to the Agency website, www.medicaid.alabama.gov soon under Providers > Fee Schedules.

At the option of the provider taking the frame measurements, eyeglasses may be obtained from the Central Source or from any other source.

A Classic Optical Laboratories, Inc. representative is available:

Monday through Friday

from

7:00 AM to 7:00 PM CST

at

888-522-2020

For your convenience, please visit www.classicoptical.com for information such as, placement, processing, and tracking of optical orders.

For policy questions regarding the Eye Care Program, please contact the Medical Services Unit at elizabeth.huckabee@medicaid.alabama.gov.

A L E R T

**Prices are effective for dates of service September 1, 2017 and thereafter.

Procedure Code and Description	Price per lens
V2020 - VISION SVCS FRAMES PURCHASES	\$ 25.00
*V2025 - EYEGLASSES DELUX FRAMES	\$ 40.00
V2100 - LENS SPHER SINGLE PLANO 4.00	\$.01
V2101 - SINGLE VISN SPHERE 4.12-7.00	\$.01
V2102 - SINGL VISN SPHERE 7.12-20.00	\$.01
V2103 - SPHEROCYLINDR 4.00D/12-2.00D	\$.01
V2104 - SPHEROCYLINDR 4.00D/2.12-4D	\$.01
V2105 - SPHEROCYLINDER 4.00D/4.25-6D	\$.01
V2106 - SPHEROCYLINDER 4.00D/>6.00D	\$.01
V2107 - SPHEROCYLINDER 4.25D/12-2D	\$.01
V2108 - SPHEROCYLINDER 4.25D/2.12-4D	\$.01
V2109 - SPHEROCYLINDER 4.25D/4.25-6D	\$.01
V2110 - SPHEROCYLINDER 4.25D/OVER 6D	\$.01
V2111 - SPHEROCYLINDR 7.25D/.25-2.25	\$.01
V2112 - SPHEROCYLINDR 7.25D/2.25-4D	\$.01
V2113 - SPHEROCYLINDR 7.25D/4.25-6D	\$.01
V2114 - SPHEROCYLINDER OVER 12.00D	\$.01
V2115 - LENS LENTICULAR BIFOCAL	\$ 50.00
V2118 - LENS ANISEIKONIC SINGLE	\$.01
V2121 - LENTICULAR LENS, SINGLE	\$.01
V2199 - LENS SINGLE VISION NOT OTH C	\$.01
V2200 - LENS SPHER BIFOC PLANO 4.00D	\$.01
V2201 - LENS SPHERE BIFOCAL 4.12-7.0	\$.01
V2202 - LENS SPHERE BIFOCAL 7.12-20.	\$.01
V2203 - LENS SPHCYL BIFOCAL 4.00D/.1	\$.01
V2204 - LENS SPHCY BIFOCAL 4.00D/2.1	\$.01
V2205 - LENS SPHCY BIFOCAL 4.00D/4.2	\$.01
V2206 - LENS SPHCY BIFOCAL 4.00D/OVE	\$.01
V2207 - LENS SPHCY BIFOCAL 4.25-7D/.	\$.01
V2208 - LENS SPHCY BIFOCAL 4.25-7/2.	\$.01
V2209 - LENS SPHCY BIFOCAL 4.25-7/4.	\$.01
V2210 - LENS SPHCY BIFOCAL 4.25-7/OV	\$.01
V2211 - LENS SPHCY BIFO 7.25-12/.25-	\$.01
V2212 - LENS SPHCYL BIFO 7.25-12/2.2	\$.01

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2017 American Medical Association and © 2017 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

A L E R T

Procedure Code and Description	Price per lens
V2213 - LENS SPHCYL BIFO 7.25-12/4.2	\$.01
V2214 - LENS SPHCYL BIFOCAL OVER 12.	\$.01
V2215 - LENS LENTICULAR BIFOCAL	\$ 50.00
V2218 - LENS ANISEIKONIC BIFOCAL	\$ 50.00
V2219 - LENS BIFOCAL SEG WIDTH OVER	\$.01
V2220 - LENS BIFOCAL ADD OVER 3.25D	\$.01
V2221 - LENTICULAR LENS, BIFOCAL	\$.01
V2299 - LENS BIFOCAL SPECIALITY	\$ 100.00
V2300 - LENS SPHERE TRIFOCAL 4.00D	\$.01
V2301 - LENS SPHERE TRIFOCAL 4.12-7.	\$.01
V2302 - LENS SPHERE TRIFOCAL 7.12-20	\$ 50.00
V2303 - LENS SPHCY TRIFOCAL 4.0/.12-	\$.01
V2304 - LENS SPHCY TRIFOCAL 4.0/2.25	\$.01
V2305 - LENS SPHCY TRIFOCAL 4.0/4.25	\$.01
V2306 - LENS SPHCYL TRIFOCAL 4.00/>6	\$ 50.00
V2307 - LENS SPHCY TRIFOCAL 4.25-7/.	\$.01
V2308 - LENS SPHC TRIFOCAL 4.25-7/2.	\$.01
V2309 - LENS SPHC TRIFOCAL 4.25-7/4.	\$ 50.00
V2310 - LENS SPHC TRIFOCAL 4.25-7/>6	\$ 50.00
V2311 - LENS SPHC TRIFO 7.25-12/.25-	\$.01
V2312 - LENS SPHC TRIFO 7.25-12/2.25	\$ 50.00
V2313 - LENS SPHC TRIFO 7.25-12/4.25	\$ 50.00
V2314 - LENS SPHCYL TRIFOCAL OVER 12	\$ 50.00
V2315 - LENS LENTICULAR TRIFOCAL	\$ 50.00
V2318 - LENS ANISEIKONIC TRIFOCAL	\$ 50.00
V2319 - LENS TRIFOCAL SEG WIDTH > 28	\$ 50.00
V2320 - LENS TRIFOCAL ADD OVER 3.25D	\$ 50.00
V2321 - LENTICULAR LENS, TRIFOCAL	\$ 50.00
V2399 - LENS TRIFOCAL SPECIALITY	\$ 100.00
V2410 - LENS VARIAB ASPHERICITY SING	\$.01
V2430 - LENS VARIABLE ASPHERICITY BI	\$ 50.00
V2499 - VARIABLE ASPHERICITY LENS	\$ 50.00
V2700 - BALANCE LENS	\$ 10.00
V2710 - GLASS/PLASTIC SLAB OFF PRISM	\$ 50.00
V2715 - PRISM LENS/ES	\$.00
V2718 - FRESNELL PRISM PRESS-ON LENS	\$ 0.00
V2744 - TINT PHOTOCHROMATIC LENS/ES	\$ 50.00

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2017 American Medical Association and © 2017 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

A L E R T

Procedure Code and Description	Price per lens
V2745 - TINT, ANY COLOR/SOLID/GRAD	\$ 0.00
V2750 - ANTI-REFLECTIVE COATING	\$ 50.00
V2755 - UV LENS/ES	\$ 0.00
V2760 - SCRATCH RESISTANT COATING	\$ 75.00
V2780 - OVERSIZE LENS/ES	\$ 75.00
V2781 - PROGRESSIVE LENS PER LENS	\$ 75.00
V2782 - LENS, 1.54-1.65 P/1.60-1.79G	\$ 75.00
V2783 - LENS, >= 1.66 P/>=1.80 G	\$.01
V2784 - LENS POLYCARB OR EQUAL	\$ 8.00