

Pricing for New Eyeglasses Contract – Classic Optical

Effective Date July 1, 2020

LENS SPECIFICATIONS: (CLEAR GLASS, CLEAR PLASTIC OR CLEAR POLYCARONATE) PER LENS

Please reference the Alabama Medicaid Provider Billing Manual, Chapter 15, Section 15.3 for lenses requiring prior authorizations and/or add on costs as well as other eye care services details.

Procedure Code and Description	Price per lens	
V2020	VISION SVCS FRAMES PURCHASES	\$4.00
+V2025	EYEGASSES DELUX FRAMES	\$50.00
V2100	LENS SPHER SINGLE PLANO 4.00	\$8.60
V2101	SINGLE VISN SPHERE 4.12-7.00	\$8.60
V2102	SINGL VISN SPHERE 7.12-20.00	\$8.60
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$8.60
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$8.60
V2105	SPHEROCYLINDER 4.00D/4.25-6D	\$8.60
V2106	SPHEROCYLINDER 4.00D/>6.00D	\$8.60
V2107	SPHEROCYLINDER 4.25D/12-2D	\$8.60
V2108	SPHEROCYLINDER 4.25D/2.12-4D	\$8.60
V2109	SPHEROCYLINDER 4.25D/4.25-6D	\$8.60
V2110	SPHEROCYLINDER 4.25D/OVER 6D	\$8.60
V2111	SPHEROCYLINDR 7.25D/.25-2.25	\$8.60
V2112	SPHEROCYLINDR 7.25D/2.25-4D	\$8.60
V2113	SPHEROCYLINDR 7.25D/4.25-6D	\$8.60
V2114	SPHEROCYLINDER OVER 12.00D	\$8.60
V2121	LENTICULAR LENS, SINGLE	\$50.00
V2118	LENS ANISEIKONIC SINGLE	\$50.00
V2115	LENS LENTICULAR BIFOCAL	\$50.00
V2199	LENS SINGLE VISION NOT OTH C	\$50.00
V2200	LENS SPHER BIFOC PLANO 4.00D	\$15.00
V2201	LENS SPHERE BIFOCAL 4.12-7.0	\$15.00

V2202	LENS SPHERE BIFOCAL 7.12-20.	\$15.00
V2203	LENS SPHCYL BIFOCAL 4.00D/.1	\$15.00
V2204	LENS SPHCY BIFOCAL 4.00D/2.1	\$15.00
V2205	LENS SPHCY BIFOCAL 4.00D/4.2	\$15.00
V2206	LENS SPHCY BIFOCAL 4.00D/OVE	\$15.00
V2207	LENS SPHCY BIFOCAL 4.25-7D/.	\$15.00
V2208	LENS SPHCY BIFOCAL 4.25-7/2.	\$15.00
V2209	LENS SPHCY BIFOCAL 4.25-7/4.	\$15.00
V2210	LENS SPHCY BIFOCAL 4.25-7/OV	\$15.00
V2211	LENS SPHCY BIFO 7.25-12/.25-	\$15.00
V2212	LENS SPHCYL BIFO 7.25-12/2.2	\$15.00
V2213	LENS SPHCYL BIFO 7.25-12/4.2	\$15.00
V2214	LENS SPHCYL BIFOCAL OVER 12.	\$15.00
V2215	LENS LENTICULAR BIFOCAL	\$50.00
V2218	LENS ANISEIKONIC BIFOCAL	\$50.00
V2219	LENS BIFOCAL SEG WIDTH OVER	\$2.25
V2220	LENS BIFOCAL ADD OVER 3.25D	\$2.25
V2221	LENTICULAR LENS, BIFOCAL	\$2.25
V2299	LENS BIFOCAL SPECIALITY	\$100.00
V2300	LENS SPHERE TRIFOCAL 4.00D	\$15.00
V2301	LENS SPHERE TRIFOCAL 4.12-7.	\$15.00
V2302	LENS SPHERE TRIFOCAL 7.12-20	\$15.00
V2303	LENS SPHCY TRIFOCAL 4.0/.12-	\$15.00
V2304	LENS SPHCY TRIFOCAL 4.0/2.25	\$15.00
V2305	LENS SPHCY TRIFOCAL 4.0/4.25	\$15.00
V2306	LENS SPHCYL TRIFOCAL 4.00/>6	\$15.00
V2307	LENS SPHCY TRIFOCAL 4.25-7/.	\$15.00
V2308	LENS SPHC TRIFOCAL 4.25-7/2.	\$15.00
V2309	LENS SPHC TRIFOCAL 4.25-7/4.	\$15.00
V2310	LENS SPHC TRIFOCAL 4.25-7/>6	\$15.00

V2311	LENS SPHC TRIFO 7.25-12/.25-	\$15.00
V2312	LENS SPHC TRIFO 7.25-12/2.25	\$15.00
V2313	LENS SPHC TRIFO 7.25-12/4.25	\$15.00
V2314	LENS SPHCYL TRIFOCAL OVER 12	\$15.00
V2315	LENS LENTICULAR TRIFOCAL	\$15.00
V2318	LENS ANISEIKONIC TRIFOCAL	\$15.00
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	\$50.00
V2430	LENS VARIABLE ASPHERICITY BI	\$50.00
V2499	VARIABLE ASPHERICITY LENS	\$50.00
*V2700	BALANCE LENS	\$50.00
*V2710	GLASS/PLASTIC SLAB OFF PRISM	\$50.00
V2715	PRISM LENS/ES	\$5.00
*V2718	FRESNELL PRISM PRESS-ON LENS	\$30.00
*V2744	TINT PHOTOCHROMATIC LENS/ES	\$50.00
V2745	TINT, ANY COLOR/SOLID/GRAD	\$50.00
V2750	ANTI-REFLECTIVE COATING	\$50.00
V2755	UV LENS/ES	\$50.00
V2760	SCRATCH RESISTANT COATING	\$50.00
V2780	OVERSIZE LENS/ES	\$50.00
*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	\$50.00
V2784	LENS POLYCARB OR EQUAL	\$9.25

+This is a frame utilized for those patients requiring a special/unusual size and/or shape frame (e.g., Miraflex, Specs4Us, and ANSI-rated safety frames).

*Add-on cost: This item to be billed in addition to appropriate lens code.