



# VSP<sup>®</sup> Louisiana Medicaid **Network Manual**

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

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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.

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**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.

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### 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

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**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.

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### 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	
<b>Covered Items</b>	<b>Single Vision</b>	<b>Multifocal</b>
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.

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**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).

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### 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.

## LOUISIANA MEDICAID CLIENT DETAILS

### Member Identification Number

Members are reported by a 13-digit Medicaid identification number and their AmeriHealth® Caritas Louisiana member identification number (6-8 digits with leading zeros to equal 9-digits).

AmeriHealth Caritas Medicaid members will have their primary identification number (located directly below the member name) indicated on their plan ID card like the one below:



### Exam

**20 and under:** Members are eligible once every calendar year.

**21 and over:** Members are eligible once every calendar year.

### Materials Eligibility

**20 and under:** Members are eligible three times every calendar year (includes change in prescription or replacement glasses). Additional materials must be visually necessary.

**21 and over:** Members are eligible once every calendar year, limited to a \$100 material allowance (lens and/or frame, or contacts).

#### FRAME

All frames must carry a one-year warranty.

**20 and under:** Deluxe frames are covered if the patient has an unusual circumstance or visual need that prevents them from selecting any of the existing covered frames. Use V2025 to bill for the deluxe frame.

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

**21 and over:** Deluxe frames are not covered (lens and/or frame, or contacts).

#### LENSES

In order to receive reimbursement for initial and subsequent lenses, at least one lens must exceed one of the following criteria:

- +1.00 sphere
- -0.50 sphere

- +/-0.50 plano cylinder

Bifocal/trifocal lenses requested for convenience are not covered.

### **LENS OPTIONS**

The following lens options are only covered for members 20 and under, if visually necessary:

- Polycarbonate
- Prisms
- Special base curve
- Tints
- Photochromic
- Scratch coating
- Progressive

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

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### **MISCELLANEOUS VISION SERVICES**

**20 and under:** V2799 is covered. Claims must be submitted on paper and an invoice is required.

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

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**21 and over:** V2799 is not covered.

### **DISPENSING**

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Effective May 1, 2019, VSP will no longer accept the 99211 CPT code when dispensing for Louisiana Medicaid patients. When billing for dispensing of a complete pair of eyeglasses (frames and lenses), use CPT code 92340. This also applies to multifocal lenses and contact lenses.

The CPT code 99211 should continue to be used when billing an evaluation and management service.

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The actual date that the service was delivered should be used as the date of service when filing a claim for payment. After the eyewear is delivered to the recipient, the provider should bill for all services rendered. All eyewear services (lenses, frame, and dispensing) may be billed on the same claim form.

### **TWO PAIR IN LIEU OF BIFOCAL**

Patients 20 and under may receive two pairs of single vision lenses, one for distance and one for near vision, in lieu of bifocal eyeglasses, if visually necessary. Visual necessity must be documented in the patient's medical record. Call VSP at 800.615.1883 for the second authorization number.

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Visual necessity must be documented in the patient's medical record.

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Providing both multi-focal and single vision eyeglasses for interchangeable usage is not covered.

### **VISUALLY NECESSARY CONTACT LENSES**

**20 and under:** Visually necessary contact lenses are covered. Patients must meet visually necessary criteria as defined below:

- An unusual eye disease or disorder exists which is not correctable with eyeglasses
- Nystagmus, congenital or acquired but not latent monocular, where there is significant improvement of the visual acuity with contact lens wear
- Irregular cornea or irregular astigmatism (does not apply if the recipient has had previous refractive surgery)
- Significant, symptomatic anisometropia
- Aphakia (post-surgical)

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.

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If patient meets any of the above criteria, bill with appropriate diagnosis codes along with modifier KX for contact lens materials and contact lens dispensing. Visual necessity must be documented in the patient's file.

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**21 and over:** Visually necessary contact lenses are not covered.

### **VISION THERAPY**

**20 and under:** Vision Therapy is covered. Call VSP at 800.615.1883 to obtain an authorization number for Vision Therapy claim(s). Bill exam services (92060) and/or vision therapy sessions (92065) with appropriate diagnosis codes(s).

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

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**21 and over:** Vision Therapy is not covered.

## **Patient Responsibility**

### **COVERED SERVICES/MATERIALS**

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**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 does not 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.

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## 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 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 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.

## MISSED APPOINTMENTS

Medicaid members may not be billed for missed appointments.

## Repair

Do not bill VSP for repairs. Necessary repairs are covered under the frame manufacturer's one-year warranty.

## Replacement

**20 and under:** Replacement is covered First three pairs do not require the demonstration of visual necessity. For fourth and subsequent pairs, visual necessity is required. Call VSP at 800.615.1883 for an authorization number.

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

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**21 and over:** Replacement is not covered.

## Timely Filing

File claims within 12 months of the date of service to ensure compliance with Louisiana Medicaid guidelines for encounter data submission. Claims that are not filed within this timeframe may be denied.

## 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. VSP Primary EyeCare coverage is secondary to other medical eye insurance coverage that may reimburse you.

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 LOUISIANA MEDICAID PLAN

## PROFESSIONAL FEE SCHEDULE FOR ROUTINE SERVICES

### Effective 5/1/19

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	\$54.03
92004	Comprehensive exam, new patient	\$102.30
92012	Intermediate exam, established patient	\$56.92
92014	Comprehensive exam, established patient	\$83.35
92015	Determination of refractive state is included in the fee for the exam	\$0.00

V2020	Frame (includes case)	\$14.96
V2025	Deluxe Frame	\$72.23
V2756	Eye glass case	\$0.00

### Spectacle and Contact Lens Dispensing

92340	Allowed for the purpose of the delivery and final adjustment to the visual axis and anatomical topography of Louisiana Medicaid-covered eyewear. When dispensing visually necessary contact lenses, service must be billed with modifier KX.	\$14.82
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### Spectacle

Single Vision Lenses, per lens:		
V2100	Sphere, plano to $\pm 4.00D$	\$9.65
V2101	Sphere, $\pm 4.12$ to $\pm 7.00D$	\$11.07
V2102	Sphere, $\pm 7.12$ to $\pm 20.00D$	\$13.40
V2102	Sphere, Plano to Plus or Minus 7.12 to Plus or Minus 20.00D. RT/LT Modifier is required if the sphere is over Plus or Minus 12.00D	\$34.78
V2103	Spherocylinder, plano to $\pm 4.00D$ sphere, 0.12 to 2.00D cylinder	\$9.65
V2104	Spherocylinder, plano to $\pm 4.00D$ sphere, 2.12 to 4.00D cylinder	\$9.65
V2105	Spherocylinder, plano to $\pm 4.00D$ sphere, 4.25 to 6.00D cylinder	\$9.65
V2106	Spherocylinder, plano to $\pm 4.00D$ sphere, over 6.00D cylinder	\$33.85
V2107	Spherocylinder, $\pm 4.25$ to $\pm 7.00D$ sphere, 0.12 to 2.00D cylinder	\$11.07
V2108	Spherocylinder, $\pm 4.25$ to $\pm 7.00D$ sphere, 2.12 to 4.00D cylinder	\$11.07
V2109	Spherocylinder, $\pm 4.25$ to $\pm 7.00D$ sphere, 4.25 to 6.00D cylinder	\$11.07
V2110	Spherocylinder, $\pm 4.25$ to $\pm 7.00D$ sphere, over 6.00D cylinder	\$35.68



<b>Single Vision Lenses, per lens:</b>		
V2111	Spherocylinder, $\pm 7.25$ to $\pm 12.00$ D sphere, 0.25 to 2.25D cylinder	\$13.40
V2112	Spherocylinder, $\pm 7.25$ to $\pm 12.00$ D sphere, 2.25 to 4.00D cylinder	\$13.40
V2113	Spherocylinder, $\pm 7.25$ to $\pm 12.00$ D sphere, 4.25 to 6.00D cylinder	\$13.40
V2114	Spherocylinder, sphere over $\pm 12.00$ D	\$40.25
V2115	Lenticular (myodisc)	\$43.34
V2118	Aniseikonic lens, single vision	\$47.52
V2121	Lenticular lens	\$44.94
V2199	Specialty single vision	Submit invoice for pricing*

<b>Bifocal Lenses, per lens:</b>		
V2200	Sphere, plano to $\pm 4.00$ D	\$31.83
V2201	Sphere, $\pm 4.12$ to $\pm 7.00$ D	\$34.28
V2202	Sphere, $\pm 7.12$ to $\pm 20.00$ D	\$37.56
V2203	Spherocylinder, plano to $\pm 4.00$ D sphere, 0.12 to 2.00D cylinder	\$34.09
V2204	Spherocylinder, plano to $\pm 4.00$ D sphere, 2.12 to 4.00D cylinder	\$35.10
V2205	Spherocylinder, plano to $\pm 4.00$ D sphere, 4.25 to 6.00D cylinder	\$36.11
V2206	Spherocylinder, plano to $\pm 4.00$ D sphere, over 6.00D cylinder	\$37.46
V2207	Spherocylinder, $\pm 4.25$ to $\pm 7.00$ D sphere, 0.12 to 2.00D cylinder	\$35.97
V2208	Spherocylinder, $\pm 4.25$ to $\pm 7.00$ D sphere, 2.12 to 4.00D cylinder	\$36.50
V2209	Spherocylinder, $\pm 4.25$ to $\pm 7.00$ D sphere, 4.25 to 6.00D cylinder	\$37.36
V2210	Spherocylinder, $\pm 4.25$ to $\pm 7.00$ D sphere, over 6.00D cylinder	\$39.29
V2211	Spherocylinder, $\pm 7.25$ to $\pm 12.00$ D sphere, 0.25 to 2.25D cylinder	\$36.02
V2212	Spherocylinder, $\pm 7.25$ to $\pm 12.00$ D sphere, 2.25 to 4.00D cylinder	\$39.24
V2213	Spherocylinder, $\pm 7.25$ to $\pm 12.00$ D sphere, 4.25 to 6.00D cylinder	\$40.35
V2214	Spherocylinder, sphere over $\pm 12.00$ D	\$42.18
V2215	Lenticular (myodisc)	\$45.84
V2218	Aniseikonic	\$50.03
V2219	Seg width over 28mm	\$19.26
V2220	Add over 3.25D	\$18.30
V2221	Lenticular lens	\$47.45
V2299	Specialty bifocal	Submit invoice for pricing*

<b>Trifocal Lenses, per lens:</b>		
V2300	Sphere, plano to $\pm 4.00$ D	\$35.92
V2301	Sphere, $\pm 4.12$ to $\pm 7.00$ D	\$38.91
V2302	Sphere, $\pm 7.12$ to $\pm 20.00$ D	\$40.45

<b>Trifocal Lenses, per lens:</b>		
V2303	Spherocylinder, plano to $\pm$ 4.00D sphere, 0.12 to 2.00D cylinder	\$37.03
V2304	Spherocylinder, plano to $\pm$ 4.00D sphere, 2.25 to 4.00D cylinder	\$37.89
V2305	Spherocylinder, plano to $\pm$ 4.00D sphere, 4.25 to 6.00D cylinder	\$39.15
V2306	Spherocylinder, plano to $\pm$ 4.00D sphere, over 6.00D cylinder	\$40.21
V2307	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00D sphere, 0.12 to 2.00D cylinder	\$38.57
V2308	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00D sphere, 2.12 to 4.00D cylinder	\$39.43
V2309	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00D sphere, 4.25 to 6.00D cylinder	\$40.93
V2310	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00dD sphere, over 6.00D cylinder	\$43.09
V2311	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00D sphere, 0.25 to 2.25D cylinder	\$41.12
V2312	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00D sphere, 2.25 to 4.00D cylinder	\$41.55
V2313	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00D sphere, 4.25 to 6.00D cylinder	\$42.85
V2314	Spherocylinder, sphere over $\pm$ 12.00D	\$44.11
V2315	Lenticular (myodisc)	\$47.76
V2318	Aniseikonic lens, trifocal	\$51.95
V2319	Seg width over 28mm	\$28.89
V2320	Add over 3.25D	\$27.93
V2321	Lenticular lens, trifocal	\$49.37
V2399	Specialty trifocal	Submit invoice for pricing*

<b>Variable Asphericity Lenses, per lens:</b>		
V2410	Single vision, full field, glass or plastic	\$48.82
V2430	Bifocal full field, glass or plastic	\$53.64
V2499	Other type	Submit invoice for pricing*

## Miscellaneous

<b>Miscellaneous Covered Options and Services, per lens:</b>		
Service must be billed with modifier KX. Visual necessity must be documented in the patient's file. See <a href="#">VSP Louisiana Medicaid Client Details</a> for requirements.		
S0580	Polycarbonate or equal index	\$34.43
V2710	Slab off prism, glass or plastic	\$33.71
V2715	Prism	\$ 5.78
V2730	Special base curve, glass or plastic	\$11.56
V2744	Tint, photochromatic	\$ 6.74
V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material	\$ 4.82
V2760	Scratch resistant coating	\$ 8.67
V2781	Progressive lens	\$67.41

V2799	Vision service, miscellaneous	Submit invoice for pricing*
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## Contact Lenses

<b>Visually Necessary Contact Lenses:</b> Contact lenses are only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. See <a href="#">VSP Louisiana Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file.		Maximum allowance per eye
V2500	Contact lens, pmma, spherical	\$120.38
V2501	Contact lens, pmma, toric or prism ballast	\$144.45
V2502	Contact lens, pmma bifocal	\$144.45
V2503	Contact lens, pmma, color vision deficiency	\$144.45
V2510	Contact lens, gas permeable, spherical	\$120.38
V2511	Contact lens, gas permeable, toric or prism ballast	\$144.45
V2512	Contact lens, gas permeable, bifocal	\$144.45
V2513	Contact lens, gas permeable, extended wear	\$144.45
V2520	Contact lens hydrophilic, spherical	\$120.38
V2521	Contact lens hydrophilic, toric or prism ballast	\$144.45
V2522	Contact lens, hydrophilic, bifocal	\$144.45
V2523	Contact lens hydrophilic, extended wear	\$144.45
V2530	Contact lens, scleral	\$168.53
V2531	Contact lens, scleral, gas permeable	\$168.53
V2599	Not otherwise classified, contact lens	Submit invoice for pricing*

## Vision Therapy

<b>Orthoptic and/or Pleoptic Training:</b> Service must be billed with modifier KX. See <a href="#">VSP Louisiana Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file.		
92060	Sensorimotor examination with multiple measurements of ocular deviation with interpretation and report.	\$43.23
92065	Orthoptic and/or pleoptic training	\$33.30

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





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