



# VSP<sup>®</sup> New York 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.

For Telemedicine information refer to: [Telemedicine](#).

### 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.

### CPT Category II Codes for Eye Exams for Patients with Diabetes

As a health-focused vision care company, VSP highly encourages providers to use CPT Category II codes. The use of Category II codes for Healthcare Effectiveness Data and Information Set (HEDIS®) performance measures helps confirm that you are providing the best quality patient care and further emphasizes the essential role Doctor of Optometry play in overall healthcare. Providing this information also decreases the administrative burden of pulling chart notes for requested patients.

#### WHAT ARE CPT CATEGORY II CODES?

- CPT Category II codes are tracking codes which facilitate data collection related to quality and performance measurement. They allow providers to report services based on nationally recognized, evidence-based performance guidelines for improving quality of patient care.
- CPT Category II codes describe clinical components, usually evaluation, management or clinical services.
- Category II codes are not to be used as a substitute for Category I codes.
- CPT Category II codes are comprised of four digits followed by the letter "F".
- CPT Category II codes are for reporting purposes only and are not separately reimbursable.

#### BILLING CPT CATEGORY II CODES

- CPT Category II codes are billed in the procedure code field, the same as CPT Category I codes.
- Bill CPT Category II codes with a \$0.00 charge amount.
- If you receive a claim denial, your reporting code will still be included in the quality measure.

When billing eye exams for patients with diabetes use the following optometry-related CPT Category II codes, when applicable:

2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
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2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2024F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
2026	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)  
 Current Procedural Terminology (CPT) Category II codes developed by the American Medical Association (AMA)

## 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.

### Repair and Refitting Spectacles

If a covered benefit, bill repairs to eyeglasses using CPT code 92370 (repair and refitting of spectacles) or CPT code 92371 (repair of spectacle prosthesis for aphakia).

Do not bill a dispensing code for repairs.

Repair and refitting codes cannot be billed with material HCPCS codes (e.g., V2020) on the same date of service.

Please refer to your state provider manual for eligibility and state-specific guidelines.

### Replacement

If a covered benefit, bill replacement frame and lenses using the appropriate frame or lens HCPCS code. Do not bill a dispensing code for replacement of just the frame or lenses.

A dispensing fee may only be billed, if you are replacing a complete set of eyeglasses (frame and lenses).

Please refer to your state provider manual for eligibility and state-specific guidelines.

### 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

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**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.

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### 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

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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.

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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.

## NEW YORK MEDICAID CLIENT DETAILS

**Effective January 1, 2019, AgeWell and Elderplan will terminate their Medicaid coverage. For questions relating to 2018 claims, please refer to your 2018 Provider Reference Manual.**

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Effective December 31, 2019 FIDA groups terminated, including Centers Plan for Healthy Living FIDA and Senior Whole Health FIDA.

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### Member Identification Number

Members are reported as follows:

Centers Plan for Healthy Living – 11-digit all numeric ID number (not Client Identification Number), located on the health plan card

Prime Health Choice – 9-digit Social Security number

Senior Whole Health – state Medicaid ID number (two alpha, 5 numeric, and an alpha)

### Patient Eligibility and Services

The following clients may have coverage exceptions for specific Medicaid populations. Please make sure to check eligibility before providing services to patients as coverage can vary by client. Special handling information is available for the following clients:

- [Prime Health Choice](#)

### Medicaid Appointment Availability Requirements

The following access standards are required for participation in the VSP New York Medicaid Doctor Network:

- 24-hour access to provide instruction on how and where to obtain services
- 60 minute (maximum) wait time from scheduled appointment time
- 30 calendar days (maximum) for scheduling or rescheduling routine, preventative eye exams
- Urgent care during office hours should be seen within 24 hours based on patient condition
- Emergent care should be directed to the appropriate emergency facility

### Exam

Centers Plan for Healthy Living, Prime Health Choice and Senior Whole Health Medicaid Members.

**20 and under:** Members are not covered.

**21 and over:** Members are covered in full for an exam every 24 months.

Exception: Prime Health Members are eligible for an exam every 12 months. Senior Whole Health (12311157) members are eligible for an exam every 12 months beginning Jan 1.

## Materials Eligibility

Centers Plan for Healthy Living, Prime Health Choice and Senior Whole Health Medicaid Members.

**20 and under:** Members are not covered.

**21 and over:** Members are covered for a pair of eyeglasses every 24 months.

Exception: Senior Whole Health (12311157) members are eligible for materials every 12 months beginning Jan 1.

### TWO PAIR IN LIEU OF BIFOCALS

The patient may receive two pairs of single vision lenses, one for distance vision and one for near vision, in lieu of bifocal eyeglasses, if either of the following conditions exists:

- The patient has clearly demonstrated the inability to adjust to bifocals.
- The patient's physical or psychological condition does not allow for bifocal usage.

Visual necessity must be documented in the patient's medical record. Call VSP at **800.615.1883** for the **second authorization number**.

### LENS OPTIONS

The materials and services listed below are covered if visually necessary.

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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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- Polycarbonate lenses (21 and over)
  - Patient must be monocular with functional vision in only one eye, or have a history of auto aggressive behavior with a history of breaking glasses.
- Tints
  - Tints are covered if the patient has photophobia.
- High index lenses
  - Only covered for 10D or greater

### VISUALLY NECESSARY CONTACT LENSES AND FITTING/DISPENSING

Materials, fitting and dispensing require a KX modifier.

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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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## Low Vision

Low vision evaluations, low vision aids, and fitting of low vision aids are covered if visually necessary. Call VSP at **800.615.1883** to obtain an authorization number for Low Vision claim(s).

### Exam Services

To report low vision evaluations, use CPT codes 92002-92014.

### Low Vision Aids

All acceptable types of low vision aids including microscopes and telescopes must be utilized in selecting an appropriate low vision aid. Please submit a manufacturer's invoice.

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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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### Vision Therapy

Exam services (92060) and training sessions (92065) are allowed for six months only. Call VSP at **800.615.1883** to obtain an authorization number for Low Vision claim(s).

At the end of the six-month training period, if it is necessary to extend training sessions, call VSP for an authorization. Detail the progress made, the anticipated treatment plan, and the prognosis in the patient's medical record.

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For all vision therapy services, bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

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### 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

**Frame:** If a non-covered frame is chosen, the patient pays the full cost of the frame.

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-patient. 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

Reimbursement is available for repair or replacement of eyeglass parts in situations where the damage is the result of causes other than defective materials or workmanship. Repair is unlimited. Authorization is required. Call VSP at **800.615.1883** for an authorization number.

## Replacement

Authorization is required. Call VSP at **800.615.1883** for an authorization number.

### Eyeglasses

- One replacement is available for lost, stolen, or broken eyeglasses every two years. The replacement eyeglasses should duplicate the original prescription and frames. Add modifier RB to the fitting and material procedures codes when billing for a complete replacement.
- If the change in prescription is 0.50 diopter or greater in sphere or cylinder in one or both eyes.
- During a two-year period, the member may change the frame size, style or material if a:
  - Change in prescription is 0.50 diopter or greater in sphere or cylinder in one or both eyes.
  - The new prescription requires a larger frame.
  - The member is being treated for an allergic reaction to certain frame material.
  - Member has had a recent growth spurt or a significant loss/increase in weight

### Visually Necessary Contact Lenses

May be replaced when lost or damaged.

## Post-Cataract

Verify if coverage is available on Patient Record Report.

### Aphakic with IOL (pseudophakia):

Post-surgical exam and one pair of eyeglasses or contact lenses after each cataract surgery with IOL insertion (diagnosis code Z96.1 is covered once per lifetime per operative eye.

### Aphakic without IOL:

In addition to the post-surgical exam, aphakic patients who do not have an IOL (aphakia diagnosis codes H27.01, H27.02, or H27.03 are covered for the following lenses or combination of lenses when visually necessary:

- Bifocal lenses in frames; or
- Lenses in frames for distance vision and lenses in frames for near vision (two pairs of glasses); or
- Conventional contact lenses for distance vision, eyeglasses for near vision to wear with contact lenses and eyeglasses to wear when the contact lenses have been removed.

## LENS MATERIALS

The following enhancements are covered following cataract extraction when visually necessary and documented by the treating physician:

- Tints (V2744 - V2745)

- Anti-reflective coating (V2750)
- UV lenses (V2755)
- Oversize lenses (V2780)

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Bill visually necessary lens enhancements using the corresponding HCPCS code or miscellaneous HCPCS code with lab invoice based on fee schedule with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file

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## **FRAMES**

Only standard frames are covered (V2020).

### **Prime Health Choice members**

Members are covered in full for exams every 12 months and materials every 24 months with a \$200 material allowance to apply towards eyeglasses (lens and frame) or elective contact lenses. Allowance is covered only once per eligibility period.

If entire material allowance isn't used at the initial visit, the remaining allowance cannot be used at a later date. You can balance bill the patient for any amount beyond the allowance.

### **Timely Filing**

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

### **Primary EyeCare**

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.

Senior Whole Health: Members are not eligible to receive Primary EyeCare services.


[Primary EyeCare](#)

## **ELIGIBILITY & AUTHORIZATION**

Eligibility is provided directly by Centers Plan for Healthy Living. For additional questions about eligibility, paper claims and benefits, check your patient's ID card for information and the contact phone number. Keep a copy of the ID card in your patient's file.

## **SAMPLE ID**





**FIDA Care Complete**

Participant Name:	<Cardholder Name>	RxBin:	015574
Participant ID:	<Cardholder ID#>	RxPCN:	ASPROD1
Health Plan (80840):	<Card Issuer Identifier>	RxGRP:	CPL02
Effective Date:	<Date Card Issued>	RxID:	<RxID#>

PCP Name:	<PCP Name>
PCP Phone:	<PCP Phone>

Copays: PCP/Specialist: \$0   ER: \$0   Rx: \$0

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your Care Manager or the 24-Hour Nurse Advice line.

Participant Services:	1-800-466-2745	(TTY: 1-800-421-1220)
24-Hour Nurse Advice:	1-855-270-1600	(TTY: 1-800-421-1220)
Care Management:	1-855-270-1600	
Behavioral Health Line:	1-855-205-9184	
Dental Services:	1-888-468-5175	
Pharmacy Help Desk:	1-888-266-7460	
Website:	<a href="http://www.centersplan.com/fida/fida-mmp-members">www.centersplan.com/fida/fida-mmp-members</a>	

Send Claims To: Centers Plan c/o RelayHealth, 1564 Northeast Expressway,  
Mail Stop: HQ-2361, Atlanta, GA 30329-2010

Claim Inquiry: 1-855-270-1600, option 2

## REFERRAL PROCESS

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Centers Plan for Health Living website at [www.centersplan.com](http://www.centersplan.com). Services that are approved will be applied to the member's medical benefit.

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Note: Integrated Primary EyeCare patients can only be referred to another doctor or refused service if the service required is beyond the scope of your licensure.

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## REIMBURSEMENT

Centers Plan for Healthy Living handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is based on your current VSP contracted rates.

## SUBMITTING CLAIMS

Please refer to the patient's ID card from Centers Plan for Healthy Living for directions on submitting claims.

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Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to Centers Plan for Healthy Living. Continue to submit claims for routine eyecare to VSP.

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## Centers Plan for Healthy Living Schedule of Covered Services - Medicaid: Effective January 1, 2019

### Americans with Disability Access Guidelines

Offices are required to meet the ADA Accessibility Guidelines (ADAAG), which are available from the Department of Justice at **800.USA.ABLE** or from The Access Board's website at [www.access-board.gov](http://www.access-board.gov). For information and technical assistance contact the United States Department of Justice Civil Rights Division at **800.514.0301** or <http://www.ada.gov/>.

### Critical Incident Reporting

Contact the appropriate health plan directly to report critical incidents, such as patient abuse, neglect, exploitation, rights violations or serious injury. Use the standard contact information provided on the patient's card if one has not been provided below.

Please be sure to specifically state this is a reporting of a “Critical Incident” as a safeguard to ensure all involved recognize this type of call. This will ensure the right escalation process is followed and appropriate protective services can be notified.

**Centers Plan for Healthy Living**

Julie Seifert

[JSeifert@centersplan.com](mailto:JSeifert@centersplan.com)

**718.215.7000 x3126**

Senior Whole Health of New York

Quality Management Director

**617.494.5353**

# VSP NEW YORK 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.

**Note:** S0580 (Polycarbonate add-on, per lens) is a temporary HCPCS code. The “Calculate HCPCS and Continue” button on eClaim does not populate these temporary codes. To ensure correct payment, please manually enter S0580 when billing for these services.

### Exam Services

92002	Intermediate exam, new patient	\$50.00
92004	Comprehensive exam, new patient	\$65.00
92012	Intermediate exam, established patient	\$45.00
92014	Comprehensive exam, established patient	\$60.00
92015	Refraction is included in the fee for the exam service	\$0.00

### Dispensing and Material Services

92340	Fitting of spectacles, except for aphakia; monofocal	\$19.00
92341	Fitting of spectacles, except for aphakia; bifocal	\$22.00
92342	Fitting of spectacles, except for aphakia; multifocal	\$22.00
92352	Fitting of spectacle prosthesis for aphakia; monofocal	\$21.00
92353	Fitting of spectacle prosthesis for aphakia; multifocal	\$26.00
92370	Repair and refitting spectacles, except aphakia	\$5.00
92371	Repair and refitting spectacles, aphakia	\$5.00

### Frames

V2020	Frames (includes case)	\$15.00
V2025	Deluxe frame Must be billed with modifier KX. See <a href="#">VSP New York Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file.	\$20.00
V2756	Eye glass case	\$0.00

### Spectacle Lenses

<b>Single Vision Lenses, per lens:</b>		
V2100	Sphere, plano to $\pm 4.00d$	\$7.38
V2101	Sphere, $\pm 4.12$ to $\pm 7.00d$	\$7.38
V2102	Sphere, $\pm 7.12$ to $\pm 20.00d$	\$11.21

V2103	Spherocylinder, plano to $\pm$ 4.00d sphere, 0.12 to 2.00d cylinder	\$7.38
<b>Single Vision Lenses, per lens:</b>		
V2104	Spherocylinder, plano to $\pm$ 4.00d sphere, 2.12 to 4.00d cylinder	\$7.38
V2105	Spherocylinder, plano to $\pm$ 4.00d sphere, 4.25 to 6.00d cylinder	\$11.21
V2106	Spherocylinder, plano to $\pm$ 4.00d sphere, over 6.00d cylinder	\$11.21
V2107	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, 0.12 to 2.00d cylinder	\$7.38
V2108	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, 2.12 to 4.00d cylinder	\$7.38
V2109	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, 4.25 to 6.00d cylinder	\$11.21
V2110	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, over 6.00d cylinder	\$11.21
V2111	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00d sphere, 0.25 to 2.25d cylinder	\$11.21
V2112	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00d sphere, 2.25 to 4.00d cylinder	\$11.21
V2113	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00d sphere, 4.25 to 6.00d cylinder	\$11.21
V2114	Spherocylinder, sphere over $\pm$ 12.00d	\$11.21
V2115	Lenticular, myodisc	\$20.00
V2118	Lens, aniseikonic single	\$20.00
V2121	Lenticular lens, single	\$20.00

<b>Bifocal Lenses, per lens:</b>		
V2200	Sphere, plano to $\pm$ 4.00d	\$13.43
V2201	Sphere, $\pm$ 4.12 to $\pm$ 7.00d	\$13.43
V2202	Sphere, $\pm$ 7.12 to $\pm$ 20.00d	\$18.20
V2203	Spherocylinder, plano to $\pm$ 4.00d sphere, 0.12 to 2.00d cylinder	\$13.43
V2204	Spherocylinder, plano to $\pm$ 4.00d sphere, 2.12 to 4.00d cylinder	\$13.43
V2205	Spherocylinder, plano to $\pm$ 4.00d sphere, 4.25 to 6.00d cylinder	\$18.20
V2206	Spherocylinder, plano to $\pm$ 4.00d sphere, over 6.00d cylinder	\$18.20
V2207	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, 0.12 to 2.00d cylinder	\$13.43
V2208	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, 2.12 to 4.00d cylinder	\$13.43
V2209	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, 4.25 to 6.00d cylinder	\$18.20
V2210	Spherocylinder, $\pm$ 4.25 to $\pm$ 7.00d sphere, over 6.00d cylinder	\$18.20
V2211	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00d sphere, 0.25 to 2.25d cylinder	\$18.20
V2212	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00d sphere, 2.25 to 4.00d cylinder	\$18.20
V2213	Spherocylinder, $\pm$ 7.25 to $\pm$ 12.00d sphere, 4.25 to 6.00d cylinder	\$18.20
V2214	Spherocylinder, sphere over $\pm$ 12.00d	\$18.20
V2215	Lenticular, myodisc	\$27.50
V2218	Lens aniseikonic bifocal	\$27.50
V2219	Lens bifocal seg width over	\$11.00

<b>Trifocal Lenses, per lens:</b>		
Trifocal lenses are only allowed by the Medicaid Plan when visually necessary. Service must be billed with modifier KX. Visual necessity must be documented in the patient's file.		
V2300	Sphere, plano to $\pm$ 4.00d	\$18.53

<b>Trifocal Lenses, per lens:</b>		
Trifocal lenses are only allowed by the Medicaid Plan when visually necessary. Service must be billed with modifier KX. Visual necessity must be documented in the patient's file.		
V2301	Sphere, $\pm 4.12$ to $\pm 7.00d$	\$18.53
V2302	Sphere, $\pm 7.12$ to $\pm 20.00d$	\$23.43
V2303	Spherocylinder, plano to $\pm 4.00d$ sphere, 0.12 to 2.00d cylinder	\$18.53
V2304	Spherocylinder, plano to $\pm 4.00d$ sphere, 2.25 to 4.00d cylinder	\$18.53
V2305	Spherocylinder, plano to $\pm 4.00d$ sphere, 4.25 to 6.00d cylinder	\$23.43
V2306	Spherocylinder, plano to $\pm 4.00d$ sphere, over 6.00d cylinder	\$23.43
V2307	Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 0.12 to 2.00d cylinder	\$18.53
V2308	Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 2.12 to 4.00d cylinder	\$18.53
V2309	Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, 4.25 to 6.00d cylinder	\$23.43
V2310	Spherocylinder, $\pm 4.25$ to $\pm 7.00d$ sphere, over 6.00d cylinder	\$23.43
V2311	Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 0.25 to 2.25d cylinder	\$23.43
V2312	Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 2.25 to 4.00d cylinder	\$23.43
V2313	Spherocylinder, $\pm 7.25$ to $\pm 12.00d$ sphere, 4.25 to 6.00d cylinder	\$23.43
V2314	Spherocylinder, sphere over $\pm 12.00d$	\$23.43
V2315	Lenticular, myodisc	\$34.81
V2318	Lens aniseikonic trifocal	\$34.81
V2319	Lens trifocal seg width > 28	\$15.50
V2320	Add over 3.25d	\$8.50
V2321	Lenticular lens, trifocal	\$34.81
V2399	Specialty trifocal	\$23.43
<b>Variable Asphericity Lenses, per lens:</b>		
V2410	Single vision, full field, glass or plastic	\$24.80
V2430	Bifocal, full field, glass or plastic	\$33.50
V2499	Other type	\$33.50
<b>Miscellaneous Covered Options and Services, per lens:</b>		
V2700	Balance lens	\$10.00
V2710	Slab off prism, glass or plastic	\$15.00
V2715	Prism	\$1.00
V2718	Press-on lens, Fresnell prism	\$12.00
V2770	Occluder lens	\$1.50
<b>Miscellaneous Covered Options and Services, per lens:</b>		
Service must be billed with modifier KX. See <a href="#">VSP New York Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file.		
S0580	Polycarbonate lens	\$7.00
V2745	Addition to lens, tint, any color, solid, gradient or equal (excludes photochromic, any lens material)	\$2.00
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate	\$25.00

<b>Trifocal Lenses, per lens:</b>		
Trifocal lenses are only allowed by the Medicaid Plan when visually necessary. Service must be billed with modifier KX. Visual necessity must be documented in the patient's file.		
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate	\$35.00
V2799	Miscellaneous vision service	Submit invoice for pricing*

**Repair and Refitting**

92370	Repair and refitting spectacles, except aphakia	\$5.00
92371	Repair and refitting spectacles, aphakia	\$5.00

**Visually Necessary Contact Lenses**

<b>Visually Necessary Contact Lenses:</b>		Maximum allowance per eye
Contacts 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 New York Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file. Modifier RP must be used to indicate the replacement of contact lenses.		
V2500	PMMA, spherical	\$80.00
V2501	PMMA, toric or prism ballast	\$95.00
V2502	PMMA, bifocal	\$95.00
V2503	PMMA, color vision deficiency	\$95.00
V2510	Gas permeable, spherical	\$95.00
V2511	Gas permeable, toric or prism ballast	\$110.00
V2512	Gas permeable, bifocal	\$125.00
V2513	Gas permeable, extended wear	\$125.00
V2520	Hydrophilic, spherical	\$100.00
V2521	Hydrophilic, toric or prism ballast	\$110.00
V2522	Hydrophilic, bifocal	\$110.00
V2523	Hydrophilic, extended wear	\$125.00
V2530	Scleral, gas impermeable	\$125.00
V2599	Contact lens, other type	\$125.00
<b>Visually Necessary Contact Lens Fitting and Dispensing:</b>		
Service must be billed with modifier KX. See <a href="#">VSP New York Medicaid Client Details</a> for requirements. Visual necessity must be documented in the patient's file.		
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	\$250.00
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, for aphakia, one eye	\$150.00

92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, for aphakia, both eyes	\$250.00
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	\$125.00
92326	Replacement of contact lens	\$65.00

### Low Vision Services

Low Vision services are only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Service must be billed with modifier KX. Visual necessity must be documented in the patient's file.		
92002	Intermediate exam, new patient - Bill for low vision exam.	\$50.00
92004	Comprehensive exam, new patient - Bill for low vision exam.	\$65.00
92012	Intermediate exam, established patient - Bill for low vision exam.	\$45.00
92014	Comprehensive exam, established patient - Bill for low vision exam.	\$60.00
92354	Fitting of spectacle mounted low vision aid; single element system	\$10.00
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	\$10.00
V2600	Hand held low vision and other nonspectacle mounted aids	Submit invoice for pricing*
V2610	Single lens spectacle mounted low vision aids	Submit invoice for pricing*
V2615	Telescopic and other compound lens systems, including distance	Submit invoice for pricing*

### Vision Therapy

Vision Therapy services must be billed with modifier KX. See <a href="#">VSP New York 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	\$15.00
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	\$8.00

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

# **NEW YORK IPA AGREEMENT**

**Eastern Vision Service Plan IPA, Inc. IPA Agreement**



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