Vision Procedures

Effective 01/01/2024

D = Discontinued
NC = No coverage
PA = Prior authorization

CDT/HCPCS Code	Description	Effective Date	Current Maximum Payment	Previous Maximum Payment
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	01/01/2024	36.18	31.06
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	01/01/2024	60.31	51.77
V2502	CONTACT LENS, PMMA, BIFOCAL, PER LENS	01/01/2024	60.31	51.77
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	01/01/2024	60.31	51.77
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	01/01/2024	58.51	50.22
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	01/01/2024	87.75	75.32
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	01/01/2024	116.99	100.42
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	01/01/2024	116.99	100.42
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	01/01/2024	70.20	60.26
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	01/01/2024	81.90	70.30
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	01/01/2024	90.46	77.65
V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	01/01/2024	113.01	97.00
V2524	CNTCT LENS HYDROPHIL PHOTOCH	01/01/2024	113.01	97.00
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS	01/01/2024	135.86	116.62
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS	01/01/2024	494.40	424.38
V2599	CONTACT LENS, OTHER TYPE	01/01/1985	PA	
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	01/01/1985	PA	
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	01/01/1985	PA	
V2615	TELESCOP/OTHR COMPOUND LENS	01/01/1985	PA	
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	01/01/2024	685.77	588.64
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	01/01/2024	44.27	38.00
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	01/01/2024	350.62	300.96
V2626	REDUCTION OF OCULAR PROSTHESIS	01/01/2024	145.09	124.54
V2627	SCLERAL COVER SHELL	01/01/2024	901.93	774.19
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	01/01/2024	221.27	189.93
V2629	PROSTHETIC EYE, OTHER TYPE	01/01/1985	PA	
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	01/01/1985	NC	
V2631	IRIS SUPPORTED INTRAOCULAR LENS	01/01/1985	NC	
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	01/01/1985	NC	