VSP Arizona Medicaid Plan

Professional Fee Schedule for Routine Service

Effective August 1, 2025

Reimbursement for routine vision care services is based on the lesser of the billed amount and the maximum allowable reimbursement as shown in this fee schedule. Fees are subject to change with notice from VSP.

Exam Services		
92002	Intermediate exam, new patient	$38.00
92004	Comprehensive exam, new patient	$50.00
92012	Intermediate exam, established patient	$35.00
92014	Comprehensive exam, established patient	$47.00
92015	Determination of refractive state	$5.00

Diabetic Eye Exam Reporting		
Include the appropriate CPT Category II code when submitting an exam for VSP patients with diabetes.		
Patients with Diabetes with Evidence of Retinopathy		
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	$5.00
2024F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy	$5.00
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy	$5.00
Patients with Diabetes without Evidence of Retinopathy		
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	$5.00
2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	$5.00
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy	$5.00
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)	$5.00

Dispensing and Material Services		
Frame:		
Use modifier NU to identify new frame. Use modifier RA to identify replacement frame.		
V2020	Frame	$26.60
Dispensing:		
92340	Fitting of spectacles, except for aphakia, monofocal	$12.56

92341	Fitting of spectacles, except for aphakia, bifocal	$16.29
92342	Fitting of spectacles, except for aphakia, multifocal	$18.74
Single Vision Lenses, per lens:		
Use modifier NU to identify new lens(es). Use modifier RA to identify replacement lens(es).		
V2100	Sphere, plano to ± 4.00d	$6.38
V2101	Sphere, ± 4.12 to ± 7.00d	$6.38
V2102	Sphere, ± 7.12 to ± 20.00d	$10.21
V2103	Spherocylinder, plano to ± 4.00d sphere, 0.12 to 2.00d cylinder	$6.38
V2104	Spherocylinder, plano to ± 4.00d sphere, 2.12 to 4.00d cylinder	$6.38
V2105	Spherocylinder, plano to ± 4.00d sphere, 4.25 to 6.00d cylinder	$10.21
V2106	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$10.21
V2107	Spherocylinder, ± 4.25 to ± 7.00d sphere, 0.12 to 2.00d cylinder	$6.38
V2108	Spherocylinder, ± 4.25d to ± 7.00d sphere, 2.12 to 4.00d cylinder	$6.38
V2109	Spherocylinder, ± 4.25 to ± 7.00d sphere, 4.25 to 6.00d cylinder	$10.21
V2110	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$10.21
V2111	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$10.21
V2112	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$10.21
V2113	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$10.21
V2114	Spherocylinder, sphere over ± 12.00d	$10.21
V2115	Lenticular, (myodisc)	$19.00
V2118	Aniseikonic lens	$19.00
V2121	Lenticular lens	$19.00
V2199	Specialty single vision. Must be billed with modifier KX. Visual necessity must be documented in the patient's file.	$10.21
Bifocal Lenses, per lens:		
Use modifier NU to identify new lens(es). Use modifier RA to identify replacement lens(es).		
V2200	Sphere, plano to ± 4.00d	$12.43
V2201	Sphere, ± 4.12 to ± 7.00d	$12.43
V2202	Sphere, ± 7.12 to ± 20.00d	$17.20
V2203	Spherocylinder, plano to ± 4.00d sphere, 0.12 to 2.00d cylinder	$12.43
V2204	Spherocylinder, plano to ± 4.00d sphere, 2.12 to 4.00d cylinder	$12.43
V2205	Spherocylinder, plano to ± 4.00d sphere, 4.25 to 6.00d cylinder	$17.20
V2206	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$17.20
V2207	Spherocylinder, ± 4.25 to ± 7.00d sphere, 0.12 to 2.00d cylinder	$12.43
V2208	Spherocylinder, ± 4.25 to ± 7.00d sphere, 2.12 to 4.00d cylinder	$12.43
V2209	Spherocylinder, ± 4.25 to ± 7.00d sphere, 4.25 to 6.00d cylinder	$17.20
V2210	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$17.20
V2211	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$17.20
V2212	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$17.20
V2213	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$17.20
V2214	Spherocylinder, sphere over ± 12.00d	$17.20
V2215	Lenticular (myodisc)	$28.30

V2218	Aniseikonic	$28.30
V2219	Seg width over 28mm	$8.00
V2220	Add over 3.25d	$8.00
V2221	Lenticular lens	$28.30
V2299	Specialty bifocal. Must be billed with modifier KX. Visual necessity must be documented in the patient's file.	$17.20
Trifocal Lenses, per lens: Use modifier NU to identify new lens(es). Use modifier RA to identify replacement lens(es).		
V2300	Sphere, plano to ± 4.00d	$18.03
V2301	Sphere, ± 4.12 to ± 7.00d	$18.03
V2302	Sphere, ± 7.12 to ± 20.00d	$22.93
V2303	Spherocylinder, plano to ± 4.00d sphere, 0.12 to 2.00d cylinder	$18.03
V2304	Spherocylinder, plano to ± 4.00d sphere, 2.25 to 4.00d cylinder	$18.03
V2305	Spherocylinder, plano to ± 4.00d sphere, 4.25 to 6.00d cylinder	$22.93
V2306	Spherocylinder, plano to ± 4.00d sphere, over 6.00d cylinder	$22.93
V2307	Spherocylinder, ± 4.25 to ± 7.00d sphere, 0.12 to 2.00d cylinder	$18.03
V2308	Spherocylinder, ± 4.25 to ± 7.00d sphere, 2.12 to 4.00d cylinder	$18.03
V2309	Spherocylinder, ± 4.25 to ± 7.00d sphere, 4.25 to 6.00d cylinder	$22.93
V2310	Spherocylinder, ± 4.25 to ± 7.00d sphere, over 6.00d cylinder	$22.93
V2311	Spherocylinder, ± 7.25 to ± 12.00d sphere, 0.25 to 2.25d cylinder	$22.93
V2312	Spherocylinder, ± 7.25 to ± 12.00d sphere, 2.25 to 4.00d cylinder	$22.93
V2313	Spherocylinder, ± 7.25 to ± 12.00d sphere, 4.25 to 6.00d cylinder	$22.93
V2314	Spherocylinder, sphere over ± 12.00d	$22.93
V2315	Lenticular (myodisc)	$34.31
V2318	Aniseikonic lens	$34.31
V2319	Seg width over 28mm	$12.00
V2320	Add over 3.25d	$12.00
V2321	Lenticular lens	$34.31
V2399	Specialty trifocal. Must be billed with modifier KX. Visual necessity must be documented in the patient's file.	$22.93
Variable Asphericity Lenses, per lens:		
Use modifier NU to identify new lens(es). Use modifier RA to identify replacement lens(es).		
V2410	Single vision, full field, glass or plastic	$30.00
V2430	Bifocal, full field, glass or plastic	$55.00
V2499	Variable asphericity lens, other type. Must be billed with modifier KX. Visual necessity must be documented in the patient's file.	$55.00
Miscellaneous Covered Services, per lens:		
Service must be billed with modifier KX. Visual necessity must be documented in the patient's file. See **VSP Arizona Medicaid Client Details** for requirements. Use modifier NU to identify new lens(es). Use modifier RA to identify replacement lens(es).		
V2700	Balance lens	$36.16
V2710	Slab off prism, glass or plastic	$50.11
V2715	Prism	$9.59

V2718	Press-on lens, fresnel prism	$23.57
V2730	Special base curve, glass or plastic	$16.91
V2744	Photochromic	$10.15
V2750	Antireflective coating	$14.79
V2755	UV lens	$10.28
V2760	Scratch resistant coating	$13.00
V2770	Occluder lens	$16.10
V2780	Oversize lens	$10.34
V2781	Progressive lens	$36.00
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate	$39.11
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate	$44.10
V2784	Lens, polycarbonate or equal, any index	$28.68
V2799	Vision service, miscellaneous	Submit invoice for pricing*
Repair/Refitting (see Arizona Medicaid Client Details):		
92370	Repair and refitting spectacles, except for aphakia	$23.56
92371	Repair and refitting spectacles, spectacle prosthesis for aphakia	$9.23

Visually Necessary Contact Lenses

Visually Necessary Contact Lenses

Contact lenses 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. See **VSP Arizona Medicaid Client Details** for requirements. Use modifier NU to identify new contact lens(es). Use modifier RA to identify replacement contact lens(es).		Maximum allowance per eye
V2500	PMMA, spherical	$61.24
V2501	PMMA, toric or prism ballast	$96.30
V2502	PMMA, bifocal	$140.90
V2503	PMMA, color vision deficiency	$97.81
V2510	Gas permeable, spherical	$82.31
V2511	Gas permeable, toric or prism ballast	$133.04
V2512	Gas permeable, bifocal	$154.46
V2513	Gas permeable, extended wear	$141.71
V2520	Hydrophilic, spherical	$72.62
V2521	Hydrophilic, toric or prism ballast	$126.43
V2522	Hydrophilic, bifocal	$164.05
V2523	Hydrophilic, extended wear	$104.85
V2530	Scleral	$155.30
V2531	Scleral, gas permeable	$370.15
V2599	Contact lens, not otherwise classified.	$164.05

Visually Necessary Contact Lens Fitting and Dispensing

Contact lens fitting and dispensing is only allowed by the Medicaid Plan when visually necessary according to Medicaid's guidelines. Visual necessity must be documented in the patient's file. Service must be billed with modifier KX. See **VSP Arizona Medicaid Client Details** for requirements.

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	$71.88
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye	$75.87
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	$86.47
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	$75.77
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneal lens, both eyes, except for aphakia	$59.18
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneal lens for aphakia, one eye	$57.28
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneal lens for aphakia, both eyes	$77.16
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and fitting by independent technician; corneoscleral lens	$55.70
92325	Modification of contact lens	$28.23
92326	Replacement of contact lens	$26.94

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. See **VSP Arizona Medicaid Client Details** for requirements. Visual necessity must be documented in the patient's file.

92354	Fitting of spectacle mounted low vision aid; single element system	$29.38
92355	Fitting of spectacle mounted low vision aid; telescopic/other compound lens system	$25.68
92499	Unlisted ophthalmological service or procedure Use this code to bill for low vision exams	$70.00
V2600	Hand held low vision and other nonspectacle mounted aids Use modifier NU to identify new equipment. Use modifier RA to identify replacement.	Submit invoice for pricing*
V2610	Single lens spectacle mounted low vision aids Use modifier NU to identify new equipment. Use modifier RA to identify replacement.	Submit invoice for pricing*
V2615	Telescopic and other compound lens system, including distance vision, telescopic Use modifier NU to identify new equipment. Use modifier RA to identify replacement.	Submit invoice for pricing*

Vision Therapy

Orthoptic. Service must be billed with modifier KX. Visual necessity must be documented in the patient's file. See **VSP Arizona Medicaid Client Details** for requirements.

92060	Sensorimotor examination with multiple measurements of ocular deviation	$47.65
92065	Orthoptic training; performed by a physician or other qualified health care professional	$39.22

* Please refer to the Contacting VSP by Mail section of the **VSP Manual**.