

**Pricing for New Eyeglass Contract-Classic Optical  
Effective for Dates of Service September 1, 2014 and thereafter**

**LENS SPECIFICATIONS:**

(CLEAR GLASS, CLEAR PLASTIC OR CLEAR POLYCARBONATE) PER LENS

The price per lens includes the cost of the following:

- V2715: Prism, per lens;
- V2745: Tint, per lens;
- V2755: U-V Lens, per lens; and/or
- V2784: Polycarbonate, per lens.

**NOTE: V2715, V2745, V2755, and/or V2784 are zero-priced services and are included in the cost of the lens.**

**Single Vision (Plus or Minus), Per Lens**

V2100-Sphere Plano-4.00	\$10.75
V2101-Sphere 4.12-7.00d	\$10.75
V2102-Sphere 7.12-20.00d	\$12.75

**Single Vision Spherocylinder (Plus or Minus) (Cylinder), Per Lens**

V2103-Sphere Plano-4.00d/0.12-2.00d cylinder	\$10.75	V2111-Sphere 7.25-12.00d/0.25-2.25d cylinder	\$12.75
V2104-Sphere Plano-4.00d/2.12-4.00d cylinder	\$10.75	V2112-Sphere 7.25-12.00d/2.25-4.00d cylinder	\$12.75
V2105-Sphere Plano-4.00d/4.25-6.00d cylinder	\$10.75	V2113-Sphere 7.25-12.00d/4.25-6.00d cylinder	\$12.75
V2106-Sphere Plano-4.00d/over 6.00d cylinder	\$50.00	V2114-Sphere +/- -12.00d	\$12.75
V2107-Sphere 4.25-7.00d/0.12-2.00d cylinder	\$10.75	V2115-Lenticular (myodisc), single vision	\$50.00
V2108-Sphere 4.25-7.00d/2.12-4.00d cylinder	\$10.75	V2118-Aniseikonic lens, single vision	\$50.00
V2109-Sphere 4.25-7.00d/4.25-6.00d cylinder	\$12.75	V2121-Lenticular lens, single vision	\$50.00
V2110-Sphere 4.25_7.00d/over 6.00d cylinder	\$50.00	V2199-Not otherwise classified (single vision)	\$100.00

**Bifocal Sphere (Plus or Minus), Per Lens**

V2200-Sphere Plano-4.00d cylinder	\$11.75
V2201-Sphere 4.12-7.00d cylinder	\$13.75
V-2202-Sphere 7.12-20.00d cylinder	\$13.75

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**Bifocal Spherocylinder (Plus or Minus), Per Lens**

V2203-Sphere Plano-4.00d/0.12-2.00 cylinder	\$14.00	V2212-Sphere 7.25-12.00d/2.25-4.00d cylinder	\$13.75
V2204-Sphere Plano-4.00d/-2.12-4.00d cylinder	\$11.75	V2213-Sphere 7.25-12.00d/4.25-6.00d cylinder	\$13.75
V2205-Sphere Plano-4.00d/4.25-6.00d cylinder	\$1.00	V2214-Sphere over +/- 12.00d	\$13.75
V2206-Sphere Plano-4.00d/over 6.00d cylinder	\$50.00	V2215-Lenticular (myodisc), bifocal	\$29.75
V2207-Sphere 4.25-7.00d/0.12-2.00d cylinder	\$11.75	V2218-Aniseikonic, bifocal	\$29.75
V2208-Sphere 4.25-7.00d/2.12-4.00d cylinder	\$13.75	V2219-Bifocal seg width over 28 mm	\$4.75
V2209-Sphere 4.25-7.00d/4.25-6.00d cylinder	\$13.75	V2220-Bifocal add over 3.25d	\$50.00
V2210-Sphere 4.25-7.00d/over 6.00d cylinder	\$50.00	V2221-Lenticular lens, bifocal	\$29.75
V2211-Sphere 7.25-12.00d/0.25-2.25d cylinder	\$13.75	V2299-Specialty bifocal (by report)	\$100.00

**Trifocal Sphere (Plus or Minus), Per Lens**

V2300-Sphere Plano- +/- 4.00d	\$50.00
V2301-Sphere +/- 4.12- +/- 7.00d	\$50.00
V2302-Sphere Plano +/- 7.12- +/- 20.00	\$50.00

**Trifocal Spherocylinder (Plus or Minus), Per Lens**

V2303-Sphere Plano-4.00d/0.12-2.00d cylinder	\$50.00	V2312-Sphere 7.25-12.00d/2.25-4.00d cylinder	\$50.00
V2304-Sphere Plano-4.00d-2.25-4.00d cylinder	\$50.00	V2313-Sphere 7.25-12.00d/4.25-6.00d cylinder	\$50.00
V2305-Sphere Plano-4.00d/4.25-6.00d cylinder	\$50.00	V2314-Sphere trifocal over +/- 12.00d	\$50.00
V2306-Sphere Plano-4.00d/over 6.00d cylinder	\$50.00	V2315-Lenticular, (myodisc), per lens, trifocal	\$50.00
V2307-Sphere 4.25-7.00d/0.12-2.00d cylinder	\$50.00	V2318-Aniseikonic lens, trifocal	\$50.00
V2308-Sphere 4.25-7.00d/2.12-4.00d cylinder	\$50.00	V2319-Trifocal seg width over 28 mm	\$50.00
V2309-Sphere 4.25-7.00d/4.25-6.00d cylinder	\$50.00	V2320-Trifocal add over 3.25d	\$50.00
V2310-Sphere 4.25-7.00d/over 6.00d cylinder	\$50.00	V2321-Lenticular lens, trifocal, per lens	\$50.00
V2311-Sphere 7.25-12.00d/0.25-2.25d cylinder	\$50.00	V2399-Specialty trifocal (by report)	\$100.00

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**Other Lens Codes Per Lens**

V2410-Variable asphericity lens, single vision	\$50.00	V2700-Balance lens, (add on cost)	\$9.75
V2430-Variable asphericity lens, bifocal	\$50.00	V2710-Slab-off Prism (add on cost)	\$29.75
V2499-Variable sphericity lens, other type	\$50.00	V2718-Press on Fresnel Prisms (add on cost)	\$29.75

**Lenses Requiring Prior Authorization from Medicaid Before Ordering, Per Lens**

V2744-Tint, photochromic (add-on cost)	\$75.00
V2781-Progressives (add-on cost)	\$75.00
V2782-Lens, Index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate	\$75.00
V2783-Lens, Index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate	\$75.00

**NOTE: AN "ADD-ON COST" ITEM IS TO BE BILLED IN ADDITION TO THE APPROPRIATE LENS CODE**

**Frames**

V2020-Represents all frames	\$0.00
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**Frames Requiring Prior Authorization**

V2025 Special Order Frames	\$100.00
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**NOTE: A SPECIAL ORDER FRAME IS UTILIZED FOR THOSE PATIENTS REQUIRING A SPECIAL/UNUSUAL SIZE AND/OR SHAPE; INCLUDES COST OF LENSES SINCE SIZE WILL DIFFERENTIATE FROM REGULAR CONTRACTED LENSES**