

Affected Programs: BadgerCare Plus, Medicaid

To: Ophthalmologists, Opticians, Optometrists, HMOs and Other Managed Care Programs

Revised Procedure Code List for the New State Purchase Eyeglass Contract

In the October 2013 *ForwardHealth Update* (2013-58), titled “New State Purchase Eyeglass Contract Awarded,” two attachments listed procedure codes for lenses available under the new State Purchase Eyeglass Contract (SPEC) and eyeglass materials that require prior authorization. This *Update* lists additional procedure codes covered under the SPEC that were not included in *Update* 2013-58.

On December 1, 2013, Korrekt Optical replaced the former State Purchase Eyeglass Contract (SPEC) provider, Classic Optical Laboratories, Inc. In the October 2013 *ForwardHealth Update* (2013-58), titled “New State Purchase Eyeglass Contract Awarded,” two attachments listed procedure codes for lenses available under the new SPEC and eyeglass materials that require prior authorization (PA). This *Update* lists additional procedure codes covered under the SPEC that were not included in *Update* 2013-58.

Beginning December 1, 2013, the following additional procedure codes are available for ordering under the SPEC with an approved PA:

- V2199.
- V2299.
- V2399.
- V2499.
- V2781.
- V2799.

Refer to Attachment 1 of this *Update* for a complete list of lenses available under the SPEC and to Attachment 2 for a complete list of eyeglass materials that require PA.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Lenses Available Under the State Purchase Eyeglass Contract

The following tables list the types of lenses Medicaid-enrolled vision providers may order from Korrekt Optical under the State Purchase Eyeglass Contract beginning on December 1, 2013. Some lenses may require prior authorization.

Description	Procedure Code
Single Vision Lenses	
Sphere, single vision, plano to plus or minus 4.00, per lens	V2100
Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	V2101
Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	V2102
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	V2103
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	V2104
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	V2105
Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	V2106
Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens	V2107
Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	V2108
Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	V2109
Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	V2110
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	V2111
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	V2112
Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	V2113
Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	V2114
Lenticular (myodisc), per lens, single vision	V2115
Aniseikonic lens, single vision	V2118
Lenticular lens, per lens, single	V2121
Not otherwise classified, single vision lens	V2199

Description	Procedure Code
Bifocal Lenses	
Sphere, bifocal, plano to plus or minus 4.00d per lens	V2200
Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	V2201
Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	V2202
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	V2203
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	V2204
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	V2205
Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	V2206
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	V2207
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	V2208
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	V2209
Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	V2210
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	V2211
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	V2212
Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	V2213
Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	V2214
Lenticular (myodisc), per lens, bifocal	V2215
Aniseikonic lens, bifocal	V2218
Bifocal seg width over 28mm	V2219
Bifocal add over 3.25d	V2220
Lenticular lens, per lens, bifocal	V2221
Specialty bifocal (by report)	V2299

Description	Procedure Code
Trifocal Lenses	
Sphere, trifocal, plano to plus or minus 4.00d, per lens	V2300
Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	V2301
Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	V2302
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	V2303
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	V2304
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	V2305
Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	V2306
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	V2307
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	V2308
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	V2309
Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	V2310
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	V2311
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	V2312
Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	V2313
Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	V2314
Lenticular (myodisc), per lens, trifocal	V2315
Aniseikonic lens, trifocal	V2318
Trifocal seg width over 28mm	V2319
Trifocal add over 3.25d	V2320
Lenticular lens, per lens, trifocal	V2321
Specialty trifocal (by report)	V2399
Variable Asphericity Lenses	
Variable asphericity lens, single vision, full field, glass or plastic, per lens	V2410
Variable asphericity lens, bifocal, full field, glass or plastic, per lens	V2430
Variable sphericity lens, other type	V2499

Description	Procedure Code
Miscellaneous Lenses	
Balance lens, per lens	V2700
Slab off prism, glass or plastic, per lens	V2710
Prism, per lens	V2715
Press-on lens, Fresnel prism, per lens	V2718
Special base curve, glass or plastic, per lens	V2730
Tint, photochromatic, per lens	V2744
Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	V2745
U-V lens, per lens	V2755
Polarization, any lens material, per lens	V2762
Occluder lens, per lens	V2770
Oversize lens, per lens	V2780
Progressive lens, per lens	V2781
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excluding polycarbonate, per lens	V2782
Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	V2783
Lens, polycarbonate or equal, any index, per lens	V2784
Vision service, miscellaneous	V2799

ATTACHMENT 2

Eyeglass Materials That Require Prior Authorization Under the State Purchase Eyeglass Contract

The following table lists eyeglass materials that require prior authorization under the State Purchase Eyeglass Contract provider.

Description	Procedure Code
Safety eyeglass frames	S0516*
Aniseikonic lens, single vision	V2118
Not otherwise classified, single vision lens	V2199
Aniseikonic lens, per lens, bifocal	V2218
Specialty bifocal (by report)	V2299
Aniseikonic lens, trifocal	V2318
Specialty trifocal (by report)	V2399
Variable sphericity lens, other type	V2499
Tint, photochromatic, per lens	V2744
Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	V2745
U-V lens, per lens	V2755
Polarization, any lens material, per lens	V2762
Progressive lens, per lens	V2781
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excluding polycarbonate, per lens	V2782
Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	V2783
Lens, polycarbonate or equal, any index, per lens	V2784**
Vision service, miscellaneous	V2799

* Medically necessary service or supply.

** Prior authorization required for members ages 21 and over.