

101 CMR 315.00: RATES FOR VISION CARE SERVICES AND OPHTHALMIC MATERIALS

Section

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315.01: General Provisions

- (1) Scope. 101 CMR 315.00 governs the rates of payment used by governmental units and purchasers under M.G.L. c. 152, § 1 *et seq.* (the Workers' Compensation Act) for vision-care services and ophthalmic materials provided to publicly aided and industrial accident patients.
- (2) Applicable Dates of Service. Rates contained in 101 CMR 315.00 are effective for dates of service on or after February 14, 2025.
- (3) Disclaimer of Authorization of Services. 101 CMR 315.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 101 CMR 315.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services provided to publicly aided clients.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify provisions of 101 CMR 315.00, or to issue coding updates and corrections under 101 CMR 315.01(5).
- (5) Coding Updates and Corrections. EOHHS may publish service code updates and corrections in the form of administrative bulletin. Updates may reference coding systems including, but not limited to, the American Medical Association's Current Procedural Terminology (CPT) and the Healthcare Common Procedure Coding System (HCPCS). The publication of such updates and corrections will list:
 - (a) codes for which the code numbers change, with the corresponding cross references between the new codes and the codes being replaced. Rates for such updated codes are set at the rate of the code that is being replaced;
 - (b) codes for which the code numbers remain the same but the description has changed;
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (IC) payment for these codes until appropriate rates can be developed.

315.02: General Definitions

The terms used in 101 CMR 315.00 shall have the meanings ascribed in 101 CMR 315.02 and in the CPT Coding Handbook. The descriptions and five-digit procedure codes included in 101 CMR 315.00 are obtained from the American Medical Association's *Current Procedural Terminology* (CPT), copyright 2024, or the *2024 Healthcare Common Procedure Coding System Level II* (HCPCS) unless otherwise specified. Both sources provide a listing of descriptive terms and alpha-numeric identifying codes and modifiers for reporting medical services and procedures performed by health-care providers.

Consultation – a type of service provided by a physician or ophthalmologist or optometrist whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or ophthalmologist or optometrist or other appropriate source. A physician consultant may initiate diagnostic and/or therapeutic services. The request for a consultation from the attending physician or ophthalmologist or optometrist or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source. Any specifically identifiable procedure (*i.e.*, identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately. If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

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Eligible Provider (Provider) – ophthalmologists, optometrists, and dispensing opticians who are registered by an appropriate board of registration in accordance with the provision of M.G.L. c. 112; are not under contractual arrangement with a hospital or affiliated teaching institution for professional services; and who also meet such conditions of participation as may be required by a governmental unit purchasing vision-care services and ophthalmic materials or by purchasers under M.G.L. c. 152.

EOHHS – the Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Patient – a patient who has received professional services from the physician or ophthalmologist or optometrist within the past three years.

Governmental Unit – the Commonwealth, any department, agency, board, or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Individual Consideration (IC) – for service codes for which no rate is listed, the purchaser determines the payment amount on an individual consideration basis upon receipt of a bill that describes the services rendered. The purchaser shall determine the appropriate payment in accordance with the following criteria:

- (a) time required to perform the procedure;
- (b) degree of skill required for the procedure rendered;
- (c) severity and complexity of the patient's disorder or disability;
- (d) cost of goods supplied in rendering the service, including catalogue prices of major supplies; and
- (e) policies, procedures, and practices of other third-party purchasers of care, governmental and private.

Low Vision – any pathological, traumatic, or congenital condition of the eye or brain that results in reduced visual acuity or reduction of visual field, and that is not amenable to medical, surgical, or ordinary optical correction.

Low-vision Aids – includes, but is not limited to, microscopic and telescopic lenses to correct low vision.

Low-vision Evaluation – a series of evaluative vision tests to measure the degree of low vision and the corrective lenses or aids required.

Modifiers – listed services may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two-digit number or letters placed after the usual procedure number from which it is separated by a hyphen.

New Patient – a patient who has not received any professional services from the physician or ophthalmologist or optometrist within the past three years.

Ocular Prosthetic Services – the dispensing and adjustment of false eyes.

Publicly Aided Individual – a person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Vision-care Services and Ophthalmic Materials – professional care of the eye for the purpose of diagnosing and correcting refractive errors and includes the measurement, specification, formulation, construction, and dispensing of eyeglasses and related eye-care appliances.

315.03: General Rate Provisions

(1) Rate Determination. The rates for authorized vision-care services and ophthalmic materials under 101 CMR 315.00 are the lower of

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- (a) the provider’s usual fee to patients other than publicly aided or industrial accident patients; or
- (b) the schedule of allowable fees set forth in 101 CMR 315.04.

(2) Reimbursement as Full Payment. The rates established by 101 CMR 315.00 are full compensation for vision services provided to publicly aided and industrial-accident patients as well as for any related administrative or supervisory duties in connection with the provision of vision-care services without regard to where the services are provided.

(3) Bulk Purchase Contract. If the provider is required by the purchasing governmental unit to order material from designated suppliers under a bulk purchase contract, the provider shall bill the purchasing agency only for the relevant dispensing fee.

315.04: Allowable Fees for Vision-care Services

(1) Modifiers. The following modifiers are used to adjust payments under the circumstances noted in 101 CMR 315.04(1)(a) and (b).

(a) -52 Reduced Services. Modifier -52 is used to describe circumstances in which services provided were reduced in comparison to the full description of the service. When a provider does not complete a procedure in its entirety, such as a provider electing to partially reduce or eliminate a service, the procedure must be billed by appending modifier -52 to the service code. The rate for services billed with modifier -52 is 86% of the rate listed in 101 CMR 315.04(2). For example, modifier -52 would be used for a procedure that includes administration of eyedrops when an optometrist who is not certified to distribute eyedrops, performs the procedure.

(b) Provider Preventable Conditions. The following modifiers are used to report provider preventable conditions in accordance with 42 CFR. 447.26 and result in nonpayment for services.

| Modifier | Description |
|----------|---|
| PA | Surgical or other invasive procedure performed on the wrong body part |
| PB | Surgical or other invasive procedure performed on the wrong patient |
| PC | Wrong surgical or other invasive procedure performed on a patient |

(2) Services and Payments Covered Under Other Regulations. Payments for some services performed by ophthalmologists are governed by other EOHHS regulations, including 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*; and 101 CMR 317.00: *Rates for Medicine Services*. The following codes are included in 101 CMR 316.00: 65210, 65222, 67820, 67938, 68761, 68801, and 68840. The following codes are included in 101 CMR 317.00: 92132, 92133, 92134, 92201, 92202, 92227, 92228, 92250, 92273, 92274, 99174, and 99177.

| Procedure Code | Rate | Description |
|----------------|----------|---|
| 76512 | \$103.11 | Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) |
| 76513 | \$103.11 | Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral |
| 76514 | \$9.56 | Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) |
| 92002 | \$57.88 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient |
| 92004 | \$74.91 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits |
| 92012 | \$48.47 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient |

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| Procedure Code | Rate | Description |
|----------------|---------|---|
| 92014 | \$55.08 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits |
| 92015 | \$13.78 | Determination of refractive state |
| 92020 | \$22.07 | Gonioscopy (separate procedure) |
| 92065 | \$30.13 | Orthoptic training; performed by a physician or other qualified health care professional |
| 92081 | \$23.29 | Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent) |
| 92082 | \$61.33 | Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33) |
| 92083 | \$90.11 | Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) |
| 92100 | \$33.06 | Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure) |
| 92225 | \$51.03 | Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial |
| 92226 | \$46.27 | Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent |
| 92229 | IC | Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral |
| 92230 | \$78.79 | Fluorescein angiography with interpretation and report |
| 92260 | \$27.92 | Ophthalmodynamometry |
| 92275 | \$97.85 | Electroretinography with interpretation and report |
| 92285 | \$41.27 | External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniphotography, stereophotography) |
| 92310 | IC | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia |
| 92326 | \$52.38 | Replacement of contact lens |
| 92340 | \$33.06 | Fitting of spectacles, except for aphakia; monofocal |
| 92340 RB | \$10.17 | Fitting of spectacles, except for aphakia; monofocal (replacement and repair) (per lens) |
| 92341 | \$40.80 | Fitting of spectacles, except for aphakia; bifocal |

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| Procedure Code | Rate | Description |
|----------------|----------|---|
| 92341 RB | \$15.22 | Fitting of spectacles, except for aphakia; bifocal (replacement and repair) (per lens) |
| 92342 | \$40.80 | Fitting of spectacles, except for aphakia; multifocal, other than bifocal |
| 92342 RB | \$15.22 | Fitting of spectacles, except for aphakia; multifocal, other than bifocal (replacement and repair) (per lens) |
| 92370 | \$12.07 | Repair and refitting spectacles; except for aphakia |
| 92499 | IC | Unlisted ophthalmological service or procedure |
| 92541 | \$47.25 | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording |
| 92542 | \$41.49 | Positional nystagmus test, minimum of 4 positions, with recording |
| 92544 | \$32.12 | Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording |
| 99173 | \$24.28 | Screening test of visual acuity, quantitative, bilateral |
| 99202 | \$53.99 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. |
| 99203 | \$80.50 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 99204 | \$114.12 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 99205 | \$144.59 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| 99211 | \$17.48 | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional |
| 99212 | \$32.19 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. |
| 99213 | \$44.49 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |

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| Procedure Code | Rate | Description |
|----------------|----------|---|
| 99214 | \$69.65 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 99215 | \$101.38 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| 99242 | \$61.23 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| 99243 | \$79.04 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 99244 | \$110.19 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| 99245 | \$149.03 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. |
| 99252 | \$63.52 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. |
| 99253 | \$94.24 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 99254 | \$135.78 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |

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| Procedure Code | Rate | Description |
|----------------|---------|---|
| 99304 | \$51.28 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. |
| 99305 | \$68.53 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. |
| 99306 | \$87.41 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded. |
| 99307 | \$28.26 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. |
| 99308 | \$44.28 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| 99309 | \$60.98 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 99310 | \$60.98 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. |
| 99341 | \$47.20 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. |
| 99342 | \$69.24 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |

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| Procedure Code | Rate | Description |
|----------------|---------|--|
| 99344 | IC | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. |
| 99347 | \$36.83 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. |
| 99348 | \$57.91 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. |
| 99349 | \$88.90 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. |
| T2002 | \$9.99 | Nonemergency transportation; <i>per diem</i> |

FRAMES

| Procedure Code | Rate | Description |
|----------------|---------|-------------------|
| V2020 | \$60.30 | Frames, purchases |
| V2025 | IC | Deluxe frame |

SINGLE VISION, GLASS OR PLASTIC

If procedure code 92395 is reported, recode with specific lens type below.

| Procedure Code | Rate | Description |
|----------------|---------|--|
| V2100 | \$33.33 | Sphere, single vision, plano to plus or minus 4.00, per lens |
| V2101 | \$35.14 | Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens |
| V2102 | \$49.42 | Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens |
| V2103 | \$28.97 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2104 | \$32.05 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2105 | \$34.91 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2106 | \$41.61 | Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2107 | \$36.82 | Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens |
| V2108 | \$38.13 | Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |

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| Procedure Code | Rate | Description |
|----------------|---------|--|
| V2109 | \$42.23 | Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2110 | \$42.45 | Sphero-cylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens |
| V2111 | \$43.42 | Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2112 | \$47.40 | Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens |
| V2113 | \$54.77 | Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2114 | \$57.85 | Sphero-cylinder, single vision, sphere over plus or minus 12.00d, per lens |
| V2115 | \$62.98 | Lenticular (myodisc), per lens, single vision |
| V2118 | \$83.22 | Aniseikonic lens, single vision |
| V2121 | \$71.95 | Lenticular lens, per lens, single |
| V2199 | IC | Not otherwise classified, single vision lens |

BIFOCAL, GLASS OR PLASTIC

| | | |
|-------|----------|---|
| V2200 | \$47.07 | Sphere, bifocal, plano to plus or minus 4.00d, per lens |
| V2201 | \$50.32 | Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens |
| V2202 | \$57.39 | Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens |
| V2203 | \$46.75 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2204 | \$49.35 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2205 | \$52.48 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2206 | \$54.74 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2207 | \$53.06 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2208 | \$54.09 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2209 | \$61.26 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2210 | \$61.33 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens |
| V2211 | \$68.76 | Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2212 | \$74.81 | Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2213 | \$72.09 | Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2214 | \$71.27 | Sphero-cylinder, bifocal, sphere over plus or minus 12.00d, per lens |
| V2215 | \$72.35 | Lenticular (myodisc), per lens, bifocal |
| V2218 | \$114.79 | Aniseikonic, per lens, bifocal |
| V2219 | \$37.90 | Bifocal seg width over 28mm |
| V2220 | \$30.73 | Bifocal add over 3.25d |
| V2221 | \$89.62 | Lenticular lens, per lens, bifocal |
| V2299 | IC | Specialty bifocal (by report) |

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TRIFOCAL, GLASS OR PLASTIC

| Procedure Code | Rate | Description |
|-----------------------|-------------|--|
| V2300 | \$61.57 | Sphere, trifocal, plano to plus or minus 4.00d, per lens |
| V2301 | \$83.69 | Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens |
| V2302 | \$93.07 | Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens |
| V2303 | \$62.06 | Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2304 | \$63.68 | Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2305 | \$79.35 | Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens |
| V2306 | \$76.81 | Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens |
| V2307 | \$83.62 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens |
| V2308 | \$86.13 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens |
| V2309 | \$98.37 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2310 | \$83.27 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens |
| V2311 | \$95.63 | Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens |
| V2312 | \$101.68 | Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens |
| V2313 | \$110.82 | Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens |
| V2314 | \$91.50 | Sphero-cylinder, trifocal, sphere over plus or minus 12.00d, per lens |
| V2315 | \$135.42 | Lenticular, (myodisc), per lens, trifocal |
| V2318 | \$166.50 | Aniseikonic lens, trifocal |
| V2319 | \$45.29 | Trifocal seg width over 28 mm |
| V2320 | \$44.58 | Trifocal add over 3.25d |
| V2321 | \$132.23 | Lenticular lens, per lens, trifocal |
| V2399 | IC | Specialty trifocal (by report) |

VARIABLE ASPHERICITY

| Procedure Code | Rate | Description |
|-----------------------|-------------|--|
| V2410 | \$76.31 | Variable asphericity lens, single vision, full field, glass or plastic, per lens |
| V2430 | \$93.80 | Variable asphericity lens, bifocal, full field, glass or plastic, per lens |
| V2499 | IC | Variable sphericity lens, other type |

315.04: continued

CONTACT LENSES

If procedure code 92396 is reported, recode with specific lens type listed below (per lens).

| Procedure Code | Rate | Description |
|-----------------------|-------------|---|
| V2500 | \$72.55 | Contact lens, PMMA, spherical, per lens |
| V2501 | \$140.53 | Contact lens, PMMA, toric or prism ballast, per lens |
| V2502 | \$170.42 | Contact lens PMMA, bifocal, per lens |
| V2503 | \$159.44 | Contact lens, PMMA, color vision deficiency, per lens |
| V2510 | \$107.81 | Contact lens, gas permeable, spherical, per lens |
| V2511 | \$180.96 | Contact lens, gas permeable, toric, prism ballast, per lens |
| V2512 | \$189.61 | Contact lens, gas permeable, bifocal, per lens |
| V2513 | \$153.63 | Contact lens, gas permeable, extended wear, per lens |
| V2520 | \$50.77 | Contact lens, hydrophilic, spherical, per lens |
| V2521 | \$77.98 | Contact lens, hydrophilic, toric, or prism ballast, per lens |
| V2522 | \$95.74 | Contact lens, hydrophilic, bifocal, per lens |
| V2523 | \$80.46 | Contact lens, hydrophilic, extended wear, per lens |
| V2530 | IC | Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325) |
| V2531 | IC | Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325) |
| V2599 | IC | Contact lens, other type |

LOW-VISION AIDS

If procedure code 92392 is reported, recode with specific systems listed below.

| Procedure Code | Rate | Description |
|-----------------------|-------------|--|
| V2600 | IC | Handheld low vision aids and other nonspectacle mounted aids |
| V2610 | IC | Single lens spectacle mounted low vision aids |
| V2615 | IC | Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system |

PROSTHETIC EYE

| Procedure Code | Rate | Description |
|-----------------------|-------------|---|
| V2623 | IC | Prosthetic eye, plastic, custom |
| V2624 | IC | Polishing/resurfacing of ocular prosthesis |
| V2625 | IC | Enlargement of ocular prosthesis |
| V2626 | IC | Reduction of ocular prosthesis |
| V2627 | IC | Scleral cover shell |
| V2628 | IC | Fabrication and fitting of ocular conformer |
| V2629 | IC | Prosthetic eye, other type |

INTRAOCULAR LENSES

| Procedure Code | Rate | Description |
|-----------------------|-------------|------------------------------------|
| V2630 | IC | Anterior chamber intraocular lens |
| V2631 | IC | Iris supported intraocular lens |
| V2632 | IC | Posterior chamber intraocular lens |

315.04: continued

MISCELLANEOUS

| Procedure Code | Rate | Description |
|-----------------------|-------------|---|
| V2700 | \$39.08 | Balance lens, per lens |
| V2710 | \$54.56 | Slab off prism, glass or plastic, per lens |
| V2715 | \$9.88 | Prism, per lens |
| V2718 | \$31.43 | Press-on lens, Fresnel prism, per lens |
| V2730 | \$18.40 | Special base curve, glass or plastic, per lens |
| V2744 | \$13.96 | Tint, photochromatic, per lens |
| V2745 | \$8.67 | Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens |
| V2750 | \$16.24 | Antireflective coating, per lens |
| V2755 | \$18.84 | U-V lens, per lens |
| V2760 | \$14.35 | Scratch resistant coating, per lens |
| V2770 | \$22.15 | Occluder lens, per lens |
| V2780 | \$11.68 | Oversize lens, per lens |
| V2781 | IC | Progressive lens, per lens |
| V2785 | IC | Processing, preserving and transporting corneal tissue |
| V2788 | IC | Presbyopia correcting function of intraocular lens |
| V2799 | IC | Vision item or service, miscellaneous |

315.05: Severability

The provisions of 101 CMR 315.00 are severable. If any provision of 101 CMR 315.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 315.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 315.00: M.G.L. c. 118E.

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