Fee Schedule

Prefix 6 - Optical Procedures Only

Illinois Department of Public Ai

Updated as of: 8/4/2004

Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
6	92015	DETERMINATION REFRACTIVE STATE	18.45	N	04
6	92310	SPECIAL CONTACT LENS FITTING, BOTH EYES	0.00	Y	04
6	92340	FITING OF SPECTACLES	8.30	N	04
6	92370	REPAIR & ADJUST SPECTACLES	4.76	N	04
6	92390	SUPPLY OF SPECTACLES	4.45	N	04
6	92499	UNLISTED EYE PROCEDURE	0.00	Y	04
6	V2020	FRAME	8.64	N	04
6	V2025	DELUXE FRAME (METAL)	11.91	N	04
6	V2100	LENS PLANO TO 4.00D	6.39	N	04
6	V2101	LENS-4.12 TO 7.00D	6.39	N	04
6	V2102	LENS-7.12 TO 20.00D	6.39	N	04
6	V2103	PLANO-4.00D/SP.12-2.00D/CYL	6.39	N	04
6	V2104	PLANO-4.00D/SP2.12-4.00D/CYL	6.39	N	04
6	V2105	PLANO-4.00D/SP4.25-6.00D/CYL	6.39	N	04
6	V2106	PLANO-4.00D/SPOVER 6.00D/CYL	6.39	N	04
6	V2107	4.25-7.00D/SP.12-2.00D/CYL	6.39	N	04
6	V2108	4.25-7.00D/SP2.12-4.00D/CYL	6.39	N	04
6	V2109	4.25-7.00D/SP4.25-6.00D/CYL	6.39	N	04
6	V2110	4.25-7.00D/SP OVER 6.00D/CYL	6.39	N	04
6	V2111	7.25-12.00D/SP.25-2.25/CYL	6.39	N	04
6	V2112	7.25-12.00D/SP2.25-4.00D/CYL	6.39	N	04
6	V2113	7.25-12.00D/SP4.25-6.00D/CYL	6.39	N	04
6	V2114	OVER 12.00D/SP	6.39	N	04
6	V2115	LENTICULAR, MYODISC	12.12	N	04
6	V2121	LENTICULAR LENS PER LENS, SINGLE	0.00	Y	04
6	V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	12.12	N	04
6	V2200	BIFOCAL LENS-PLANO-4.00D	7.96	N	04
6	V2201	BIFOCAL LENS-4.12-7.00D	7.96	N	04
6	V2202	BIFOCAL LENS-7.12-20.00D	7.96	N	04
6	V2203	PLANO-4.00D/SP.12-2.00D/CYL	7.96	N	04
6	V2204	PLANO-4.00D/SP2.12-4.00D/CYL	7.96	N	04
6	V2205	PLANO-4.00D/SP4.25-6.00D/CYL	7.96	N	04
6	V2206	PLANO-4.00D/SPOVER 6.00D/CYL	7.96	N	04
6	V2207	4.25-7.00D/SP.12-2.00D/CYL	7.96	N	04
6	V2208	4.25-7.00D/SP2.12-4.00D/CYL	7.96	N	04
6	V2209	4.25-7.00D/SP4.25-6.00D/CYL	7.96	N	04
6	V2210	4.25-7.00D/SP OVER 6.00D/CYL	7.96	N	04
6	V2211	7.25-12.00D/SP.25-2.25D/CYL	7.96	N	04
6	V2212	7.25-12.00D/SP2.25-4.00D/CYL	7.96	N	04
6	V2213	7.25-12.00D/SP4.25-6.00D/CYL	7.96	N	04
6	V2214	OVER 12.00D	7.96	N	04

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Prefix	HCPCS	Description	Rate	Hand Priced?	Program Code
6	V2215	LENTICULAR, MYODISC, PER LENS, BIFOCAL	28.94	N	04
6	V2221	LENTICULAR LENS, PER LENS, BIFOCAL	0.00	Y	04
6	V2299	BIFOCAL-SPECIAL LENS	12.12	N	04
6	V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	0.00	Y	04
6	V2500	HARD CONTACT LENS(EACH)	19.50	N	04
6	V2510	GAS PERM CONTACT LENS(EACH)	19.50	N	04
6	V2520	CONTACT LENS HYDROPHYLIC, SPHERICAL, PER LENS	19.50	N	04
6	V2599	CONTACT LENS, OTHER TYPE	0.00	Y	04
6	V2600	HAND HELD LOW VISION AID	0.00	Y	04
6	V2623	PROSTHETIC EYE PLASTIC CUSTOM	453.74	N	04
6	V2624	POLISH/RESURF OCULAR PROSTHES	30.00	N	04
6	V2625	ENLARGE OCULAR PROSTHESIS	193.93	N	04
6	V2626	REDUCTION OCULAR PROSTHESIS	80.00	N	04
6	V2627	SCLERAL COVER SHELL	573.50	N	04
6	V2628	FABRICAT/FIT OCULAR CONFORMER	127.00	N	04
6	V2629	PROSTHETIC, EYE, OTHER TYPE	0.00	Y	04
6	V2700	BALANCE LENS	5.56	N	04
6	V2715	PRISM PER LENS	2.53	N	04
6	V2745	ADDITION TO LENS, TINT, ANY COLOR	0.00	Y	04
6	V2761	MIRROR COATING, ANY TYPE, ANY LENS, PER LENS	0.00	Y	04
6	V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	0.00	Y	04
6	V2782	LENS, INDEX 1.54 TO 1.65 PLASTICS 1.6 TO 1.79 GLASS, EXC	0.00	Y	04
6	V2783	LENS, INDEX >OR=TO 1.66 PLASTICS OR >O=1.80 GLASS, EXCPOLY	0.00	Y	04
6	V2784	LENS, POLYCARB OR EQUAL, ANY INDEX/LENS	0.00	Y	04
6	V2799	NOT OTHERWISE CLASSIFIED	0.00	Y	04

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