



Multispecialty Physician Services-Vision

Codes that require Prior Authorization

Code	Always Require a PA
S0590	Integral Lens Service, Miscellaneous Services Reported Separately
V2199	Not Otherwise Classified, Single Vision Lens
V2299	Specialty Bifocal
V2399	Specialty Trifocal
V2500	Contact Lens, Pmma, Spherical, Per Lens
V2501	Contact Lens, Pmma, Toric or Prism Ballast, Per Lens
V2511	Contact Lens, Gas Permeable, Toric or Prism Ballast, Per Lens
V2513	Contact Lens, Gas Permeable, Extended Wear, Per Lens
V2520	Contact Lens Hydrophilic, Spherical, Per Lens
V2521	Contact Lens Hydrophilic, Toric or Prism Ballast, Per Lens
V2523	Contact Lens Hydrophilic, Extended Wear, Per Lens
V2599	Contact Lens, Other Type
V2730	Special Base Curve, Glass or Plastic, Per Lens
V2799	Vision Service, Miscellaneous
V2531	Contact Lens, Scleral, Gas Permeable, Per Lens
Code	Codes That ONLY Require PA If the Limits Are Exceeded
92340	Fitting Of Spectacles, Except For Aphakia; Monofocal
92341	Fitting Of Spectacles, Except For Aphakia; Bifocal
92342	Fitting Of Spectacles, Except For Aphakia; Multifocal, Other than Bifocal
92352	Fitting Of Spectacle Prosthesis For Aphakia; Monofocal
92353	Fitting Of Spectacle Prosthesis For Aphakia; Multifocal
V2020	Frames, Regular, Office Repair, Plastic
V2025	Deluxe Frame (New Or Replacement; Metal)
V2115	Lenticular, (Myodisc), Per Lens, Single Vision
V2121	Lenticular Lens, Per Lens, Single
V2315	Lenticular, (Myodisc), Per Lens, Trifocal
V2319	Trifocal Seg Width Over 28 Mm
V2320	Trifocal Add Over 3.25D
V2410	Variable Asphericity Lens, Single Vision, Full Field, Glass or Plastic, Per Lens