VISION SUPPLY CODES REQUIRING PRIOR AUTHORIZATION

Eyeglasses and contact lenses for adults will not be covered for myopia, hyperopia, and/or astigmatism.

HCPCS Code	Description
V2025	Deluxe Frame (special needs)
V2115	Lenticular (myodisc), per lens, single vision
V2121	Lenticular lens, per lens, single
V2215	Lenticular (myodisc), per lens, bifocal
V2221	Lenticular lens, per lens, bifocal
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens, PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, 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
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2702	Deluxe lens feature
V2744	Tint, Photochromatic, per lens
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens
V2781	Progressive lens, per lens
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2797	Vision supply, accessory and/or service component of another HCPCS vision code

Code	Description	Note
V2020	Frame	PA required if benefit limitation exceeded or justification for replacements for children.

Code	Description	Note
V2199	Not otherwise classified, single vision lens	Submit justification for need, product description, and quantity required.
V2299	Specialty bifocal (by report)	
V2499	Variable asphericity lens, other type	
V2599	Contact lens, other type	
V2799	Vision service, miscellaneous	

Effective July 1, 2011, ALL VISION EYE WEAR for adults age 21 years and older (including the codes above) will only be covered for treating a chronic condition and require prior authorization.