

WV Bureau for Medical Services

Vision Fee Schedule

Effective Dates 4/1/2026 - 3/31/2027

This is not a coverage list. The codes listed must be verified for coverage.

Vision services codes can be found on the Physician (RBRVS) Fee Schedule.

HCPCS / CPT	Description	WV Medicaid Rate
V2020	VISION SERVICES, FRAMES, PURCHASES	\$ 60.89
V2100	SPHERE SINGLE VISION PLANO TO 4.00 PER LENS	\$ 46.73
V2101	SINGLE VISION SPHERE 4.12-7.00D PER LENS	\$ 48.97
V2102	SINGLE VISION SPHERE 7.12-20.00D CYLINDR/LENS	\$ 72.14
V2103	SPHEROCYLINDER 4.00D, 2.12-2.00D CYLINDR/LENS	\$ 44.04
V2104	SPHEROCYLINDER 4.00D, 2.12-2.00D CYLINDR/LENS	\$ 47.72
V2105	SPHEROCYLINDER 4.00D, 4.25-6.00D CYLINDR/LENS	\$ 53.10
V2106	SPHEROCYLINDER 4.00D, OVER 6.00D CYLINDR/LENS	\$ 58.92
V2107	SPHEROCYLINDER 4.25D TO 7.00D/12-2.00D /LENS	\$ 54.62
V2108	SPHEROCYLINDER 4.25D TO 7.00D/2.12-4.00D/LENS	\$ 58.02
V2109	SPHEROCYLINDER 4.25D TO 7.00D/4.25-6.00D/LENS	\$ 64.19
V2110	SPHEROCYLINDER 4.25D TO 7.00D OVER 6.00D/LENS	\$ 63.34
V2111	SPHEROCYLINDER 7.25D/12.00D .25-2.25D CYLINDR	\$ 64.93
V2112	SPHEROCYLINDER 7.25D/12.00D 2.25 TO 4.00D CYL	\$ 72.06
V2113	SPHEROCYLINDER 7.25D/12.00D 4.25-6.00D CYLIND	\$ 75.08
V2114	SPHEROCYLINDER OVER 12.00D CYLINDER PER LENS	\$ 88.00
V2115	LENTICULAR (MYODISC) PER LENS SINGLE VISION	\$ 77.88
V2118	LENS ANISEIKONIC, SINGLE VISION	\$ 94.95
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$ 76.83
V2200	LENS SPHERE BIFOCAL PLANO TO 4.00D, PER LENS	\$ 64.36
V2201	LENS SPHERE BIFOCAL 4.12-7.00D, PER LENS	\$ 70.46
V2202	LENS SPHERE BIFOCAL 7.12-20.00D, PER LENS	\$ 85.14
V2203	LENS SPHRCYLINDER BIFOCAL 4.00D/.12D TO 2.00D	\$ 66.41
V2204	LENS SPHCYL BIFOCAL 4.00D/2.12 TO 4.00D /LENS	\$ 70.01
V2205	LENS SPHCYL BIFOCAL 4.00D/4.25 TO 6.00D /LENS	\$ 75.69
V2206	LENS SPHCYL BIFOCAL 4.00D/OVER 6.00D PER LENS	\$ 81.32
V2207	LENS SPHCYL BIFOCAL 4.25-7.00D/2.12-2.00D	\$ 71.88
V2208	LENS SPHCYL BIFOCAL 4.25-7.00D/2.12-4.00D	\$ 77.11
V2209	LENS SPHCYL BIFOCAL 4.25-7.00D/4.25-6.00D	\$ 82.48
V2210	LENS SPHCYL BIFOCAL 4.25-7.00D/OVER 6.00D	\$ 92.21
V2211	LENS SPHCYL BIFOC 7.25-12.00D/.25-2.25D /LENS	\$ 85.30
V2212	LENS SPHCYL BIFOC 7.25-12.00D/2.25-4.00D	\$ 88.88
V2213	LENS SPHCYL BIFOC 7.25-12/4.25-6.00D PER LENS	\$ 84.01
V2214	LENS SPHCYL BIFOCAL OVER 12.00D PER LENS	\$ 108.42
V2215	LENS LENTICULAR, BIFOCAL, PER LENS	\$ 92.28
V2218	LENS ANISEIKONIC, BIFOCAL, PER LENS	\$ 130.96
V2219	LENS BIFOCAL, SEG WIDTH OVER 28MM, PER LENS	\$ 57.65

HCPCS / CPT	Description	WV Medicaid Rate
V2220	LENS BIFOCAL, ADD OVER 3.25D, PER LENS	\$ 46.75
V2221	LENTICULAR LENS, BIFOCAL, PER LENS	\$ 92.01
V2300	LENS SPHERE, TRIFOCAL PLANO TO 4.00D,PER LENS	\$ 76.93
V2301	LENS SPHERE, TRIFOCAL 4.12-7.00D, PER LENS	\$ 90.18
V2302	LENS SPHERE, TRIFOCAL 7.12-20D, PER LENS	\$ 106.17
V2303	LENS SPHCYL, TRIFOCAL 4.00D/.12-2.00D /LENS	\$ 70.46
V2304	LENS SPHCYL, TRIFOCAL 4.00D/2.25-4.00D /LENS	\$ 82.39
V2305	LENS SPHCYL, TRIFOCAL 4.00D/4.25-6.00D /LENS	\$ 95.40
V2306	LENS SPHCYL, TRIFOCAL 4.0/ OVER 6.00D /LENS	\$ 101.29
V2307	LENS SPHCYL, TRIFOCAL 4.25-7.00D /.12-2.00D	\$ 93.47
V2308	LENS SPHCYL, TRIFOCAL 4.25-7/2.12-4.00D /LENS	\$ 97.15
V2309	LENS SPHCYL, TRIFOCAL 4.25-7.00D/4.25-6.00D	\$ 101.55
V2310	LENS SPHCYL, TRIFOCAL 4.25-7/ OVER 6.00D/LENS	\$ 107.75
V2311	LENS SPHCYL, TRIFOCAL 7.25-12.00D/.25-2.25D	\$ 97.30
V2312	LENS SPHCYL, TRIFOCAL 7.25-12.00D/2.25-4.00D	\$ 97.89
V2313	LENS SPHCYL, TRIFOCAL 7.25-12/4.25-6.00D/LENS	\$ 101.53
V2314	LENS SPHCYL, TRIFOCAL OVER 12.00D PER LENS	\$ 130.43
V2315	LENS LENTICULAR, TRIFOCAL, PER LENS	\$ 115.86
V2318	LENS ANISEIKONIC, TRIFOCAL	\$ 181.27
V2319	LENS TRIFOCAL, SEG WIDTH OVER 28MM	\$ 64.30
V2320	LENS TRIFOCAL, ADD OVER 3.25D	\$ 67.83
V2321	LENTICULAR LENS, TRIFOCAL, PER LENS	\$ 114.21
V2410	LENS VARIABLE ASPHERICITY SINGLE VISION,/LENS	\$ 101.11
V2430	LENS VARIABLE ASPHERICITY BIFOCAL FULL FIELD	\$ 112.96
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	\$ 105.23
V2501	CONTACT LENS PMMA, TORIC/PRISM BALLAST, /LENS	\$ 143.06
V2502	CONTACT LENS, PMMA, BIFOCAL, PER LENS	\$ 188.27
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY	\$ 181.50
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, /LENS	\$ 142.26
V2511	CONTACT LENS, TORIC PRISM BALLAST, PER LENS	\$ 184.48
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL,PER LENS	\$ 226.98
V2513	CONTACT LENS, EXTENDED WEAR, PER LENS	\$ 184.98
V2520	CONTACT LENS, HYDROPHILIC SPHERICAL, PER LENS	\$ 131.81
V2521	CONTACT LENS, HYDROPHILIC TORIC PRISM BALLAST	\$ 207.98
V2522	CONTACT LENS, HYDROPHILIC BIFOCAL, PER LENS	\$ 185.58
V2523	CONTACT LENS, HYDROPHILIC EXTEND WEAR, /LENS	\$ 183.41
V2524	CNTCT LENS HYDROPHIL PHOTOCH PER LENS	\$ 147.74
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	\$ 247.77
V2531	CONTACT LENS, SCLERAL GAS PERMEABLE, PER LENS	\$ 510.39
V2623	PLASTIC EYE PROSTHESIS, CUSTOM	\$ 1,257.00
V2624	POLISHING/RESURFACING OR OCULAR PROSTHESIS	\$ 78.82
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$ 359.41
V2626	REDUCTION OF OCULAR PROSTHESIS	\$ 193.73
V2627	SCLERAL COVER SHELL	\$ 1,251.23

HCPCS / CPT	Description	WV Medicaid Rate
V2628	FABRICATION & FITTING OF OCULAR CONFORMER	\$ 295.44
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	\$ 115.58
V2631	IRIS SUPPORTED INTRAOCULAR LENS	\$ 115.58
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	\$ 115.58
V2700	BALANCE LENS, PER LENS	\$ 52.28
V2710	GLASS/PLASTIC, SLAB OFF PRISM, PER LENS	\$ 73.03
V2715	PRISM, PER LENS	\$ 11.93
V2718	FRESNELL PRISM PRESS-ON LENS	\$ 28.76
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC,PER LENS	\$ 20.48
V2744	TINT, PHOTOCHROMATIC, PER LENS	\$ 15.93
V2745	TINT, ANY COLOR/SOLID/GRADIENT OR EQUAL,/LENS	\$ 11.31
V2750	ANTI-REFLECTIVE COATING, PER LENS	\$ 21.11
V2755	UV LENS, PER LENS	\$ 16.12
V2760	SCRATCH RESISTANT COATING, PER LENS	\$ 19.96
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	\$ 56.81
V2770	OCCLUDER LENS, PER LENS	\$ 18.96
V2780	OVERSIZE LENS, PER LENS	\$ 12.16
V2782	LENS, INDEX 1.54-1.65 PLASTIC/1.60-1.79 GLASS	\$ 61.37
V2783	LENS, INDEX >= 1.66 PLASTIC / >=1.80 GLASS	\$ 69.17
V2784	LENS POLYCARBONATE OR EQUAL, ANY INDEX, /LENS	\$ 44.99
V2785	CORNEAL TISSUE PROCESSING/PRESERVING/TRANSPRT	\$ -
V2786	SPECIALITY OCCUPATIONAL MULTIFOCAL LENS,/LENS	\$ -
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION	\$ -