

Texas Medicaid Rates Change for Some Vision-Related Services

Information posted September 18, 2009

Effective for dates of service on or after July 1, 2009, Texas Medicaid reimbursement rates for high-powered lenses (post-cataract), prosthetic eyes, and frames have changed. Affected claims will be reprocessed, and payments will be adjusted accordingly. No action on the part of the provider is necessary.

The following table shows the changed, vision-related reimbursement rates that are effective for dates of service on or after July 1, 2009:

Type of Service	Procedure Code	Modifier	Reimbursement Rate
E	V2020		\$30.36
E	V2025		\$30.36
E	V2102	VP	\$27.59
E	V2105	VP	\$22.33
E	V2106	VP	\$22.71
E	V2109	VP	\$23.03
E	V2110	VP	\$22.33
E	V2111	VP	\$25.90
E	V2112	VP	\$33.48
E	V2113	VP	\$36.03
E	V2114	VP	\$40.87
E	V2202	VP	\$31.96
E	V2205	VP	\$30.45
E	V2206	VP	\$30.45
E	V2209	VP	\$30.45
E	V2210	VP	\$33.29
E	V2211	VP	\$33.31
E	V2212	VP	\$34.40
E	V2213	VP	\$36.75
E	V2214	VP	\$37.77
E	V2302	VP	\$91.78
E	V2305	VP	\$80.36
E	V2306	VP	\$96.41
E	V2309	VP	\$84.32
E	V2310	VP	\$77.23
E	V2311	VP	\$96.58
E	V2312	VP	\$91.31

Type of Service	Procedure Code	Modifier	Reimbursement Rate
E	V2313	VP	\$95.37
E	V2314	VP	\$96.94
9	V2623		\$888.60
9	V2624		\$59.29
9	V2625		\$284.79
9	V2626		\$197.50
9	V2627		\$1,075.21
9	V2628		\$279.70

For more information, call the TMHP Contact Center at 1-800-925-9126.