NC Department of Health Benefits (NC Medicaid) Optical Program Fee Schedule
Effective March 1, 2020
Taxonomies: 156FC0800X, 156FC0801X \& 156FX1800X Specialty: 091
The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on the DHB Web site.

|  |  | Medicaid Maximum Allowable |  |  |
| :---: | :---: | :---: | :---: | :---: |
| CODE | DESCRIPTION | FACILITY | NON-FACILITY | $\begin{aligned} & \text { EFFECTIVE } \\ & \text { DATE } \end{aligned}$ |
| 92310 | DISPENSE CONTACT LENS (two contact lenses) 2 CL $=1$ UNIT, $1 \mathrm{CL}=.5$ UNIT | \$156.18 | \$156.18 | 3/1/2020 |
| 92326 | REPLACEMENT OF CONTACT LENS (dispense replacement contact lens) | \$37.94 | \$37.94 | 3/1/2020 |
| 92340 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL (single vision lens - 1) | \$10.42 | \$10.42 | 3/1/2020 |
| 92341 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL (bifocal lens - 1) | \$12.19 | \$12.19 | 3/1/2020 |
| 92342 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL OTHER THAN BIFOCAL (trifocal lens - 1) | \$13.47 | \$13.47 | 3/1/2020 |
| 92353 | FITTING OF SPECTACLES, PROSTHESIS FOR APHAKIA; MULTIFOCAL (cataract lens - 1) | \$13.70 | \$13.70 | 3/1/2020 |
| 92370 | REPAIR AND REFITTING SPECTACLES, EXCEPT FOR APHAKIA (dispense frame) | \$7.51 | \$7.51 | 3/1/2020 |
| V2510 | CONTACT LENS, GAS PERMEABLE, SPH, PER LENS | Attach Invoice | Attach Invoice |  |
| V2520 | CONTACT LENS, HYDROPHILIC, SPH, PER LENS | Attach Invoice | Attach Invoice |  |
| V2599 | CONTACT LENS, OTHER TYPE (use for care kit) | Attach Invoice | Attach Invoice |  |
| V2600 | HANDHELD, LOW VISION AIDS | Attach Invoice | Attach Invoice |  |
| V2610 | SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS | Attach Invoice | Attach Invoice |  |
| V2615 | TELESCOPIC AND OTHER COMPOUND LENS SYSTEMS | Attach Invoice | Attach Invoice |  |
| V2797 | SUPPLY OF LOW VISION AIDS (dispense low vision aids) | \$60.07 | \$60.07 | 3/1/2020 |
| V2799 | VISION SERVICES, MISCELLANEOUS (excpetional frame, lens or special service) shipping charges | Attach Invoice | Attach Invoice |  |

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[^0]:    Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.

