		NC Division of Health Benefits (NC Medicaid)			
		Optometry Services Fee Schedule			
		Effective March 1, 2020			
		Taxonomy: 152W00000X Specialty: 090			
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			Medicaid Maximum Allowable		
				NON-	EFFECTIVE
CODE	MODE	Description	FACILITY	FACILITY	DATE
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	154.74	212.89	3/1/2020
16000		TREATMENT OF BURNS	36.19	50.86	3/1/2020
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	42.60	59.29	3/1/2020
33871		TRANSVRS A-ARCH GRF HYPTHRM	2,851.01	2,851.01	3/1/2020
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE.	761.65	761.65	3/1/2020
37200		TRANSCATHETER BIOPSY	197.59	197.59	3/1/2020
42550		INJECTION FOR SIALOGRAPHY	53.82	112.83	3/1/2020
46942		TREATMENT OF ANAL FISSURE	96.04	140.96	3/1/2020
49013		PRPERTL PEL PACK HEMRRG TRMA	385.34	385.34	3/1/2020
49014		REEXPLORATION PELVIC WOUND	318.43	318.43	3/1/2020
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,	887.36	887.36	3/1/2020
61626		TRANSCATH.OCCULSION/EMBOLIZATION,PERCU; NON-CNS	723.31	723.31	3/1/2020
62328		DX LMBR SPI PNXR W/FLUOR/CT	78.87	221.73	3/1/2020
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	334.88	864.56	3/1/2020
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	1,024.90	1,024.90	3/1/2020
65205		REMOVE FOREIGN BODY FROM EYE	31.90	39.68	3/1/2020
65210		REMOVE FOREIGN BODY FROM EYE	38.45	48.52	3/1/2020
65220		REMOVE FOREIGN BODY FROM EYE	31.43	40.65	3/1/2020
65222		REMOVE FOREIGN BODY FROM EYE	42.11	53.34	3/1/2020
65430		CORNEAL SMEAR	73.62	80.81	3/1/2020
65435		CURETTE/TREAT CORNEA	49.00	55.62	3/1/2020
66820		INCISION OF LENS LESION	269.99	269.99	3/1/2020
66821		DISCISSION SECONDARY CATARACT: LASER	207.40	219.49	3/1/2020
66830		REMOVAL OF LENS LESION	489.62	489.62	3/1/2020
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	740.52	740.52	3/1/2020
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE	510.48	510.48	3/1/2020
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES	530.48	530.48	3/1/2020
66985		INSERT LENS PROSTHESIS	523.80	523.80	3/1/2020
66988		XCAPSL CTRC RMVL W/ECP	530.47	530.47	3/1/2020
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL	924.65	924.65	3/1/2020
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING	1,059.93	1,059.93	3/1/2020
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH REMOVAL OF INTERNAL EIMITING	1,111.56	1,111.56	3/1/2020
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	1,216.88	1,216.88	3/1/2020
67820		REVISE EYELASHES	38.14	36.99	3/1/2020
67938		REMOVE FOREIGN BODY, EYELID	79.47	164.96	3/1/2020
01930		REMOVE FOREIGN BODT, ETELID	19.47	104.90	3/1/2020

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CODE	MODE	Description	FACILITY	FACILITY	DATE
68040	MODE	TREATMENT OF EYELID LESIONS	38.47	45.95	3/1/2020
68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH	81.56	100.84	3/1/2020
68801		DILATION OF LACRIMAL PUNCTUM. WITH OR WITHOUT IRRIGATION	72.31	83.25	3/1/2020
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION: WITH TRANSLUMINAL	171.37	460.96	3/1/2020
74221		X-RAY XM ESOPHAGUS 2CNTRST	91.98	91.98	3/1/2020
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	120.16	120.16	3/1/2020
76510	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	66.97	66.97	3/1/2020
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	53.20	53.20	3/1/2020
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	78.15	78.15	3/1/2020
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	73.36	73.36	3/1/2020
76513		ECHO EXAM OF EYE, WATER BATH	67.24	67.24	3/1/2020
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	10.29	10.29	3/1/2020
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	7.51	7.51	3/1/2020
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	2.78	2.78	3/1/2020
76516		ECHO EXAM OF EYE	53.79	53.79	3/1/2020
76519		OPTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY	57.54	57.54	3/1/2020
76529		ECHO EXAM OF EYE	54.55	54.55	3/1/2020
83861		MICROFLUID ANALYSIS OF TEARS	5.27	5.27	3/1/2020
92002		EYE EXAM & TREATMENT, INITIAL	36.41	55.42	3/1/2020
92004		EYE EXAM & TREATMENT, INITIAL	75.57	104.64	3/1/2020
92012		EYE EXAM & TREATMENT	38.53	58.38	3/1/2020
92014 92015		EYE EXAM & TREATMENT DETERMINATION OF REFRACTIVE STATE	59.17 15.77	85.37 25.84	3/1/2020 3/1/2020
92015		GONIOSCOPY (SEPARATE PROCEDURE)	15.77	19.77	3/1/2020
92020 92025		COMPUTERIZED CORNEAL TOPOGRAPHY. UNILATERAL OR BILATERAL, WITH INTERPRETATION	25.39	25.39	3/1/2020
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION	14.83	14.83	3/1/2020
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION	10.56	10.56	3/1/2020
92060	10	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	44.23	44.23	3/1/2020
92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	29.35	29.35	3/1/2020
92060	TC	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	14.88	14.88	3/1/2020
92071		FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	19.67	22.02	3/1/2020
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTIN	56.47	70.20	3/1/2020
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	38.95	38.95	3/1/2020
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	16.36	16.36	3/1/2020
92081	TC	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	23.80	23.80	3/1/2020
92082		SPECIAL EYE EXAM	51.52	51.52	3/1/2020

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CODE	MODE	Description	FACILITY	FACILITY	DATE
92082	26	SPECIAL EYE EXAM	18.50	18.50	3/1/2020
92082	TC	SPECIAL EYE EXAM	33.02	33.02	3/1/2020
92083		SPECIAL EYE EXAM	58.85	58.85	3/1/2020
92083	26	SPECIAL EYE EXAM	21.23	21.23	3/1/2020
92083	TC	SPECIAL EYE EXAM	37.62	37.62	3/1/2020
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	30.02	30.02	3/1/2020
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	17.51	17.51	3/1/2020
92132	тс	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	12.52	12.52	3/1/2020
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	36.92	36.92	3/1/2020
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	24.40	24.40	3/1/2020
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	12.52	12.52	3/1/2020
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	36.92	36.92	3/1/2020
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	24.40	24.40	3/1/2020
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	12.52	12.52	3/1/2020
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	61.00	61.00	3/1/2020
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	23.33	23.33	3/1/2020
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	37.65	37.65	3/1/2020
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	24.81	24.81	3/1/2020
92228	26	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	14.54	14.54	3/1/2020
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	10.27	10.27	3/1/2020
92250	-	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	61.54	61.54	3/1/2020
92250	26	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	19.22	19.22	3/1/2020
92250	TC	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	42.32	42.32	3/1/2020
92270	_	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	66.50	66.50	3/1/2020
92270	26	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	33.57	33.57	3/1/2020
92270	TC	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	32.93	32.93	3/1/2020
92273		FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	113.60	113.60	3/1/2020
92273	26	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	32.92	32.92	3/1/2020
92273	TC	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	80.68	80.68	3/1/2020
92274		MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER		77.21	3/1/2020
92274	26	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER		29.18	3/1/2020
92274	TC	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER		48.03	3/1/2020
92283		COLOR VISION EXAMINATION	33.33	33.33	3/1/2020
92283	26	COLOR VISION EXAMINATION	7.22	7.22	3/1/2020
92283	TC	COLOR VISION EXAMINATION	26.10	26.10	3/1/2020
92284	10	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	44.71	44.71	3/1/2020
52204		BARKABA TATION EXAMINATION WITHINTEN RELATION AND RELOKT	77.71		0/1/2020

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CODE	MODE	Description	FACILITY	FACILITY	DATE
92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	9.69	9.69	3/1/2020
92284	TC	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	35.04	35.04	3/1/2020
92531	-	SPONTANEOUS NYSTAGMUS TEST	18.02	18.02	3/1/2020
92532		POSITIONAL NYSTAGMUS TEST	18.37	18.37	3/1/2020
92534		OPTOKINETIC NYSTAGMUS TEST	34.61	34.61	3/1/2020
92542		SPECIAL EYE TEST	47.71	47.71	3/1/2020
92551		HEARING TEST	8.25	8.25	3/1/2020
92552		HEARING TEST	16.62	16.62	3/1/2020
92950		HEART-LUNG RESUSCITATION	147.65	221.92	3/1/2020
95060		ALLERGY EYE TESTS	18.23	18.23	3/1/2020
95824		ELECTROENCEPHALOGRAM	49.80	49.80	3/1/2020
95851		RANGE OF MOTION EVALUATION	6.61	13.23	3/1/2020
95851	26	RANGE OF MOTION MEASRMTS & REPORT: @EXTREM, EX HND	4.97	10.66	3/1/2020
95933	_0	ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	51.14	51.14	3/1/2020
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	69.42	69.42	3/1/2020
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	69.42	69.42	3/1/2020
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	69.42	69.42	3/1/2020
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	47.03	47.03	3/1/2020
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	67.35	67.35	3/1/2020
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	67.35	67.35	3/1/2020
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	67.35	67.35	3/1/2020
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	44.44	44.44	3/1/2020
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	27.24	27.24	3/1/2020
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND	27.24	27.24	3/1/2020
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN	27.24	27.24	3/1/2020
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER	18.17	18.17	3/1/2020
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS	9.74	9.74	3/1/2020
99070		SPECIAL SUPPLIES	9.70	9.70	3/1/2020
99082		UNUSUAL TRAVEL	0.85	0.85	3/1/2020
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	21.42	33.12	3/1/2020
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	41.30	57.43	3/1/2020
99202 99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	62.33	83.20	3/1/2020
99203 99204		OV NEW PT, MODERATE-FITTS TIME APPROX 30 MINUTES	104.67	129.02	3/1/2020
99204 99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	136.21	163.10	3/1/2020
99203 99211		OV NEW P1, SEVERE-PHTS TIME APPROX 60 MINOTES OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	7.92	16.78	3/1/2020
99211		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	21.10	33.44	3/1/2020
33212			21.10	55.44	5/1/2020

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CODE MODE Description FACILITY PACILITY 99213 OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN. 41.29 55.83 99214 OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN. 63.88 84.13 99215 OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN. 90.70 113.79 99231 HOSP VISIT, STABLE. PHYS TIME APPROX 25 MINUTES 34.23 34.23 99232 HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES 88.37 88.37 99241 OUTPT. CONSULT, MINOR- PHYS TIME APPROX 30 MIN. 27.52 39.90 99242 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 30 MIN. 80.94 102.81 99243 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 180.52 152.70 99245 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 20 MIN. 180.33 187.68 99251 INITIAL INPT CONSULT. PHYS TIME APPROX 40 MIN. 180.31 186.83 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 40 MIN. 138.63 138.63 99255 INITIA							
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99214 OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN. 63.88 84.13 99215 OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN. 90.70 113.79 99231 HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES 34.23 34.23 99232 HOSP VISIT, MODERATE. PHYS TIME APPROX 35 MINUTES 61.69 61.69 99233 HOSP VISIT, COMPLEX. PHYS TIME APPROX 15 MIN. 27.52 39.90 99242 OUTPT. CONSULT, MIODERATE. PHYS TIME APPROX 40 MIN. 28.07 74.76 99243 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 28.52 72.52 99244 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 28.52 72.72 99244 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 80 MIN. 160.33 187.68 99245 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 80 MIN. 160.33 187.68 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 90 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 10 MIN. 138.63 138.63 99285 <td< td=""><td>3/1/2020</td><td>55.83</td><td></td><td></td><td></td><td></td></td<>	3/1/2020	55.83					
99231 HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES 34.23 34.23 99232 HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES 61.69 61.69 99233 HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES 88.37 88.37 99241 OUTPT. CONSULT, MINOR- PHYS TIME APPROX 30 MIN. 27.52 39.90 99242 OUTPT. CONSULT, MODERATE. PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 128.52 152.70 99245 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 80 MIN. 160.33 187.68 99252 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 40.74 40.74 99252 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 138.63 138.63 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 168.92 168.92 99255 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT. PHYS TIME APPROX 10 MIN. 168.92 168.92 99284	3/1/2020	84.13	63.88			99214	
99231 HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES 34.23 34.23 99232 HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES 61.69 61.69 99233 HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES 88.37 88.37 99241 OUTPT. CONSULT, MINOR- PHYS TIME APPROX 30 MIN. 27.52 39.90 99242 OUTPT. CONSULT, MODERATE. PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 128.52 152.70 99244 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 128.52 152.70 99245 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 128.52 152.70 99251 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 63.14 63.14 99252 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 138.63 138.63 99253 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 138.63 138.63 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT. PHYS TIME APPROX 50 MIN. 168.92 168.92 99281	3/1/2020	113.79	90.70	OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.		99215	
99232 HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES 61.69 61.69 99233 HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES 88.37 88.37 99241 OUTPT. CONSULT, MIOR. PHYS TIME APPROX 30 MIN. 27.52 39.90 99242 OUTPT. CONSULT, MODERATE. PHYS TIME APPROX 30 MIN. 58.07 74.76 99243 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 60 MIN. 180.53 187.68 99245 OUTPT. CONSULT, SEVERE. PHYS TIME APPROX 20 MIN. 160.33 187.68 99251 INITIAL INPT CONSULT. PHYS TIME APPROX 20 MIN. 40.74 40.74 99252 INITIAL INPT CONSULT. PHYS TIME APPROX 55 MIN. 98.85 95.84 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99281	3/1/2020	34.23	34.23			99231	
99233 HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES 88.37 88.37 99241 OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN. 27.52 39.90 99242 OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN. 58.07 74.76 99243 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN. 186.32 152.70 99245 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN. 180.33 187.68 99251 INITAL INPT CONSULT. PHYS TIME APPROX 20 MIN. 40.74 40.74 99252 INITAL INPT CONSULT. PHYS TIME APPROX 40 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 63.14 66.34 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99254 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT. PHYS TIME APPROX 80 MIN. 138.63 138.63 99265	3/1/2020	61.69		•			
99241 OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN. 27.52 39.90 99242 OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN. 58.07 74.76 99243 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN. 128.52 152.70 99245 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN. 40.74 40.74 99251 INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN. 40.74 40.74 99252 INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 138.63 138.63 99254 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 168.92 168.92 99255 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 138.63 138.63 99254 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 168.92 168.92 99254 INITIAL INPT CONSULT PHYS TIME APPROX 10 MIN. 168.92 168.92 99255 INITIAL INPT CONSULT PHYS TIME APPROX 10 MIN. 168.92 168.92 99264	3/1/2020	88.37	88.37	•		99233	
99242 OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN. 58.07 74.76 99243 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN. 128.52 152.70 99245 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN. 160.33 187.68 99251 INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN. 40.74 40.74 99252 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 93.86 93.85 95.84 99254 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 138.63 138.63 138.63 99255 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 168.92 168.92 168.92 99281 ER VISIT, MODR 17.00 17.00 17.00 17.00 99282 ER VISIT, MODERATE SEVERITY 95.96 95.96 95.96 95.96 99284 ER VISIT, MODERATE SEVERITY 95.96 95.96 95.96 95.96 95.96 95.96 95.96	3/1/2020	39.90					
99243 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN. 80.94 102.81 99244 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN. 128.52 152.70 99245 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN. 160.33 187.68 99251 INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN. 40.74 40.74 99252 INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN. 95.85 95.84 99254 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 168.92 168.92 99254 INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN. 168.92 168.92 99284 ER VISIT, MODERATE SEVERITY 33.07 33.07 99285 ER VISIT, HIGH SEVERITY 95.96 95.96 99284 ER VISIT, HIGH SEVERITY 95.96 95.96 99285 ER VISIT, HIGH SEVERITY/LIFE THREATENING 142.66 142.66 99307 SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	3/1/2020	74.76	-				
99244 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN. 128.52 152.70 99245 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN. 160.33 187.68 99251 INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN. 40.74 40.74 99252 INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN. 95.85 95.84 99254 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 168.92 168.92 99281 ER VISIT, MINOR 17.00 17.00 99282 ER VISIT, MODERATE SEVERITY 33.07 33.07 99283 ER VISIT, HIGH SEVERITY 51.25 51.25 99284 ER VISIT, HIGH SEVERITY 55.96 95.96 99285 ER VISIT, HIGH SEVERITY 51.25 51.25 99284 ER VISIT, HIGH SEVERITY 442.66 142.66 99305 SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF 36.45 36.45	3/1/2020	102.81	80.94			99243	
99245 OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN. 160.33 187.68 99251 INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN. 40.74 40.74 99252 INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN. 63.14 63.14 99253 INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN. 95.85 95.84 99254 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 138.63 138.63 99255 INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. 168.92 168.92 99255 INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN. 168.92 168.92 99281 ER VISIT, MINOR 17.00 17.00 99282 ER VISIT, MODERATE SEVERITY 33.07 33.07 99283 ER VISIT, HIGH SEVERITY 95.96 95.96 99284 ER VISIT, HIGH SEVERITY 95.96 95.96 99285 ER VISIT, HIGH SEVERITY 95.96 95.96 99307 SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF 36.45 36.45 99308 SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF 73	3/1/2020	152.70	128.52			99244	
99252INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.63.1463.1499253INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.95.8595.8499254INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.138.63138.6399255INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.168.92168.9299281ER VISIT, MINOR17.0017.0099282ER VISIT, MODERATE SEVERITY33.0733.0799283ER VISIT, MODERATE SEVERITY51.2551.2599284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF70.931109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	187.68	160.33				
99253INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.95.8595.8499254INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.138.63138.6399255INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.168.92168.9299281ER VISIT, MINOR17.0017.0099282ER VISIT, LOW SEVERITY33.0733.0799283ER VISIT, MODERATE SEVERITY51.2551.2599284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF70.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF70.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	40.74				99251	
99254INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.138.63138.6399255INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.168.92168.9299281ER VISIT, MINOR17.0017.0099282ER VISIT, LOW SEVERITY33.0733.0799283ER VISIT, MODERATE SEVERITY51.2551.2599284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	63.14	63.14	INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.		99252	
99254INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.138.63138.6399255INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.168.92168.9299281ER VISIT, MINOR17.0017.0099282ER VISIT, LOW SEVERITY33.0733.0799283ER VISIT, MODERATE SEVERITY51.2551.2599284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	95.84	95.85	INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.		99253	
99281ER VISIT, MINOR17.0017.0099282ER VISIT, LOW SEVERITY33.0733.0799283ER VISIT, MODERATE SEVERITY51.2551.2599284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	138.63	138.63	INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.		99254	
99282ER VISIT, LOW SEVERITY33.0733.0799283ER VISIT, MODERATE SEVERITY51.2551.2599284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	168.92	168.92	INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.		99255	
99282ER VISIT, LOW SEVERITY33.0733.0799283ER VISIT, MODERATE SEVERITY51.2551.2599284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	17.00	17.00	ER VISIT, MINOR		99281	
99284ER VISIT, HIGH SEVERITY95.9695.9699285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	33.07	33.07	ER VISIT, LOW SEVERITY			
99285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	51.25	51.25	ER VISIT, MODERATE SEVERITY		99283	
99285ER VISIT, HIGH SEVERITY/LIFE THREATENING142.66142.6699307SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF36.4536.4599308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	95.96	95.96	ER VISIT, HIGH SEVERITY		99284	
99308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	142.66		ER VISIT, HIGH SEVERITY/LIFE THREATENING		99285	
99308SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF55.7255.7299309SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF73.9273.9299310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	36.45	36.45	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF		99307	
99310SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF109.31109.3199324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	55.72				99308	
99324DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW49.5549.5599325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	73.92	73.92	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF		99309	
99325DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW72.1672.1699326DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW119.32119.32	3/1/2020	109.31	109.31	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF		99310	
99326 DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 119.32 119.32	3/1/2020	49.55	49.55	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW		99324	
	3/1/2020	72.16	72.16	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW		99325	
	3/1/2020	119.32	119.32	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW		99326	
33327 DOWINGLIART OR REST DOWE VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW 155.63 155.63 155.63	3/1/2020	155.63	155.63	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW		99327	
	3/1/2020	183.21	183.21			99328	
99334 DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN 51.07 51.07	3/1/2020	51.07	51.07	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		99334	
99335 DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN 79.11 79.11	3/1/2020	79.11	79.11	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		99335	
99336 DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN 111.39 111.39	3/1/2020	111.39	111.39	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		99336	
99337 DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN 160.05 160.05	3/1/2020	160.05	160.05	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN		99337	
S0620 EYE EXAM & TREATMENT, INITIAL 75.57 104.64	3/1/2020	104.64	75.57	EYE EXAM & TREATMENT, INITIAL		S0620	
\$0621 EYE EXAM & TREATMENT 59.17 85.37	3/1/2020	85.37	59.17	EYE EXAM & TREATMENT		S0621	

	Optometry Services Fee Schedule							
	Effective March 1, 2020							
	Taxonomy: 152W00000X Specialty: 090							
	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					
				NON-	EFFECTIVE			
CODE	MODE	Description	FACILITY	FACILITY	DATE			

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