

Optometry Services Fee Schedule					
Fee Schedule Effective January 1, 2014					
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 DMA Web site.					
				Medicaid Maximum Allowable	
CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NE	\$147.37	\$202.75	1/1/2014
16000		TREATMENT OF BURNS	\$34.46	\$48.44	1/1/2014
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BU	\$40.58	\$56.46	1/1/2014
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE.	\$725.39	\$725.39	1/1/2014
37200		TRANSCATHETER BIOPSY	\$188.18	\$188.18	1/1/2014
37203		TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASC.	\$213.73	\$990.44	1/1/2014
37204		TRANSCATHETER OCCLUSION/EMBOLIZATION, PERCUTANEOUS	\$747.72	\$747.72	1/1/2014
42550		INJECTION FOR SIALOGRAPHY	\$51.25	\$107.46	1/1/2014
46942		TREATMENT OF ANAL FISSURE	\$91.47	\$134.25	1/1/2014
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION	\$845.10	\$845.10	1/1/2014
61626		TRANSCATH. OCCULSION/EMBOLIZATION, PERCU; NON-CNS	\$688.86	\$688.86	1/1/2014
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECT	\$318.94	\$823.39	1/1/2014
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	\$976.09	\$976.09	1/1/2014
65205		REMOVE FOREIGN BODY FROM EYE	\$30.38	\$37.79	1/1/2014
65210		REMOVE FOREIGN BODY FROM EYE	\$36.62	\$46.21	1/1/2014
65220		REMOVE FOREIGN BODY FROM EYE	\$29.93	\$38.71	1/1/2014
65222		REMOVE FOREIGN BODY FROM EYE	\$40.11	\$50.80	1/1/2014
65430		CORNEAL SMEAR	\$70.11	\$76.96	1/1/2014
65435		CURETTE/TREAT CORNEA	\$46.67	\$52.97	1/1/2014
66820		INCISION OF LENS LESION	\$257.14	\$257.14	1/1/2014
66821		DISCISSION SECONDARY CATARACT; LASER	\$197.52	\$209.04	1/1/2014
66830		REMOVAL OF LENS LESION	\$466.31	\$466.31	1/1/2014
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF IN	\$705.26	\$705.26	1/1/2014
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE	\$486.17	\$486.17	1/1/2014
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES	\$505.21	\$505.21	1/1/2014
66985		INSERT LENS PROSTHESIS	\$498.86	\$498.86	1/1/2014
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$880.61	\$880.61	1/1/2014
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$1,009.46	\$1,009.46	1/1/2014
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$1,058.63	\$1,058.63	1/1/2014
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERAT	\$1,158.94	\$1,158.94	1/1/2014
67820		REVISE EYELASHES	\$36.33	\$35.23	1/1/2014
67938		REMOVE FOREIGN BODY, EYELID	\$75.69	\$157.10	1/1/2014
68040		TREATMENT OF EYELID LESIONS	\$36.64	\$43.77	1/1/2014
68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH	\$77.68	\$96.04	1/1/2014
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATI	\$68.87	\$79.29	1/1/2014
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATI	\$163.21	\$439.01	1/1/2014
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$114.44	\$114.44	1/1/2014
76510	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$63.78	\$63.78	1/1/2014
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$50.66	\$50.66	1/1/2014
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SC/	\$74.43	\$74.43	1/1/2014
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WI	\$69.87	\$69.87	1/1/2014
76513		ECHO EXAM OF EYE, WATER BATH	\$64.04	\$64.04	1/1/2014
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$9.80	\$9.80	1/1/2014
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$7.15	\$7.15	1/1/2014
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$2.65	\$2.65	1/1/2014
76516		ECHO EXAM OF EYE	\$51.23	\$51.23	1/1/2014
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY	\$54.80	\$54.80	1/1/2014
76529		ECHO EXAM OF EYE	\$51.95	\$51.95	1/1/2014
92002		EYE EXAM & TREATMENT, INITIAL	\$34.68	\$52.78	1/1/2014
92004		EYE EXAM & TREATMENT, INITIAL	\$71.97	\$99.66	1/1/2014
92012		EYE EXAM & TREATMENT	\$36.70	\$55.60	1/1/2014
92014		EYE EXAM & TREATMENT	\$56.36	\$81.31	1/1/2014
92015		DETERMINATION OF REFRACTIVE STATE	\$15.02	\$24.61	1/1/2014
92020		GONIOSCOPY (SEPARATE PROCEDURE)	\$14.99	\$18.83	1/1/2014
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$24.18	\$24.18	1/1/2014

Optometry Services Fee Schedule					
Fee Schedule Effective January 1, 2014					
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 DMA Web site.					
				Medicaid Maximum Allowable	
CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$14.12	\$14.12	1/1/2014
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$10.06	\$10.06	1/1/2014
92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$42.13	\$42.13	1/1/2014
92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$27.96	\$27.96	1/1/2014
92060	TC	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$14.17	\$14.17	1/1/2014
92070		THERAPEUTIC BANDAGE LENS	\$28.26	\$47.17	1/1/2014
92071		FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURF	\$18.73	\$20.97	1/1/2014
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCOM	\$53.78	\$66.85	1/1/2014
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$37.09	\$37.09	1/1/2014
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$15.58	\$15.58	1/1/2014
92081	TC	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$22.67	\$22.67	1/1/2014
92082		SPECIAL EYE EXAM	\$49.06	\$49.06	1/1/2014
92082	26	SPECIAL EYE EXAM	\$17.62	\$17.62	1/1/2014
92082	TC	SPECIAL EYE EXAM	\$31.45	\$31.45	1/1/2014
92083		SPECIAL EYE EXAM	\$56.05	\$56.05	1/1/2014
92083	26	SPECIAL EYE EXAM	\$20.21	\$20.21	1/1/2014
92083	TC	SPECIAL EYE EXAM	\$35.83	\$35.83	1/1/2014
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$28.59	\$28.59	1/1/2014
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$16.67	\$16.67	1/1/2014
92132	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$11.92	\$11.92	1/1/2014
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$35.16	\$35.16	1/1/2014
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$23.24	\$23.24	1/1/2014
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$11.92	\$11.92	1/1/2014
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$35.16	\$35.16	1/1/2014
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$23.24	\$23.24	1/1/2014
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$11.92	\$11.92	1/1/2014
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$58.09	\$58.09	1/1/2014
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$22.22	\$22.22	1/1/2014
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$35.86	\$35.86	1/1/2014
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$23.63	\$23.63	1/1/2014
92228	26	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$13.85	\$13.85	1/1/2014
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$9.78	\$9.78	1/1/2014
92250		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$58.61	\$58.61	1/1/2014
92250	26	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$18.30	\$18.30	1/1/2014
92250	TC	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$40.30	\$40.30	1/1/2014
92270		ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$63.33	\$63.33	1/1/2014
92270	26	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$31.97	\$31.97	1/1/2014
92270	TC	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$31.36	\$31.36	1/1/2014
92275		ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$94.21	\$94.21	1/1/2014
92275	26	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$41.48	\$41.48	1/1/2014
92275	TC	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$52.74	\$52.74	1/1/2014
92283		COLOR VISION EXAMINATION	\$31.74	\$31.74	1/1/2014
92283	26	COLOR VISION EXAMINATION	\$6.88	\$6.88	1/1/2014
92283	TC	COLOR VISION EXAMINATION	\$24.86	\$24.86	1/1/2014
92284		DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$42.58	\$42.58	1/1/2014
92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$9.22	\$9.22	1/1/2014
92284	TC	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$33.37	\$33.37	1/1/2014
92531		SPONTANEOUS NYSTAGMUS TEST	\$17.16	\$17.16	1/1/2014
92532		POSITIONAL NYSTAGMUS TEST	\$17.50	\$17.50	1/1/2014
92534		OPTOKINETIC NYSTAGMUS TEST	\$32.96	\$32.96	1/1/2014
92542		SPECIAL EYE TEST	\$45.43	\$45.43	1/1/2014
92551		HEARING TEST	\$7.86	\$7.86	1/1/2014
92552		HEARING TEST	\$15.83	\$15.83	1/1/2014
92950		HEART-LUNG RESUSCITATION	\$140.62	\$211.35	1/1/2014
95060		ALLERGY EYE TESTS	\$17.36	\$17.36	1/1/2014

Optometry Services Fee Schedule					
Fee Schedule Effective January 1, 2014					
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 DMA Web site.					
				Medicaid Maximum Allowable	
CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
95824		ELECTROENCEPHALOGRAM	\$47.43	\$47.43	1/1/2014
95851		RANGE OF MOTION EVALUATION	\$6.30	\$12.60	1/1/2014
95851	26	RANGE OF MOTION MEASRMTS & REPORT; @EXTREM, EX HND	\$4.73	\$10.16	1/1/2014
95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	\$48.70	\$48.70	1/1/2014
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN RE	\$25.95	\$25.95	1/1/2014
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCH	\$25.95	\$25.95	1/1/2014
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-H	\$25.95	\$25.95	1/1/2014
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFIC	\$17.30	\$17.30	1/1/2014
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE	\$9.27	\$9.27	1/1/2014
99070		SPECIAL SUPPLIES	\$9.23	\$9.23	1/1/2014
99082		UNUSUAL TRAVEL	\$0.81	\$0.81	1/1/2014
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	\$20.40	\$31.54	1/1/2014
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	\$39.33	\$54.70	1/1/2014
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	\$59.36	\$79.24	1/1/2014
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	\$99.69	\$122.88	1/1/2014
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	\$129.73	\$155.34	1/1/2014
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	\$7.55	\$15.99	1/1/2014
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	\$20.10	\$31.85	1/1/2014
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	\$39.32	\$53.18	1/1/2014
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	\$60.84	\$80.12	1/1/2014
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	\$86.38	\$108.37	1/1/2014
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	\$32.60	\$32.60	1/1/2014
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	\$58.75	\$58.75	1/1/2014
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	\$84.16	\$84.16	1/1/2014
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	\$26.21	\$38.00	1/1/2014
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	\$55.31	\$71.20	1/1/2014
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	\$77.09	\$97.91	1/1/2014
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	\$122.40	\$145.43	1/1/2014
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	\$152.70	\$178.74	1/1/2014
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	\$38.80	\$38.80	1/1/2014
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$60.13	\$60.13	1/1/2014
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	\$91.29	\$91.28	1/1/2014
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	\$132.03	\$132.03	1/1/2014
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	\$160.87	\$160.87	1/1/2014
99281		ER VISIT, MINOR	\$16.19	\$16.19	1/1/2014
99282		ER VISIT, LOW SEVERITY	\$31.50	\$31.50	1/1/2014
99283		ER VISIT, MODERATE SEVERITY	\$48.81	\$48.81	1/1/2014
99284		ER VISIT, HIGH SEVERITY	\$91.39	\$91.39	1/1/2014
99285		ER VISIT, HIGH SEVERITY/LIFE THREATENING	\$135.87	\$135.87	1/1/2014
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$34.72	\$34.72	1/1/2014
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$53.07	\$53.07	1/1/2014
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$70.40	\$70.40	1/1/2014
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$104.10	\$104.10	1/1/2014
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$47.19	\$47.19	1/1/2014
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$68.72	\$68.72	1/1/2014
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$113.64	\$113.64	1/1/2014
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$148.22	\$148.22	1/1/2014
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$174.48	\$174.48	1/1/2014
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$48.64	\$48.64	1/1/2014
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$75.34	\$75.34	1/1/2014
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$106.09	\$106.09	1/1/2014
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$152.43	\$152.43	1/1/2014
S0620		EYE EXAM & TREATMENT,INITIAL	\$71.97	\$99.66	1/1/2014
S0621		EYE EXAM & TREATMENT	\$56.36	\$81.31	1/1/2014

Optometry Services Fee Schedule					
Fee Schedule Effective January 1, 2014					
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 DMA Web site.					
			Medicaid Maximum Allowable		
CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE 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.					