

**Optometry Services Fee Schedule**

**Provider 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 DMA Web site.**

**Medicaid Maximum Allowable**

<b>CODE</b>	<b>MODE</b>	<b>Description</b>	<b>FACILITY</b>	<b>NON-FACILITY</b>	<b>EFFECTIVE DATE</b>
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NE	\$151.93	\$209.02	7/1/2012
16000		TREATMENT OF BURNS	\$35.53	\$49.94	7/1/2012
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BU	\$41.83	\$58.21	7/1/2012
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE.	\$747.82	\$747.82	7/1/2012
37200		TRANSCATHETER BIOPSY	\$194.00	\$194.00	7/1/2012
37203		TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASC.	\$220.34	\$1,021.07	7/1/2012
37204		TRANSCATHETER OCCLUSION/EMBOLIZATION, PERCUTANEOUS	\$770.85	\$770.85	7/1/2012
42550		INJECTION FOR SIALOGRAPHY	\$52.84	\$110.78	7/1/2012
46942		TREATMENT OF ANAL FISSURE	\$94.30	\$138.40	7/1/2012
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION	\$871.24	\$871.24	7/1/2012
61626		TRANSCATH. OCCULSION/EMBOLIZATION, PERCU; NON-CNS	\$710.17	\$710.17	7/1/2012
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECT	\$328.80	\$848.86	7/1/2012
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	\$1,006.28	\$1,006.28	7/1/2012
65205		REMOVE FOREIGN BODY FROM EYE	\$31.32	\$38.96	7/1/2012
65210		REMOVE FOREIGN BODY FROM EYE	\$37.75	\$47.64	7/1/2012
65220		REMOVE FOREIGN BODY FROM EYE	\$30.86	\$39.91	7/1/2012
65222		REMOVE FOREIGN BODY FROM EYE	\$41.35	\$52.37	7/1/2012
65430		CORNEAL SMEAR	\$72.28	\$79.34	7/1/2012
65435		CURETTE/TREAT CORNEA	\$48.11	\$54.61	7/1/2012
66820		INCISION OF LENS LESION	\$265.09	\$265.09	7/1/2012
66821		DISCISSION SECONDARY CATARACT; LASER	\$203.63	\$215.50	7/1/2012
66830		REMOVAL OF LENS LESION	\$480.73	\$480.73	7/1/2012
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF IN	\$727.07	\$727.07	7/1/2012
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE	\$501.21	\$501.21	7/1/2012
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES	\$520.84	\$520.84	7/1/2012
66985		INSERT LENS PROSTHESIS	\$514.29	\$514.29	7/1/2012
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$907.85	\$907.85	7/1/2012
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$1,040.68	\$1,040.68	7/1/2012
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$1,091.37	\$1,091.37	7/1/2012
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERAT	\$1,194.78	\$1,194.78	7/1/2012
67820		REVISE EYELASHES	\$37.45	\$36.32	7/1/2012
67938		REMOVE FOREIGN BODY, EYELID	\$78.03	\$161.96	7/1/2012
68040		TREATMENT OF EYELID LESIONS	\$37.77	\$45.12	7/1/2012
68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH	\$80.08	\$99.01	7/1/2012
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATI	\$71.00	\$81.74	7/1/2012
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGAT	\$168.26	\$452.59	7/1/2012
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$117.98	\$117.98	7/1/2012
76510	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$65.75	\$65.75	7/1/2012
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$52.23	\$52.23	7/1/2012
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SC/	\$76.73	\$76.73	7/1/2012
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WI	\$72.03	\$72.03	7/1/2012
76513		ECHO EXAM OF EYE, WATER BATH	\$66.02	\$66.02	7/1/2012
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$10.10	\$10.10	7/1/2012
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$7.37	\$7.37	7/1/2012
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$2.73	\$2.73	7/1/2012
76516		ECHO EXAM OF EYE	\$52.81	\$52.81	7/1/2012
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY	\$56.49	\$56.49	7/1/2012
76529		ECHO EXAM OF EYE	\$53.56	\$53.56	7/1/2012
92002		EYE EXAM & TREATMENT, INITIAL	\$35.75	\$54.41	7/1/2012
92004		EYE EXAM & TREATMENT, INITIAL	\$74.20	\$102.74	7/1/2012
92012		EYE EXAM & TREATMENT	\$37.83	\$57.32	7/1/2012
92014		EYE EXAM & TREATMENT	\$58.10	\$83.82	7/1/2012
92015		DETERMINATION OF REFRACTIVE STATE	\$15.48	\$25.37	7/1/2012
92020		GONIOSCOPY (SEPARATE PROCEDURE)	\$15.45	\$19.41	7/1/2012

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**Medicaid Maximum Allowable**

<b>CODE</b>	<b>MODE</b>	<b>Description</b>	<b>FACILITY</b>	<b>NON-FACILITY</b>	<b>EFFECTIVE DATE</b>
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$24.93	\$24.93	7/1/2012
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$14.56	\$14.56	7/1/2012
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$10.37	\$10.37	7/1/2012
92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$43.43	\$43.43	7/1/2012
92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$28.82	\$28.82	7/1/2012
92060	TC	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$14.61	\$14.61	7/1/2012
92070		THERAPEUTIC BANDAGE LENS	\$29.13	\$48.63	7/1/2012
92071		FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURF	\$19.31	\$21.62	7/1/2012
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCOM	\$55.44	\$68.92	7/1/2012
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$38.24	\$38.24	7/1/2012
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$16.06	\$16.06	7/1/2012
92081	TC	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$23.37	\$23.37	7/1/2012
92082		SPECIAL EYE EXAM	\$50.58	\$50.58	7/1/2012
92082	26	SPECIAL EYE EXAM	\$18.16	\$18.16	7/1/2012
92082	TC	SPECIAL EYE EXAM	\$32.42	\$32.42	7/1/2012
92083		SPECIAL EYE EXAM	\$57.78	\$57.78	7/1/2012
92083	26	SPECIAL EYE EXAM	\$20.84	\$20.84	7/1/2012
92083	TC	SPECIAL EYE EXAM	\$36.94	\$36.94	7/1/2012
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$29.47	\$29.47	7/1/2012
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$17.19	\$17.19	7/1/2012
92132	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$12.29	\$12.29	7/1/2012
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$36.25	\$36.25	7/1/2012
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$23.96	\$23.96	7/1/2012
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$12.29	\$12.29	7/1/2012
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$36.25	\$36.25	7/1/2012
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$23.96	\$23.96	7/1/2012
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$12.29	\$12.29	7/1/2012
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$59.89	\$59.89	7/1/2012
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$22.91	\$22.91	7/1/2012
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$36.97	\$36.97	7/1/2012
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$24.36	\$24.36	7/1/2012
92228	26	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$14.28	\$14.28	7/1/2012
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$10.08	\$10.08	7/1/2012
92250		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$60.42	\$60.42	7/1/2012
92250	26	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$18.87	\$18.87	7/1/2012
92250	TC	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$41.55	\$41.55	7/1/2012
92270		ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$65.29	\$65.29	7/1/2012
92270	26	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$32.96	\$32.96	7/1/2012
92270	TC	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$32.33	\$32.33	7/1/2012
92275		ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$97.12	\$97.12	7/1/2012
92275	26	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$42.76	\$42.76	7/1/2012
92275	TC	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$54.37	\$54.37	7/1/2012
92283		COLOR VISION EXAMINATION	\$32.72	\$32.72	7/1/2012
92283	26	COLOR VISION EXAMINATION	\$7.09	\$7.09	7/1/2012
92283	TC	COLOR VISION EXAMINATION	\$25.63	\$25.63	7/1/2012
92284		DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$43.90	\$43.90	7/1/2012
92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$9.51	\$9.51	7/1/2012
92284	TC	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$34.40	\$34.40	7/1/2012
92531		SPONTANEOUS NYSTAGMUS TEST	\$17.69	\$17.69	7/1/2012
92532		POSITIONAL NYSTAGMUS TEST	\$18.04	\$18.04	7/1/2012
92534		OPTOKINETIC NYSTAGMUS TEST	\$33.98	\$33.98	7/1/2012
92542		SPECIAL EYE TEST	\$46.84	\$46.84	7/1/2012
92551		HEARING TEST	\$8.10	\$8.10	7/1/2012
92552		HEARING TEST	\$16.32	\$16.32	7/1/2012

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92950		HEART-LUNG RESUSCITATION	\$144.97	\$217.89	7/1/2012
95060		ALLERGY EYE TESTS	\$17.90	\$17.90	7/1/2012
95824		ELECTROENCEPHALOGRAM	\$48.90	\$48.90	7/1/2012
95851		RANGE OF MOTION EVALUATION	\$6.49	\$12.99	7/1/2012
95851	26	RANGE OF MOTION MEASRMTS & REPORT; @EXTREM, EX HND	\$4.88	\$10.47	7/1/2012
95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	\$50.21	\$50.21	7/1/2012
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN RE	\$26.75	\$26.75	7/1/2012
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCH	\$26.75	\$26.75	7/1/2012
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-H	\$26.75	\$26.75	7/1/2012
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFIC	\$17.84	\$17.84	7/1/2012
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE	\$9.56	\$9.56	7/1/2012
99070		SPECIAL SUPPLIES	\$9.52	\$9.52	7/1/2012
99082		UNUSUAL TRAVEL	\$0.83	\$0.83	7/1/2012
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	\$21.03	\$32.52	7/1/2012
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	\$40.55	\$56.39	7/1/2012
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	\$61.20	\$81.69	7/1/2012
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	\$102.77	\$126.68	7/1/2012
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	\$133.74	\$160.14	7/1/2012
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	\$7.78	\$16.48	7/1/2012
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	\$20.72	\$32.83	7/1/2012
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	\$40.54	\$54.82	7/1/2012
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	\$62.72	\$82.60	7/1/2012
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	\$89.05	\$111.72	7/1/2012
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	\$33.61	\$33.61	7/1/2012
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	\$60.57	\$60.57	7/1/2012
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	\$86.76	\$86.76	7/1/2012
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	\$27.02	\$39.18	7/1/2012
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	\$57.02	\$73.40	7/1/2012
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	\$79.47	\$100.94	7/1/2012
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	\$126.19	\$149.93	7/1/2012
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	\$157.42	\$184.27	7/1/2012
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	\$40.00	\$40.00	7/1/2012
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$61.99	\$61.99	7/1/2012
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	\$94.11	\$94.10	7/1/2012
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	\$136.11	\$136.11	7/1/2012
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	\$165.85	\$165.85	7/1/2012
99281		ER VISIT, MINOR	\$16.69	\$16.69	7/1/2012
99282		ER VISIT, LOW SEVERITY	\$32.47	\$32.47	7/1/2012
99283		ER VISIT, MODERATE SEVERITY	\$50.32	\$50.32	7/1/2012
99284		ER VISIT, HIGH SEVERITY	\$94.22	\$94.22	7/1/2012
99285		ER VISIT, HIGH SEVERITY/LIFE THREATENING	\$140.07	\$140.07	7/1/2012
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$35.79	\$35.79	7/1/2012
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$54.71	\$54.71	7/1/2012
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$72.58	\$72.58	7/1/2012
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$107.32	\$107.32	7/1/2012
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$48.65	\$48.65	7/1/2012
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$70.85	\$70.85	7/1/2012
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$117.15	\$117.15	7/1/2012
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$152.80	\$152.80	7/1/2012
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$179.88	\$179.88	7/1/2012
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$50.14	\$50.14	7/1/2012
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$77.67	\$77.67	7/1/2012
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$109.37	\$109.37	7/1/2012
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$157.14	\$157.14	7/1/2012

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CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
S0620		EYE EXAM & TREATMENT,INITIAL	\$74.20	\$102.74	7/1/2012
S0621		EYE EXAM & TREATMENT	\$58.10	\$83.82	7/1/2012

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