

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

CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NE	\$150.94	\$207.66	11/1/2011
16000		TREATMENT OF BURNS	\$35.29	\$49.61	11/1/2011
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BU	\$41.55	\$57.83	11/1/2011
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE.	\$742.93	\$742.93	11/1/2011
37200		TRANSCATHETER BIOPSY	\$192.73	\$192.73	11/1/2011
37203		TRANSCATHETER RETRIEVAL PERCUTANEOUS, INTRAVASC.	\$218.90	\$1,014.40	11/1/2011
37204		TRANSCATHETER OCCLUSION/EMBOLIZATION, PERCUTANEOUS	\$765.81	\$765.81	11/1/2011
42550		INJECTION FOR SIALOGRAPHY	\$52.50	\$110.06	11/1/2011
46942		TREATMENT OF ANAL FISSURE	\$93.68	\$137.49	11/1/2011
59866		MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	\$183.35	\$183.35	11/1/2011
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION	\$865.55	\$865.55	11/1/2011
61626		TRANSCATH. OCCULSION/EMBOLIZATION, PERCU; NON-CNS	\$705.53	\$705.53	11/1/2011
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECT	\$326.65	\$843.31	11/1/2011
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	\$999.71	\$999.71	11/1/2011
65205		REMOVE FOREIGN BODY FROM EYE	\$31.12	\$38.70	11/1/2011
65210		REMOVE FOREIGN BODY FROM EYE	\$37.50	\$47.33	11/1/2011
65220		REMOVE FOREIGN BODY FROM EYE	\$30.66	\$39.64	11/1/2011
65222		REMOVE FOREIGN BODY FROM EYE	\$41.08	\$52.03	11/1/2011
65430		CORNEAL SMEAR	\$71.81	\$78.82	11/1/2011
65435		CURETTE/TREAT CORNEA	\$47.79	\$54.25	11/1/2011
66820		INCISION OF LENS LESION	\$263.36	\$263.36	11/1/2011
66821		DISCISSION SECONDARY CATARACT; LASER	\$202.30	\$214.09	11/1/2011
66830		REMOVAL OF LENS LESION	\$477.59	\$477.59	11/1/2011
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF IN	\$722.32	\$722.32	11/1/2011
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE	\$497.94	\$497.94	11/1/2011
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES	\$517.44	\$517.44	11/1/2011
66985		INSERT LENS PROSTHESIS	\$510.94	\$510.94	11/1/2011
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$901.92	\$901.92	11/1/2011
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$1,033.89	\$1,033.89	11/1/2011
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH RE	\$1,084.24	\$1,084.24	11/1/2011
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERAT	\$1,186.97	\$1,186.97	11/1/2011
67820		REVISE EYELASHES	\$37.20	\$36.08	11/1/2011
67938		REMOVE FOREIGN BODY, EYELID	\$77.52	\$160.91	11/1/2011
68040		TREATMENT OF EYELID LESIONS	\$37.52	\$44.82	11/1/2011
68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH	\$79.55	\$98.36	11/1/2011
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATI	\$70.54	\$81.21	11/1/2011
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATI	\$167.16	\$449.64	11/1/2011
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$117.21	\$117.21	11/1/2011
76510	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$65.32	\$65.32	11/1/2011
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTI	\$51.89	\$51.89	11/1/2011
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SC/	\$76.23	\$76.23	11/1/2011
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WI	\$71.56	\$71.56	11/1/2011
76513		ECHO EXAM OF EYE, WATER BATH	\$65.59	\$65.59	11/1/2011
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$10.04	\$10.04	11/1/2011
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$7.32	\$7.32	11/1/2011
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORN	\$2.72	\$2.72	11/1/2011
76516		ECHO EXAM OF EYE	\$52.47	\$52.47	11/1/2011
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY	\$56.12	\$56.12	11/1/2011
76529		ECHO EXAM OF EYE	\$53.21	\$53.21	11/1/2011
92002		EYE EXAM & TREATMENT, INITIAL	\$35.52	\$54.05	11/1/2011
92004		EYE EXAM & TREATMENT, INITIAL	\$73.71	\$102.07	11/1/2011
92012		EYE EXAM & TREATMENT	\$37.58	\$56.95	11/1/2011
92014		EYE EXAM & TREATMENT	\$57.72	\$83.27	11/1/2011
92015		DETERMINATION OF REFRACTIVE STATE	\$15.38	\$25.21	11/1/2011

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CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
92020		GONIOSCOPY (SEPARATE PROCEDURE)	\$15.35	\$19.29	11/1/2011
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$24.77	\$24.77	11/1/2011
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$14.47	\$14.47	11/1/2011
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILA	\$10.30	\$10.30	11/1/2011
92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$43.15	\$43.15	11/1/2011
92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$28.63	\$28.63	11/1/2011
92060	TC	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENT	\$14.52	\$14.52	11/1/2011
92070		THERAPEUTIC BANDAGE LENS	\$28.94	\$48.31	11/1/2011
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$37.99	\$37.99	11/1/2011
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$15.96	\$15.96	11/1/2011
92081	TC	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH	\$23.22	\$23.22	11/1/2011
92082		SPECIAL EYE EXAM	\$50.25	\$50.25	11/1/2011
92082	26	SPECIAL EYE EXAM	\$18.04	\$18.04	11/1/2011
92082	TC	SPECIAL EYE EXAM	\$32.21	\$32.21	11/1/2011
92083		SPECIAL EYE EXAM	\$57.40	\$57.40	11/1/2011
92083	26	SPECIAL EYE EXAM	\$20.71	\$20.71	11/1/2011
92083	TC	SPECIAL EYE EXAM	\$36.69	\$36.69	11/1/2011
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$29.28	\$29.28	11/1/2011
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$17.08	\$17.08	11/1/2011
92132	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$12.21	\$12.21	11/1/2011
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$36.01	\$36.01	11/1/2011
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$23.80	\$23.80	11/1/2011
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$12.21	\$12.21	11/1/2011
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$36.01	\$36.01	11/1/2011
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$23.80	\$23.80	11/1/2011
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING	\$12.21	\$12.21	11/1/2011
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$59.50	\$59.50	11/1/2011
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$22.76	\$22.76	11/1/2011
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROM	\$36.72	\$36.72	11/1/2011
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$24.20	\$24.20	11/1/2011
92228	26	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$14.19	\$14.19	11/1/2011
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF AC	\$10.02	\$10.02	11/1/2011
92270		ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$64.86	\$64.86	11/1/2011
92270	26	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$32.74	\$32.74	11/1/2011
92270	TC	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	\$32.12	\$32.12	11/1/2011
92275		ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$96.48	\$96.48	11/1/2011
92275	26	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$42.48	\$42.48	11/1/2011
92275	TC	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	\$54.02	\$54.02	11/1/2011
92283		COLOR VISION EXAMINATION	\$32.51	\$32.51	11/1/2011
92283	26	COLOR VISION EXAMINATION	\$7.04	\$7.04	11/1/2011
92283	TC	COLOR VISION EXAMINATION	\$25.46	\$25.46	11/1/2011
92284		DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$43.62	\$43.62	11/1/2011
92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$9.44	\$9.44	11/1/2011
92284	TC	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND I	\$34.17	\$34.17	11/1/2011
92531		SPONTANEOUS NYSTAGMUS TEST	\$17.57	\$17.57	11/1/2011
92532		POSITIONAL NYSTAGMUS TEST	\$17.92	\$17.92	11/1/2011
92534		OPTOKINETIC NYSTAGMUS TEST	\$33.75	\$33.75	11/1/2011
92542		SPECIAL EYE TEST	\$46.54	\$46.54	11/1/2011
92551		HEARING TEST	\$8.05	\$8.05	11/1/2011
92552		HEARING TEST	\$16.21	\$16.21	11/1/2011
92950		HEART-LUNG RESUSCITATION	\$144.02	\$216.47	11/1/2011
95060		ALLERGY EYE TESTS	\$17.79	\$17.79	11/1/2011
95824		ELECTROENCEPHALOGRAM	\$48.58	\$48.58	11/1/2011
95851		RANGE OF MOTION EVALUATION	\$6.45	\$12.91	11/1/2011

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95851	26	RANGE OF MOTION MEASRMTS & REPORT; @EXTREM, EX HND	\$4.85	\$10.40	11/1/2011
95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	\$49.88	\$49.88	11/1/2011
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN RE	\$26.58	\$26.58	11/1/2011
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCH	\$26.58	\$26.58	11/1/2011
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-H	\$26.58	\$26.58	11/1/2011
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFIC	\$17.72	\$17.72	11/1/2011
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE	\$9.50	\$9.50	11/1/2011
99070		SPECIAL SUPPLIES	\$9.45	\$9.45	11/1/2011
99082		UNUSUAL TRAVEL	\$0.83	\$0.83	11/1/2011
99201		OV NEW PT MINOR-PHYS TIME APPROX. 10 MINUTES	\$20.89	\$32.30	11/1/2011
99202		OV NEW PT,MODERATE-PHYS TIME APPROX 20 MINUTES	\$40.29	\$56.02	11/1/2011
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	\$60.80	\$81.16	11/1/2011
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	\$102.10	\$125.86	11/1/2011
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	\$132.87	\$159.10	11/1/2011
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	\$7.73	\$16.38	11/1/2011
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	\$20.58	\$32.62	11/1/2011
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	\$40.28	\$54.46	11/1/2011
99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	\$62.31	\$82.06	11/1/2011
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	\$88.47	\$110.99	11/1/2011
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	\$33.39	\$33.39	11/1/2011
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	\$60.18	\$60.18	11/1/2011
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	\$86.19	\$86.19	11/1/2011
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	\$26.84	\$38.92	11/1/2011
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	\$56.64	\$72.92	11/1/2011
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	\$78.95	\$100.28	11/1/2011
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	\$125.37	\$148.95	11/1/2011
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	\$156.39	\$183.07	11/1/2011
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	\$39.74	\$39.74	11/1/2011
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	\$61.59	\$61.58	11/1/2011
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	\$93.49	\$93.49	11/1/2011
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	\$135.22	\$135.22	11/1/2011
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	\$164.76	\$164.76	11/1/2011
99281		ER VISIT, MINOR	\$16.58	\$16.58	11/1/2011
99282		ER VISIT, LOW SEVERITY	\$32.26	\$32.26	11/1/2011
99283		ER VISIT, MODERATE SEVERITY	\$49.99	\$49.99	11/1/2011
99284		ER VISIT, HIGH SEVERITY	\$93.60	\$93.60	11/1/2011
99285		ER VISIT, HIGH SEVERITY/LIFE THREATENING	\$139.16	\$139.16	11/1/2011
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$35.56	\$35.56	11/1/2011
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$54.36	\$54.36	11/1/2011
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$72.10	\$72.10	11/1/2011
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EV/	\$106.62	\$106.62	11/1/2011
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$48.33	\$48.33	11/1/2011
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$70.39	\$70.39	11/1/2011
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$116.38	\$116.38	11/1/2011
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$151.80	\$151.80	11/1/2011
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$178.70	\$178.70	11/1/2011
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$49.81	\$49.81	11/1/2011
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$77.16	\$77.16	11/1/2011
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$108.65	\$108.65	11/1/2011
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND	\$156.12	\$156.12	11/1/2011
S0620		EYE EXAM & TREATMENT,INITIAL	\$73.71	\$102.07	11/1/2011
S0621		EYE EXAM & TREATMENT	\$57.72	\$83.27	11/1/2011

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins

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