

NC Division of Health Benefits (NC Medicaid)

Optometry Services Fee Schedule

Effective January 1, 2020

**Taxonomy: 152W00000X Specialty: 090**

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CODE	MODE	Description	Medicaid Maximum Allowable		EFFECTIVE DATE
			FACILITY	NON-FACILITY	
11623		EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	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 BURNS, INITIAL OR SUBSEQUENT;	40.58	56.46	1/1/2014
20700		MNL PREP&INSJ DP RX DLVR DEV	70.29	70.29	1/1/2020
20701		RMVL DEEP RX DELIVERY DEVICE	52.51	52.51	1/1/2020
20702		MNL PREP&INSJ IMED RX DEV	116.91	116.91	1/1/2020
20703		RMVL IMED RX DELIVERY DEVICE	83.91	83.91	1/1/2020
20704		MNL PREP&INSJ I-ARTIC RX DEV	121.79	121.79	1/1/2020
20705		RMVL I-ARTIC RX DELIVERY DEV	100.30	100.30	1/1/2020
21601		EXC CHEST WALL TUMOR W/RIBS	976.64	976.64	1/1/2020
21602		EXC CH WAL TUM W/O LYMPHADEC	1,309.70	1,309.70	1/1/2020
21603		EXC CH WAL TUM W/LYMPHADEC	1,449.16	1,449.16	1/1/2020
33016		PERICARDIOCENTESIS W/IMAGING	196.82	196.82	1/1/2020
33017		PRCRD DRG 6YR+ W/O CGEN CAR	204.39	204.39	1/1/2020
33018		PRCRD DRG 0-5YR OR W/ANOMLY	233.69	233.69	1/1/2020
33019		PERQ PRCRD DRG INSJ CATH CT	189.28	189.28	1/1/2020
33858		AS-AORT GRF F/AORTIC DSJ	2,825.00	2,825.00	1/1/2020
33859		AS-AORT GRF F/DS OTH/THN DSJ	2,028.03	2,028.03	1/1/2020
33871		TRANSVRS A-ARCH GRF HYPHTRM	2,715.25	2,715.25	1/1/2020
35702		EXPL N/FLWD SURG UXTR ART	341.24	341.24	1/1/2020
35703		EXPL N/FLWD SURG LXTR ART	346.22	346.22	1/1/2020
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
49013		PRPERTL PEL PACK HEMRRG TRMA	366.99	366.99	1/1/2020
49014		REEXPLORATION PELVIC WOUND	303.27	303.27	1/1/2020
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,	845.10	845.10	1/1/2014
61626		TRANSCATH.OCCLUSION/EMBOLIZATION,PERCU; NON-CNS	688.86	688.86	1/1/2014
62328		DX LMBR SPI PNXR W/FLUOR/CT	75.11	211.17	1/1/2020
62329		THER SPI PNXR CSF FLUOR/CT	93.60	261.34	1/1/2020
64451		NJX AA&STRD NRV NRVTG SI JT	66.72	171.38	1/1/2020
64454		NJX AA&STRD GNCLR NRV BRNCH	68.70	173.08	1/1/2020
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	318.94	823.39	1/1/2014
64624		DSTRJ NULYT AGT GNCLR NRV	122.88	330.51	1/1/2020

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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 INTRAOCULAR LENS PROSTHESIS	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
66988		XCAPSL CTRC RMVL W/ECP	505.21	505.21	1/1/2020
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL	880.61	880.61	1/1/2014
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING	1,009.46	1,009.46	1/1/2014
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL	1,058.63	1,058.63	1/1/2014
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	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 IRRIGATION	68.87	79.29	1/1/2014
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	163.21	439.01	1/1/2014
74221		X-RAY XM ESOPHAGUS 2CNTRST	87.60	87.60	1/1/2020
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	114.44	114.44	1/1/2014
76510	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	63.78	63.78	1/1/2014
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	50.66	50.66	1/1/2014
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	74.43	74.43	1/1/2014
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	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; CORNEAL PACHYMETRY, UNILATERAL	9.80	9.80	1/1/2014
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	7.15	7.15	1/1/2014
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	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

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83861		MICROFLUID ANALYSIS OF TEARS	5.02	5.02	6/1/2018
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 BILATERAL, WITH INTERPRETATION	24.18	24.18	1/1/2014
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION	14.12	14.12	1/1/2014
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION	10.06	10.06	1/1/2014
92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	42.13	42.13	1/1/2014
92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	27.96	27.96	1/1/2014
92060	TC	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	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 SURFACE DISEASE	18.73	20.97	1/1/2014
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTIN	53.78	66.85	1/1/2014
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	37.09	37.09	1/1/2014
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	15.58	15.58	1/1/2014
92081	TC	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	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, ANTERIOR SEGMENT, WITH	28.59	28.59	1/1/2014
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	16.67	16.67	1/1/2014
92132	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	11.92	11.92	1/1/2014
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	35.16	35.16	1/1/2014
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	23.24	23.24	1/1/2014
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	11.92	11.92	1/1/2014
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	35.16	35.16	1/1/2014
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	23.24	23.24	1/1/2014
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	11.92	11.92	1/1/2014
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	58.09	58.09	1/1/2014
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	22.22	22.22	1/1/2014
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	35.86	35.86	1/1/2014
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	23.63	23.63	1/1/2014

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92228	26	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	13.85	13.85	1/1/2014
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	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
92273		FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPI	108.19	108.19	1/1/2019
92273	26	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPI	31.35	31.35	1/1/2019
92273	TC	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPI	76.84	76.84	1/1/2019
92274		MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	73.53	73.53	1/1/2019
92274	26	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	27.79	27.79	1/1/2019
92274	TC	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	45.74	45.74	1/1/2019
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 REPORT	42.58	42.58	1/1/2014
92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	9.22	9.22	1/1/2014
92284	TC	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	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
93985		DUP-SCAN HEMO COMPL BI STD	213.81	213.81	1/1/2020
93986		DUP-SCAN HEMO COMPL UNI STD	123.99	123.99	1/1/2020
95060		ALLERGY EYE TESTS	17.36	17.36	1/1/2014
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
96156		HLTH BHV ASSMT/REASSESSMENT	74.30	81.65	1/1/2020

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96159		HLTH BHV IVNTJ INDIV EA ADDL	17.48	19.46	1/1/2020
97129		THER IVNTJ 1ST 15 MIN	19.74	20.03	1/1/2020
97130		THER IVNTJ EA ADDL 15 MIN	19.14	19.14	1/1/2020
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	66.11	66.11	1/1/2017
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	66.11	66.11	1/1/2017
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	66.11	66.11	1/1/2017
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	44.79	44.79	1/1/2017
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	64.14	64.14	1/1/2017
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	64.14	64.14	1/1/2017
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	64.14	64.14	1/1/2017
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	42.32	42.32	1/1/2017
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	25.95	25.95	1/1/2014
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND	25.95	25.95	1/1/2014
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN	25.95	25.95	1/1/2014
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER	17.30	17.30	1/1/2014
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS	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

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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 EVALUATION AND MANAGEMENT OF	34.72	34.72	1/1/2014
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	53.07	53.07	1/1/2014
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	70.40	70.40	1/1/2014
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	104.10	104.10	1/1/2014
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	47.19	47.19	1/1/2014
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	68.72	68.72	1/1/2014
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	113.64	113.64	1/1/2014
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	148.22	148.22	1/1/2014
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	174.48	174.48	1/1/2014
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	48.64	48.64	1/1/2014
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	75.34	75.34	1/1/2014
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	106.09	106.09	1/1/2014
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	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

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