NC Department of Health Benefits (NC Medicaid)
Optical Program Fee Schedule
Effective August 18, 2021

Taxonomies: 156FC0800X, 156FC0801X, 156FX1800X, 207W00000X, & 152W00000X
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.

| | | Medic | Medicaid Maximum Allowable | | |
|-------|--|----------------|----------------------------|-----------|--|
| | | | | EFFECTIVE | |
| CODE | DESCRIPTION | FACILITY | NON-FACILITY | DATE | |
| 92310 | DISPENSE CONTACT LENS (two contact lenses) 2 CL = 1 UNIT, 1 CL = .5 UNIT | \$156.18 | \$156.18 | 3/1/2020 | |
| 92326 | REPLACEMENT OF CONTACT LENS (dispense replacement contact lens) | \$37.94 | \$37.94 | 3/1/2020 | |
| | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL (single vision lens - 1) | \$10.42 | \$10.42 | 3/1/2020 | |
| 92341 | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL (bifocal lens - 1) | \$12.19 | \$12.19 | 3/1/2020 | |
| | FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL OTHER THAN BIFOCAL (trifocal lens - 1) | \$13.47 | \$13.47 | 3/1/2020 | |
| 92353 | FITTING OF SPECTACLES, PROSTHESIS FOR APHAKIA; MULTIFOCAL (cataract lens - 1) | \$13.70 | \$13.70 | 3/1/2020 | |
| 92370 | REPAIR AND REFITTING SPECTACLES, EXCEPT FOR APHAKIA (dispense frame) | \$7.51 | \$7.51 | 3/1/2020 | |
| V2510 | CONTACT LENS, GAS PERMEABLE, SPH, PER LENS | Attach Invoice | Attach Invoice | | |
| V2520 | CONTACT LENS, HYDROPHILIC, SPH, PER LENS | Attach Invoice | Attach Invoice | | |
| | CONTACT LENS, OTHER TYPE (use for care kit) | Attach Invoice | Attach Invoice | | |
| V2600 | HANDHELD, LOW VISION AIDS | Attach Invoice | Attach Invoice | | |
| V2610 | SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS | Attach Invoice | Attach Invoice | | |
| V2615 | TELESCOPIC AND OTHER COMPOUND LENS SYSTEMS | Attach Invoice | Attach Invoice | | |
| V2797 | SUPPLY OF LOW VISION AIDS (dispense low vision aids) | \$60.07 | \$60.07 | 3/1/2020 | |
| V2799 | VISION SERVICES, MISCELLANEOUS (exceptional frame, lens or special service) shipping charges | Attach Invoice | Attach Invoice | | |

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