

NC Division of Health Benefits (NC Medicaid)

Optometry Services Fee Schedule

Effective January 1, 2019

Taxonomy: 152W00000X 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 DHB Web site.

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
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 (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
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	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 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
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

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68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	163.21	439.01	1/1/2014
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
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 FITTING	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

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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
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 INTERP	108.19	108.19	1/1/2019
92273	26	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	31.35	31.35	1/1/2019
92273	TC	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	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

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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
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
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/VO 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

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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 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

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