

NC Division of Health Benefits (NC Medicaid)

Optometry Services Fee Schedule

Effective January 1, 2022

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.

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|-------|------|---|----------------------------|--------------|----------------|
| | | | FACILITY | NON-FACILITY | |
| 11623 | | EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, | 147.37 | 202.75 | 1/1/2022 |
| 16000 | | TREATMENT OF BURNS | 34.46 | 48.44 | 1/1/2022 |
| 16020 | | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; | 40.58 | 56.46 | 1/1/2022 |
| 33871 | | TRANSVRS A-ARCH GRF HYPTRM | 2,715.25 | 2,715.25 | 1/1/2022 |
| 24361 | | ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE. | 725.39 | 725.39 | 1/1/2022 |
| 37200 | | TRANSCATHETER BIOPSY | 188.18 | 188.18 | 1/1/2022 |
| 42550 | | INJECTION FOR SIALOGRAPHY | 51.25 | 107.46 | 1/1/2022 |
| 46942 | | TREATMENT OF ANAL FISSURE | 91.47 | 134.25 | 1/1/2022 |
| 49013 | | PRPERTL PEL PACK HEMRRG TRMA | 366.99 | 366.99 | 1/1/2022 |
| 49014 | | REEXPLORATION PELVIC WOUND | 303.27 | 303.27 | 1/1/2022 |
| 61624 | | TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, | 845.10 | 845.10 | 1/1/2022 |
| 61626 | | TRANSCATH.OCCLUSION/EMBOIZATION,PERCU; NON-CNS | 688.86 | 688.86 | 1/1/2022 |
| 62328 | | DX LMBR SPI PNXR W/FLUOR/CT | 75.11 | 211.17 | 1/1/2022 |
| 64561 | | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE | 318.94 | 823.39 | 1/1/2022 |
| 64886 | | NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM. | 976.09 | 976.09 | 1/1/2022 |
| 65205 | | REMOVE FOREIGN BODY FROM EYE | 30.38 | 37.79 | 1/1/2022 |
| 65210 | | REMOVE FOREIGN BODY FROM EYE | 36.62 | 46.21 | 1/1/2022 |
| 65220 | | REMOVE FOREIGN BODY FROM EYE | 29.93 | 38.71 | 1/1/2022 |
| 65222 | | REMOVE FOREIGN BODY FROM EYE | 40.11 | 50.80 | 1/1/2022 |
| 65430 | | CORNEAL SMEAR | 70.11 | 76.96 | 1/1/2022 |
| 65435 | | CURETTE/TREAT CORNEA | 46.67 | 52.97 | 1/1/2022 |
| 66820 | | INCISION OF LENS LESION | 257.14 | 257.14 | 1/1/2022 |
| 66821 | | DISCISSION SECONDARY CATARACT; LASER | 197.52 | 209.04 | 1/1/2022 |
| 66830 | | REMOVAL OF LENS LESION | 466.31 | 466.31 | 1/1/2022 |
| 66982 | | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS | 705.26 | 705.26 | 1/1/2022 |
| 66983 | | INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE | 486.17 | 486.17 | 1/1/2022 |
| 66984 | | EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES | 505.21 | 505.21 | 1/1/2022 |
| 66985 | | INSERT LENS PROSTHESIS | 498.86 | 498.86 | 1/1/2022 |
| 66988 | | XCAPSL CTRC RMVL W/ECP | 505.21 | 505.21 | 1/1/2022 |
| 67041 | | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL | 880.61 | 880.61 | 1/1/2022 |
| 67042 | | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING | 1,009.46 | 1,009.46 | 1/1/2022 |
| 67043 | | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL | 1,058.63 | 1,058.63 | 1/1/2022 |
| 67113 | | REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, | 1,158.94 | 1,158.94 | 1/1/2022 |
| 67820 | | REVISE EYELASHES | 36.33 | 35.23 | 1/1/2022 |
| 67938 | | REMOVE FOREIGN BODY, EYELID | 75.69 | 157.10 | 1/1/2022 |

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| 68040 | | TREATMENT OF EYELID LESIONS | 36.64 | 43.77 | 1/1/2022 |
| 68761 | | CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH | 77.68 | 96.04 | 1/1/2022 |
| 68801 | | DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION | 68.87 | 79.29 | 1/1/2022 |
| 68816 | | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL | 163.21 | 439.01 | 1/1/2022 |
| 74221 | | X-RAY XM ESOPHAGUS 2CNTRST | 87.60 | 87.60 | 1/1/2022 |
| 76510 | | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED | 114.44 | 114.44 | 1/1/2022 |
| 76510 | 26 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED | 63.78 | 63.78 | 1/1/2022 |
| 76510 | TC | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED | 50.66 | 50.66 | 1/1/2022 |
| 76511 | | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY | 74.43 | 74.43 | 1/1/2022 |
| 76512 | | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED | 69.87 | 69.87 | 1/1/2022 |
| 76513 | | ECHO EXAM OF EYE, WATER BATH | 64.04 | 64.04 | 1/1/2022 |
| 76514 | | OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL | 9.80 | 9.80 | 1/1/2022 |
| 76514 | 26 | OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL | 7.15 | 7.15 | 1/1/2022 |
| 76514 | TC | OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL | 2.65 | 2.65 | 1/1/2022 |
| 76516 | | ECHO EXAM OF EYE | 51.23 | 51.23 | 1/1/2022 |
| 76519 | | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY | 54.80 | 54.80 | 1/1/2022 |
| 76529 | | ECHO EXAM OF EYE | 51.95 | 51.95 | 1/1/2022 |
| 83861 | | MICROFLUID ANALYSIS OF TEARS | 20.21 | 20.21 | 1/1/2022 |
| 92002 | | EYE EXAM & TREATMENT,INITIAL | 34.68 | 52.78 | 1/1/2022 |
| 92004 | | EYE EXAM & TREATMENT,INITIAL | 71.97 | 99.66 | 1/1/2022 |
| 92012 | | EYE EXAM & TREATMENT | 36.70 | 55.60 | 1/1/2022 |
| 92014 | | EYE EXAM & TREATMENT | 56.36 | 81.31 | 1/1/2022 |
| 92015 | | DETERMINATION OF REFRACTIVE STATE | 15.02 | 24.61 | 1/1/2022 |
| 92020 | | GONIOSCOPY (SEPARATE PROCEDURE) | 14.99 | 18.83 | 1/1/2022 |
| 92025 | | COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION | 24.18 | 24.18 | 1/1/2022 |
| 92025 | 26 | COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION | 14.12 | 14.12 | 1/1/2022 |
| 92025 | TC | COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION | 10.06 | 10.06 | 1/1/2022 |
| 92060 | | SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, | 42.13 | 42.13 | 1/1/2022 |
| 92060 | 26 | SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, | 27.96 | 27.96 | 1/1/2022 |
| 92060 | TC | SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, | 14.17 | 14.17 | 1/1/2022 |
| 92071 | | FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE | 18.73 | 20.97 | 1/1/2022 |
| 92072 | | FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTIN | 53.78 | 66.85 | 1/1/2022 |
| 92081 | | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND | 37.09 | 37.09 | 1/1/2022 |
| 92081 | 26 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND | 15.58 | 15.58 | 1/1/2022 |
| 92081 | TC | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND | 22.67 | 22.67 | 1/1/2022 |
| 92082 | | SPECIAL EYE EXAM | 49.06 | 49.06 | 1/1/2022 |

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| 92082 | 26 | SPECIAL EYE EXAM | 17.62 | 17.62 | 1/1/2022 |
| 92082 | TC | SPECIAL EYE EXAM | 31.45 | 31.45 | 1/1/2022 |
| 92083 | | SPECIAL EYE EXAM | 56.05 | 56.05 | 1/1/2022 |
| 92083 | 26 | SPECIAL EYE EXAM | 20.21 | 20.21 | 1/1/2022 |
| 92083 | TC | SPECIAL EYE EXAM | 35.83 | 35.83 | 1/1/2022 |
| 92132 | | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH | 28.59 | 28.59 | 1/1/2022 |
| 92132 | 26 | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH | 16.67 | 16.67 | 1/1/2022 |
| 92132 | TC | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH | 11.92 | 11.92 | 1/1/2022 |
| 92133 | | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH | 35.16 | 35.16 | 1/1/2022 |
| 92133 | 26 | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH | 23.24 | 23.24 | 1/1/2022 |
| 92133 | TC | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH | 11.92 | 11.92 | 1/1/2022 |
| 92134 | | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH | 35.16 | 35.16 | 1/1/2022 |
| 92134 | 26 | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH | 23.24 | 23.24 | 1/1/2022 |
| 92134 | TC | SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH | 11.92 | 11.92 | 1/1/2022 |
| 92136 | | OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS | 58.09 | 58.09 | 1/1/2022 |
| 92136 | 26 | OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS | 22.22 | 22.22 | 1/1/2022 |
| 92136 | TC | OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS | 35.86 | 35.86 | 1/1/2022 |
| 92228 | | REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, | 23.63 | 23.63 | 1/1/2022 |
| 92228 | 26 | REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, | 13.85 | 13.85 | 1/1/2022 |
| 92228 | TC | REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, | 9.78 | 9.78 | 1/1/2022 |
| 92250 | | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT | 58.61 | 58.61 | 1/1/2022 |
| 92250 | 26 | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT | 18.30 | 18.30 | 1/1/2022 |
| 92250 | TC | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT | 40.30 | 40.30 | 1/1/2022 |
| 92270 | | ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT | 63.33 | 63.33 | 1/1/2022 |
| 92270 | 26 | ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT | 31.97 | 31.97 | 1/1/2022 |
| 92270 | TC | ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT | 31.36 | 31.36 | 1/1/2022 |
| 92273 | | FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP | 108.19 | 108.19 | 1/1/2022 |
| 92273 | 26 | FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP | 31.35 | 31.35 | 1/1/2022 |
| 92273 | TC | FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP | 76.84 | 76.84 | 1/1/2022 |
| 92274 | | MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER | 73.53 | 73.53 | 1/1/2022 |
| 92274 | 26 | MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER | 27.79 | 27.79 | 1/1/2022 |
| 92274 | TC | MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER | 45.74 | 45.74 | 1/1/2022 |
| 92283 | | COLOR VISION EXAMINATION | 31.74 | 31.74 | 1/1/2022 |
| 92283 | 26 | COLOR VISION EXAMINATION | 6.88 | 6.88 | 1/1/2022 |
| 92283 | TC | COLOR VISION EXAMINATION | 24.86 | 24.86 | 1/1/2022 |
| 92284 | | DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT | 42.58 | 42.58 | 1/1/2022 |

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| 92284 | 26 | DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT | 9.22 | 9.22 | 1/1/2022 |
| 92284 | TC | DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT | 33.37 | 33.37 | 1/1/2022 |
| 92531 | | SPONTANEOUS NYSTAGMUS TEST | 17.16 | 17.16 | 1/1/2022 |
| 92532 | | POSITIONAL NYSTAGMUS TEST | 17.50 | 17.50 | 1/1/2022 |
| 92534 | | OPTOKINETIC NYSTAGMUS TEST | 32.96 | 32.96 | 1/1/2022 |
| 92542 | | SPECIAL EYE TEST | 45.43 | 45.43 | 1/1/2022 |
| 92551 | | HEARING TEST | 7.86 | 7.86 | 1/1/2022 |
| 92552 | | HEARING TEST | 15.83 | 15.83 | 1/1/2022 |
| 92950 | | HEART-LUNG RESUSCITATION | 140.62 | 211.35 | 1/1/2022 |
| 95060 | | ALLERGY EYE TESTS | 17.36 | 17.36 | 1/1/2022 |
| 95824 | | ELECTROENCEPHALOGRAM | 47.43 | 47.43 | 1/1/2022 |
| 95851 | | RANGE OF MOTION EVALUATION | 6.30 | 12.60 | 1/1/2022 |
| 95851 | 26 | RANGE OF MOTION MEASRMTS & REPORT; @EXTREM, EX HND | 4.73 | 10.16 | 1/1/2022 |
| 95933 | | ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES | 48.70 | 48.70 | 1/1/2022 |
| 97161 | | EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES | 66.11 | 66.11 | 1/1/2022 |
| 97162 | | EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES | 66.11 | 66.11 | 1/1/2022 |
| 97163 | | EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES | 66.11 | 66.11 | 1/1/2022 |
| 97164 | | RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES | 44.79 | 44.79 | 1/1/2022 |
| 97165 | | EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES | 64.14 | 64.14 | 1/1/2022 |
| 97166 | | EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES | 64.14 | 64.14 | 1/1/2022 |
| 97167 | | EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES | 64.14 | 64.14 | 1/1/2022 |
| 97168 | | RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS | 42.32 | 42.32 | 1/1/2022 |
| 99050 | | SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE | 25.95 | 25.95 | 1/1/2022 |
| 99051 | | SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND | 25.95 | 25.95 | 1/1/2022 |
| 99053 | | SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN | 25.95 | 25.95 | 1/1/2022 |
| 99058 | | SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER | 17.30 | 17.30 | 1/1/2022 |
| 99060 | | SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS | 9.27 | 9.27 | 1/1/2022 |
| 99070 | | SPECIAL SUPPLIES | 9.23 | 9.23 | 1/1/2022 |
| 99082 | | UNUSUAL TRAVEL | 0.81 | 0.81 | 1/1/2022 |
| 99202 | | OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES | 39.33 | 54.70 | 1/1/2022 |
| 99203 | | OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES | 59.36 | 79.24 | 1/1/2022 |
| 99204 | | OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES | 99.69 | 122.88 | 1/1/2022 |
| 99205 | | OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES | 129.73 | 155.34 | 1/1/2022 |
| 99211 | | OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN | 7.55 | 15.99 | 1/1/2022 |
| 99212 | | OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN. | 20.10 | 31.85 | 1/1/2022 |
| 99213 | | OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN. | 39.32 | 53.18 | 1/1/2022 |

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| 99214 | | OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN. | 60.84 | 80.12 | 1/1/2022 |
| 99215 | | OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN. | 86.38 | 108.37 | 1/1/2022 |
| 99231 | | HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES | 32.60 | 32.60 | 1/1/2022 |
| 99232 | | HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES | 58.75 | 58.75 | 1/1/2022 |
| 99233 | | HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES | 84.16 | 84.16 | 1/1/2022 |
| 99241 | | OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN. | 26.21 | 38.00 | 1/1/2022 |
| 99242 | | OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN. | 55.31 | 71.20 | 1/1/2022 |
| 99243 | | OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN. | 77.09 | 97.91 | 1/1/2022 |
| 99244 | | OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN. | 122.40 | 145.43 | 1/1/2022 |
| 99245 | | OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN. | 152.70 | 178.74 | 1/1/2022 |
| 99251 | | INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN. | 38.80 | 38.80 | 1/1/2022 |
| 99252 | | INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN. | 60.13 | 60.13 | 1/1/2022 |
| 99253 | | INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN. | 91.29 | 91.28 | 1/1/2022 |
| 99254 | | INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN. | 132.03 | 132.03 | 1/1/2022 |
| 99255 | | INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN. | 160.87 | 160.87 | 1/1/2022 |
| 99281 | | ER VISIT, MINOR | 16.19 | 16.19 | 1/1/2022 |
| 99282 | | ER VISIT, LOW SEVERITY | 31.50 | 31.50 | 1/1/2022 |
| 99283 | | ER VISIT, MODERATE SEVERITY | 48.81 | 48.81 | 1/1/2022 |
| 99284 | | ER VISIT, HIGH SEVERITY | 91.39 | 91.39 | 1/1/2022 |
| 99285 | | ER VISIT, HIGH SEVERITY/LIFE THREATENING | 135.87 | 135.87 | 1/1/2022 |
| 99307 | | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF | 34.72 | 34.72 | 1/1/2022 |
| 99308 | | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF | 53.07 | 53.07 | 1/1/2022 |
| 99309 | | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF | 70.40 | 70.40 | 1/1/2022 |
| 99310 | | SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF | 104.10 | 104.10 | 1/1/2022 |
| 99324 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 47.19 | 47.19 | 1/1/2022 |
| 99325 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 68.72 | 68.72 | 1/1/2022 |
| 99326 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 113.64 | 113.64 | 1/1/2022 |
| 99327 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 148.22 | 148.22 | 1/1/2022 |
| 99328 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW | 174.48 | 174.48 | 1/1/2022 |
| 99334 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | 48.64 | 48.64 | 1/1/2022 |
| 99335 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | 75.34 | 75.34 | 1/1/2022 |
| 99336 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | 106.09 | 106.09 | 1/1/2022 |
| 99337 | | DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN | 152.43 | 152.43 | 1/1/2022 |
| S0620 | | EYE EXAM & TREATMENT,INITIAL | 71.97 | 99.66 | 1/1/2022 |
| S0621 | | EYE EXAM & TREATMENT | 56.36 | 81.31 | 1/1/2022 |

Optometry Services Fee Schedule

Effective January 1, 2022

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.

| | | | | | |
|--|--|--|-----------------------------------|--|--|
| | | | Medicaid Maximum Allowable | | |
|--|--|--|-----------------------------------|--|--|

| CODE | MODE | Description | FACILITY | NON-FACILITY | EFFECTIVE DATE |
|------|------|-------------|----------|--------------|----------------|
|------|------|-------------|----------|--------------|----------------|

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