

NC Division of Health Benefits (NC Medicaid)

Optometry Services Fee Schedule

Effective November 5, 2021

**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,	154.74	212.89	3/1/2020
16000		TREATMENT OF BURNS	36.19	50.86	3/1/2020
16020		DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	42.60	59.29	3/1/2020
33871		TRANSVRS A-ARCH GRF HYPTRM	2,851.01	2,851.01	3/1/2020
24361		ARTHROPLASTY, ELBOW W/ HUMERAL PROSTHETIC REPLACE.	761.65	761.65	3/1/2020
37200		TRANSCATHETER BIOPSY	197.59	197.59	3/1/2020
42550		INJECTION FOR SIALOGRAPHY	53.82	112.83	3/1/2020
46942		TREATMENT OF ANAL FISSURE	96.04	140.96	3/1/2020
49013		PRPERTL PEL PACK HEMRRG TRMA	385.34	385.34	3/1/2020
49014		REEXPLORATION PELVIC WOUND	318.43	318.43	3/1/2020
61624		TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION,	887.36	887.36	3/1/2020
61626		TRANSCATH.OCCLUSION/EMBOIZATION,PERCU; NON-CNS	723.31	723.31	3/1/2020
62328		DX LMBR SPI PNXR W/FLUOR/CT	78.87	221.73	3/1/2020
64561		PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	334.88	864.56	3/1/2020
64886		NERVE GRAFT, HEAD/NECK; MORE THAN 4 CM.	1,024.90	1,024.90	3/1/2020
65205		REMOVE FOREIGN BODY FROM EYE	31.90	39.68	3/1/2020
65210		REMOVE FOREIGN BODY FROM EYE	38.45	48.52	3/1/2020
65220		REMOVE FOREIGN BODY FROM EYE	31.43	40.65	3/1/2020
65222		REMOVE FOREIGN BODY FROM EYE	42.11	53.34	3/1/2020
65430		CORNEAL SMEAR	73.62	80.81	3/1/2020
65435		CURETTE/TREAT CORNEA	49.00	55.62	3/1/2020
66820		INCISION OF LENS LESION	269.99	269.99	3/1/2020
66821		DISCISSION SECONDARY CATARACT; LASER	207.40	219.49	3/1/2020
66830		REMOVAL OF LENS LESION	489.62	489.62	3/1/2020
66982		EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	740.52	740.52	3/1/2020
66983		INTRACAPSULAR EXTRACTION WITH INSERTION OF PROSTHE	510.48	510.48	3/1/2020
66984		EXTRACAPSULAR CATARACT REMOVAL WITH LENS PROSTHES	530.48	530.48	3/1/2020
66985		INSERT LENS PROSTHESIS	523.80	523.80	3/1/2020
66988		XCAPSL CTRC RMVL W/ECP	530.47	530.47	3/1/2020
67041		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL	924.65	924.65	3/1/2020
67042		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING	1,059.93	1,059.93	3/1/2020
67043		VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL	1,111.56	1,111.56	3/1/2020
67113		REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	1,216.88	1,216.88	3/1/2020
67820		REVISE EYELASHES	38.14	36.99	3/1/2020
67938		REMOVE FOREIGN BODY, EYELID	79.47	164.96	3/1/2020

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68040		TREATMENT OF EYELID LESIONS	38.47	45.95	3/1/2020
68761		CLOSURE OF LACRIMAL PUNCTUM; BY PLUG, EACH	81.56	100.84	3/1/2020
68801		DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	72.31	83.25	3/1/2020
68816		PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	171.37	460.96	3/1/2020
74221		X-RAY XM ESOPHAGUS 2CNTRST	91.98	91.98	3/1/2020
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	120.16	120.16	3/1/2020
76510	26	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	66.97	66.97	3/1/2020
76510	TC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	53.20	53.20	3/1/2020
76511		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	78.15	78.15	3/1/2020
76512		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	73.36	73.36	3/1/2020
76513		ECHO EXAM OF EYE, WATER BATH	67.24	67.24	3/1/2020
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	10.29	10.29	3/1/2020
76514	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	7.51	7.51	3/1/2020
76514	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL	2.78	2.78	3/1/2020
76516		ECHO EXAM OF EYE	53.79	53.79	3/1/2020
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY	57.54	57.54	3/1/2020
76529		ECHO EXAM OF EYE	54.55	54.55	3/1/2020
83861		MICROFLUID ANALYSIS OF TEARS	21.22	21.22	3/1/2020
92002		EYE EXAM & TREATMENT,INITIAL	36.41	55.42	3/1/2020
92004		EYE EXAM & TREATMENT,INITIAL	75.57	104.64	3/1/2020
92012		EYE EXAM & TREATMENT	38.53	58.38	3/1/2020
92014		EYE EXAM & TREATMENT	59.17	85.37	3/1/2020
92015		DETERMINATION OF REFRACTIVE STATE	15.77	25.84	3/1/2020
92020		GONIOSCOPY (SEPARATE PROCEDURE)	15.74	19.77	3/1/2020
92025		COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION	25.39	25.39	3/1/2020
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION	14.83	14.83	3/1/2020
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION	10.56	10.56	3/1/2020
92060		SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	44.23	44.23	3/1/2020
92060	26	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	29.35	29.35	3/1/2020
92060	TC	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG,	14.88	14.88	3/1/2020
92071		FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	19.67	22.02	3/1/2020
92072		FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTIN	56.47	70.20	3/1/2020
92081		VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	38.95	38.95	3/1/2020
92081	26	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	16.36	16.36	3/1/2020
92081	TC	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	23.80	23.80	3/1/2020
92082		SPECIAL EYE EXAM	51.52	51.52	3/1/2020

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92082	26	SPECIAL EYE EXAM	18.50	18.50	3/1/2020
92082	TC	SPECIAL EYE EXAM	33.02	33.02	3/1/2020
92083		SPECIAL EYE EXAM	58.85	58.85	3/1/2020
92083	26	SPECIAL EYE EXAM	21.23	21.23	3/1/2020
92083	TC	SPECIAL EYE EXAM	37.62	37.62	3/1/2020
92132		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	30.02	30.02	3/1/2020
92132	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	17.51	17.51	3/1/2020
92132	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH	12.52	12.52	3/1/2020
92133		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	36.92	36.92	3/1/2020
92133	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	24.40	24.40	3/1/2020
92133	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	12.52	12.52	3/1/2020
92134		SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	36.92	36.92	3/1/2020
92134	26	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	24.40	24.40	3/1/2020
92134	TC	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH	12.52	12.52	3/1/2020
92136		OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	61.00	61.00	3/1/2020
92136	26	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	23.33	23.33	3/1/2020
92136	TC	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS	37.65	37.65	3/1/2020
92228		REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	24.81	24.81	3/1/2020
92228	26	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	14.54	14.54	3/1/2020
92228	TC	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG,	10.27	10.27	3/1/2020
92250		FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	61.54	61.54	3/1/2020
92250	26	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	19.22	19.22	3/1/2020
92250	TC	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	42.32	42.32	3/1/2020
92270		ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	66.50	66.50	3/1/2020
92270	26	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	33.57	33.57	3/1/2020
92270	TC	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	32.93	32.93	3/1/2020
92273		FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	113.60	113.60	3/1/2020
92273	26	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	32.92	32.92	3/1/2020
92273	TC	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERP	80.68	80.68	3/1/2020
92274		MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	77.21	77.21	3/1/2020
92274	26	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	29.18	29.18	3/1/2020
92274	TC	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTER	48.03	48.03	3/1/2020
92283		COLOR VISION EXAMINATION	33.33	33.33	3/1/2020
92283	26	COLOR VISION EXAMINATION	7.22	7.22	3/1/2020
92283	TC	COLOR VISION EXAMINATION	26.10	26.10	3/1/2020
92284		DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	44.71	44.71	3/1/2020

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92284	26	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	9.69	9.69	3/1/2020
92284	TC	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	35.04	35.04	3/1/2020
92531		SPONTANEOUS NYSTAGMUS TEST	18.02	18.02	3/1/2020
92532		POSITIONAL NYSTAGMUS TEST	18.37	18.37	3/1/2020
92534		OPTOKINETIC NYSTAGMUS TEST	34.61	34.61	3/1/2020
92542		SPECIAL EYE TEST	47.71	47.71	3/1/2020
92551		HEARING TEST	8.25	8.25	3/1/2020
92552		HEARING TEST	16.62	16.62	3/1/2020
92950		HEART-LUNG RESUSCITATION	147.65	221.92	3/1/2020
95060		ALLERGY EYE TESTS	18.23	18.23	3/1/2020
95824		ELECTROENCEPHALOGRAM	49.80	49.80	3/1/2020
95851		RANGE OF MOTION EVALUATION	6.61	13.23	3/1/2020
95851	26	RANGE OF MOTION MEASRMTS & REPORT; @EXTREM, EX HND	4.97	10.66	3/1/2020
95933		ORBISULARIS OCCULI REFLEX BY ELECTRODIAGNOSTIC TES	51.14	51.14	3/1/2020
97161		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	69.42	69.42	3/1/2020
97162		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	69.42	69.42	3/1/2020
97163		EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	69.42	69.42	3/1/2020
97164		RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	47.03	47.03	3/1/2020
97165		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	67.35	67.35	3/1/2020
97166		EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	67.35	67.35	3/1/2020
97167		EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	67.35	67.35	3/1/2020
97168		RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	44.44	44.44	3/1/2020
99050		SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE	27.24	27.24	3/1/2020
99051		SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND	27.24	27.24	3/1/2020
99053		SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN	27.24	27.24	3/1/2020
99058		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER	18.17	18.17	3/1/2020
99060		SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS	9.74	9.74	3/1/2020
99070		SPECIAL SUPPLIES	9.70	9.70	3/1/2020
99082		UNUSUAL TRAVEL	0.85	0.85	3/1/2020
99202		OV NEW PT, MODERATE-PHYS TIME APPROX 20 MINUTES	41.30	57.43	3/1/2020
99203		OV NEW PT, MODERATE-PHYS TIME APPROX 30 MINUTES	62.33	83.20	3/1/2020
99204		OV NEW PT, COMPLEX-PHYS TIME APPROX 45 MINUTES	104.67	129.02	3/1/2020
99205		OV NEW PT, SEVERE-PHYS TIME APPROX 60 MINUTES	136.21	163.10	3/1/2020
99211		OV ESTAB PT, MINIMAL W/WO PHYS, TIME APPROX 5 MIN	7.92	16.78	3/1/2020
99212		OV ESTABLISHED PT, MINOR-PHYS TIME APPROX 10 MIN.	21.10	33.44	3/1/2020
99213		OV ESTAB. PT, MODERATE. PHYS TIME APPROX 15 MIN.	41.29	55.83	3/1/2020

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99214		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 25 MIN.	63.88	84.13	3/1/2020
99215		OV ESTAB. PT, SEVERE. PHYS TIME APPROX 40 MIN.	90.70	113.79	3/1/2020
99231		HOSP VISIT, STABLE. PHYS TIME APPROX 15 MINUTES	34.23	34.23	3/1/2020
99232		HOSP VISIT, MODERATE. PHYS TIME APPROX 25 MINUTES	61.69	61.69	3/1/2020
99233		HOSP VISIT, COMPLEX. PHYS TIME APPROX 35 MINUTES	88.37	88.37	3/1/2020
99241		OUTPT. CONSULT, MINOR- PHYS TIME APPROX 15 MIN.	27.52	39.90	3/1/2020
99242		OUTPT. CONSULT, MODERATE- PHYS TIME APPROX 30 MIN.	58.07	74.76	3/1/2020
99243		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 40 MIN.	80.94	102.81	3/1/2020
99244		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 60 MIN.	128.52	152.70	3/1/2020
99245		OUTPT. CONSULT, SEVERE- PHYS TIME APPROX 80 MIN.	160.33	187.68	3/1/2020
99251		INITIAL INPT CONSULT- PHYS TIME APPROX 20 MIN.	40.74	40.74	3/1/2020
99252		INITIAL INPT CONSULT- PHYS TIME APPROX 40 MIN.	63.14	63.14	3/1/2020
99253		INITIAL INPT CONSULT- PHYS TIME APPROX 55 MIN.	95.85	95.84	3/1/2020
99254		INITIAL INPT CONSULT- PHYS TIME APPROX 80 MIN.	138.63	138.63	3/1/2020
99255		INITIAL INPT CONSULT- PHYS TIME APPROX 110 MIN.	168.92	168.92	3/1/2020
99281		ER VISIT, MINOR	17.00	17.00	3/1/2020
99282		ER VISIT, LOW SEVERITY	33.07	33.07	3/1/2020
99283		ER VISIT, MODERATE SEVERITY	51.25	51.25	3/1/2020
99284		ER VISIT, HIGH SEVERITY	95.96	95.96	3/1/2020
99285		ER VISIT, HIGH SEVERITY/LIFE THREATENING	142.66	142.66	3/1/2020
99307		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	36.45	36.45	3/1/2020
99308		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	55.72	55.72	3/1/2020
99309		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	73.92	73.92	3/1/2020
99310		SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	109.31	109.31	3/1/2020
99324		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	49.55	49.55	3/1/2020
99325		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	72.16	72.16	3/1/2020
99326		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	119.32	119.32	3/1/2020
99327		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	155.63	155.63	3/1/2020
99328		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	183.21	183.21	3/1/2020
99334		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	51.07	51.07	3/1/2020
99335		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	79.11	79.11	3/1/2020
99336		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	111.39	111.39	3/1/2020
99337		DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	160.05	160.05	3/1/2020
S0620		EYE EXAM & TREATMENT,INITIAL	75.57	104.64	3/1/2020
S0621		EYE EXAM & TREATMENT	59.17	85.37	3/1/2020

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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.