

NC Division of Health Benefits (NC Medicaid)

Optometry Services Fee Schedule

Effective September 12, 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

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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	1/1/2022
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 OCULI 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 September 12, 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.

			<b>Medicaid Maximum Allowable</b>		
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CODE	MODE	Description	FACILITY	NON-FACILITY	EFFECTIVE DATE
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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.