

Optometric Services Fee Schedule
Effective January 1, 2015

Note: The base fees listed below are reimbursed for services provided to recipients age 21 and over. To calculate the fee for children under 21, multiply the base fee, the base PC fee, or the base TC fee by 1.04. 1.04 represents a 4% increase over the base for children's services provided by licensed practitioners. Example: Base fee for code 65205 is \$30.44 X 1.04 = \$31.66 (under 21 fee). Fees are rounded to the nearest hundredth.

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Spec
65205	Removal Of Foreign Body, External Eye; Conjunctival Superficial	30.44			B
65210	Removal Of Foreign Body, External Eye; Conjunctival Embedded (Includes Concretion), Subconjunctival Or Scleral Nonperforating	37.60			B
65220	Removal Of Foreign Body, External Eye; Corneal, Without Slit Lamp	31.33			B
65222	Removal Of Foreign Body, External Eye; Corneal, With Slit Lamp	36.88			B
65420	Excision Or Transposition Of Pterygium; Without Graft	269.07			B
65426	Excision Or Transposition Of Pterygium; With Graft	342.74			B
65430	Scraping Of Cornea, Diagnostic, For Smear And/Or Culture	62.84			B
65435	Removal Of Corneal Epithelium; With Or Without Chemocauterization (Abrasion, Curettage)	43.57			B
65600	Multiple Punctures Of Anterior Cornea (Eg, For Corneal Erosion, Tattoo)	207.73			B
65772	Corneal Relaxing Incision For Correction Of Surgically Induced Astigmatism	239.94			B
65775	Corneal Wedge Resection For Correction Of Surgically Induced Astigmatism	292.38			B
65855	Trabeculoplasty By Laser Surgery, One Or More Sessions (Defined Treatment Series)	181.92			B
66761	Iridotomy/Iridectomy By Laser Surgery (Eg, For Glaucoma) (One Or More Sessions)	162.75			B
66821	Discission Of Secondary Membraneous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid); Laser Surgery (Eg, Yag Laser) (One Or More Stages)	173.62			B
66830	Removal Of Secondary Membraneous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid) With Corneo-Scleral Section, With Or Without Iridectomy (Iridocapsulotomy, Iridocapsulectomy)	376.53			B
66840	Removal Of Lens Material; Aspiration Technique, One Or More Stages	375.66			B
66850	Removal Of Lens Material; Phacofragmentation Technique (Mechanical Or Ultrasonic) (Eg, Phacoemulsification), With Aspiration	429.90			B
66852	Removal Of Lens Material; Pars Plana Approach, With Or Without Vitrectomy	459.27			B
66920	Removal Of Lens Material; Intracapsular	398.19			B
66930	Removal Of Lens Material; Intracapsular, For Dislocated Lens	452.27			B
66940	Removal Of Lens Material; Extracapsular (Other Than 66840, 66850, 66852)	423.28			B

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Spec
66982	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (One Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification), Complex, Requiring Devices Or Techniques Not Generally Used In Routine Cataract Surgery (Eg, Iris Expansion Device, Suture Support For Intraocular Lens, Or Primary Posterior Capsulorrhexis) Or Performed On Patients In The Amblyogenic Developmental Stage	474.60			B
66983	Intracapsular Cataract Extraction With Insertion Of Intraocular Lens Prosthesis (One Stage Procedure)	397.66			B
66984	Extracapsular Cataract Removal With Insertion Of Intraocular Lens Prosthesis (One Stage Procedure), Manual Or Mechanical Technique (Eg, Irrigation And Aspiration Or Phacoemulsification)	351.46			B
66985	Insertion Of Intraocular Lens Prosthesis (Secondary Implant), Not Associated With Concurrent Cataract Removal	414.27			B
66986	Exchange Of Intraocular Lens	492.37			B
66990	Use Of Ophthalmic Endoscope (List Separately In Addition To Code For Primary Procedure)	46.91			B
67820	Correction Of Trichiasis; Epilation, By Forceps Only	27.57			B
67825	Correction Of Trichiasis; Epilation By Other Than Forceps(Eg, By Electrosurgery, Cryotherapy, Laser Surgery)	68.70			
67938	Removal Of Embedded Foreign Body, Eyelid	124.11			
68020	Incision Of Conjunctiva, Drainage Of Cyst	64.42			
68760	Closure Of The Lacrimal Punctum; By Thermocauterization, Ligation, Or Laser Surgery	105.63			B
68761	Closure Of The Lacrimal Punctum; By Plug, Each	78.17			B
68801	Dilation Of Lacrimal Punctum, With Or Without Irrigation	66.08			B
68810	Probing Of Nasolacrimal Duct, With Or Without Irrigation;	134.28			B
68811	Probing Of Nasolacrimal Duct, With Or Without Irrigation; Requiring General Anesthesia	111.56			B
68815	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Insertion Of Tube Or Stent	233.30			B
68816	Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Transluminal Balloon Catheter Dilation	374.72			B
68840	Probing Of Lacrimal Canaliculi, With Or Without Irrigation	67.74			B
76511	Ophthalmic Ultrasound, Diagnostic; Quantitative A-Scan Only	54.43	27.57	26.86	
76512	Ophthalmic Ultrasound, Diagnostic; B-Scan (With Or Without Superimposed Non-Quantitative A-Scan)	50.49	28.29	22.20	
76514	Ophthalmic Ultrasound, Echography, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness)	8.06	5.01	3.05	
76516	Ophthalmic Biometry By Ultrasound Echography, A-Scan;	42.16	16.11	26.05	
76519	Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation	45.25	16.65	28.60	
76529	Ophthalmic Ultrasonic Foreign Body Localization	43.33	17.37	25.96	
83861	Microfluid Analysis Of Tears	17.03			
87075	Culture, Bacterial; Any Source, Except Blood, Anaerobic With Isolation And Presumptive Identification Of Isolates	9.50	2.00	7.50	
87081	Culture, Presumptive, Pathogenic Organisms, Screening Only;	5.50	1.00	4.50	

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Spec
87084	Culture, Presumptive, Pathogenic Organisms, Screening Only, With Colony Estimation From Density Chart	8.50	2.00	6.50	
87205	Smear, Primary Source With Interpretation; Gram Or Giemsa Stain For Bacteria, Fungi, Or Cell Types	4.00	1.00	3.00	
92002	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And Treatment Program; Intermediate, New Patient	43.69			
92004	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And Treatment Program; Comprehensive, New Patient	79.67			
92012	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of Diagnostic And Treatment Program; Intermediate, Established Patient	46.01			
92014	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of Diagnostic And Treatment Program; Comprehensive, Established Patient, On Or More Visits	66.43			
92015	Determination Of Refractive State	24.34			
92018	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic Examination; Complete	75.56			
92019	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic Examination; Limited	36.70			
92020	Gonioscopy (Separate Procedure)	14.50			
92025	Computerized Corneal Topography, Unilateral Or Bilateral, With Interpretation And Report	20.23	10.38	9.85	
92060	Sensorimotor Examination With Multiple Measurements Of Ocular Deviation (Eg, Restrictive Or Paretic Muscle With Diplopia) With Interpretation And Report (Separate Procedure)	35.09	20.23	14.86	
92071	Fit Contact Lens Tx Ocular Surface Disease	28.72			
92081	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Limited Examination (Eg, Tangent Screen, Autoplot, Arc Perimeter, Or Single Stimulus Level Automated Test, Such As Octopus 3 Or 7 Equivalent)	22.91	8.77	14.14	
92082	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Intermediate Examination (Eg, At Least 2 Isopters On Goldmann Perimeter, Or Semiquantitative, Automated Suprathreshold Screening Program, Humphrey Suprathreshold Automatic Diagnostic Test, Octopus Program 33)	32.92	11.82	21.10	
92083	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Extended Examination (Eg, Goldmann Visual Fields With At Least 3 Isopters Plotted And Static Determination Within The Central 30 Degree, Or Quantitative, Automated Threshold Perimetry, Octopus Program G-1, 32 Or 42, Humphrey Visual Field Analyzer Full Threshold Programs 30-2, 24-2, Or 30/60-2)	39.34	14.86	24.48	
92100	Serial Tonometry (Separate Procedure) With Multiple Measurements Of Intraocular Pressure Over An Extended Time Period With Interpretation And Report, Same Day (Eg, Diurnal Curve Or Medical Treatment Of Acute Elevation Of Intraocular Pressure)	43.15			
92132	Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral, Or Bilateral	19.16	10.38	8.78	

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Spec
92133	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral, Or Bilateral: Optic Nerve	23.81	14.86	8.95	
92134	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral, Or Bilateral: Retina	24.35	15.22	9.13	
92136	Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation	48.31	16.29	32.02	
92140	Provocative Tests For Glaucoma, With Interpretation And Report, Without Tonography	33.39			
92225	Ophthalmoscopy, Extended, With Retinal Drawing (Eg, For Retinal Detachment, Melanoma), With Interpretation And Report; Initial	14.50			
92226	Ophthalmoscopy, Extended, With Retinal Drawing (Eg, For Retinal Detachment, Melanoma), With Interpretation And Report; Subsequent	13.07			
92230	Fluorescein Angioscopy With Interpretation And Report	31.03			
92235	Fluorescein Angiography (Includes Multiframe Imaging) With Interpretation And Report	61.05	24.71	36.34	
92250	Fundus Photography With Interpretation And Report	41.45	12.35	29.10	
92260	Ophthalmodynamometry	10.21			
92265	Needle Oculoelectromyography, One Or More Extraocular Muscles, One Or Both Eyes, With Interpretation And Report	42.79	22.38	20.41	
92270	Electro-Oculography With Interpretation And Report	49.42	21.49	27.93	
92275	Electroretinography With Interpretation And Report	82.67	30.80	51.87	
92283	Color Vision Examination, Extended, Eg, Anomaloscope Or Equivalent	28.18	4.83	23.35	
92284	Dark Adaptation Examination With Interpretation And Report	31.73	6.45	25.28	
92285	External Ocular Photography With Interpretation And Report For Documentation Of Medical Progress (Eg, Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography)	15.87	4.44	11.43	
92286	Special Anterior Segment Photography With Interpretation And Report; With Specular Endothelial Microscopy And Cell Count	53.67	16.94	36.73	
92287	Special Anterior Segment Photography With Medical Diagnostic Evaluation; With Fluorescein Angiography	64.91			
92340	Fitting Of Spectacles, Except For Aphakia; Monofocal	18.98			
92341	Fitting Of Spectacles, Except For Aphakia; Bifocal	21.49			
92342	Fitting Of Spectacles, Except For Aphakia; Multifocal, Other Than Bifocal	23.10			
92352	Fitting Of Spectacle Prosthesis For Aphakia; Monofocal	21.66			
92353	Fitting Of Spectacle Prosthesis For Aphakia; Multifocal	25.07			
92499	Unlisted Ophthalmological Service Or Procedure				PA
95930	Visual Evoked Potential (Vep) Testing Central Nervous System, Checkerboard Or Flash	68.93	9.49	59.44	PA
99201	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making	31.20			
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires An Expanded Problem Focused History And Examination, And Straightforward Medical Decision Making	32.71			

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Spec
99203	Office And Outpatient Visit For A New Patient Must Include A Detailed History And Examination, And Medical Decision Making Of Low Complexity	48.68			
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate Complexity	68.84			
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of High Complexity	87.48			
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, That May Or May Not Require The Presence Of A Physician. Usually, The Presenting Problem(S) Are Minimal. Typically Five Minutes Are Spent Performing Or Supervising These Services	12.48			
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making	21.84			
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity	26.61			
99214	Office Or Outpatient Visit For The Eval And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity	41.46			
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of High Complexity	60.28			
99241	Office Consultation For A New Or Established Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making	24.53			
99242	Office Consultation For A New Or Established Patient, Which Requires An Expanded Problem Focused History And Examination, And Straightforward Medical Decision Making	46.19			
99243	Office Consultation For A New Or Established Patient, Which Requires A Detailed History And Examination, And Medical Decision Making Of Low Complexity	63.02			
99244	Office Consultation For A New Or Established Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate Complexity	93.10			
99245	Office Consultation For A New Or Established Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of High Complexity	113.87			
99251	Inpatient Consultation For A New Or Established Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making	24.89			
99252	Inpatient Consultation For A New Or Established Patient, Which Requires An Expanded Problem Focused History And Examination, And Straightforward Medical Decision Making	38.32			

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Spec
99253	Inpatient Consultation For A New Or Established Patient, Which Requires These Three Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Low Complexity	58.37			
99254	Inpatient Consultation For A New Or Established Patient, Which Requires These Three Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of Moderate Complexity	84.15			
99255	Inpatient Consultation For A New Or Established Patient, Which Requires A Comprehensive History And Examination And Medical Decision Making Of High Complexity	104.92			
99307	Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: A Problem Focused Interval History; A Problem Focused Examination; Straightforward Medical Decision Making	22.92			
99308	Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity	35.63			
99309	Subsequent Nursing Facility Care, Per Day, For The Evaluation And Management Of A Patient, Which Requires At Least Two Of These Three Components: A Detailed Interval History; An Detailed Examination; Medical Decision Making Of Moderate Complexity	46.73			
99324	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making	28.65			
99325	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires An Expanded Problem Focused History And Examination, And Medical Decision Making Of Low Complexity	41.36			
99326	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Detailed History And Examination, And Medical Decision Making Of Moderate Complexity	71.62			
99327	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of Moderate Complexity	95.61			
99328	Domiciliary Or Rest Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Comprehensive History And Examination, And Medical Decision Making Of High Complexity	111.01			
99334	Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Problem Focused Interval History; A Problem Focused Examination; Straightforward Medical Decision Making	31.15			
99335	Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity	48.70			
99336	Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Detailed Interval History; A Detailed Examination; Medical Decision Making Of Moderate Complexity	69.11			
99337	Domiciliary Or Rest Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Comprehensive Interval History; A Comprehensive Examination; Medical Decision Making Of Moderate To High Complexity	99.01			

Code	Description	Base Fee	Base PC Fee	Base TC Fee	Spec
99341	Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Problem Focused History And Examination, And Straightforward Medical Decision Making	28.47			
99342	Home Visit For The Evaluation And Management Of A New Patient, Which Requires An Expanded Problem Focused History And Examination, And Medical Decision Making Of Low Complexity	41.00			
99343	Home Visit For The Evaluation And Management Of A New Patient, Which Requires A Detailed History And Examination, And Medical Decision Making Of Moderate Complexity	67.32			
99347	Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: A Problem Focused Interval History; A Problem Focused Examination; Straightforward Medical Decision Making	28.65			
99348	Home Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Components: An Expanded Problem Focused Interval History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity	43.33			