

**OPTOMETRY FEE SCHEDULE  
EFFECTIVE JANUARY 1, 2008**

CODE	DESCRIPTION	MAX UNITS	00-20 MAX FEE	00-20 PC FEE	00-20 TC FEE	21+ MAX FEE	21+ PC FEE	21+ TC FEE	SPEC
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	1	26.74	0.00	0.00	25.72	0.00	0.00	B
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CON	1	32.46	0.00	0.00	31.22	0.00	0.00	B
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	1	27.56	0.00	0.00	26.50	0.00	0.00	B
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	1	35.73	0.00	0.00	34.36	0.00	0.00	B
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	1	230.73	0.00	0.00	221.86	0.00	0.00	B
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	1	291.37	0.00	0.00	280.17	0.00	0.00	B
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	1	53.70	0.00	0.00	51.64	0.00	0.00	B
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASIO	1	37.15	0.00	0.00	35.73	0.00	0.00	B
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	2	177.02	0.00	0.00	170.22	0.00	0.00	B
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1	204.39	0.00	0.00	196.53	0.00	0.00	B
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1	251.34	0.00	0.00	241.68	0.00	0.00	B
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT S	1	154.77	0.00	0.00	148.82	0.00	0.00	B
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSI	1	206.02	0.00	0.00	198.10	0.00	0.00	B
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPS	1	148.03	0.00	0.00	142.34	0.00	0.00	B
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	1	326.69	0.00	0.00	314.13	0.00	0.00	B
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	1	319.75	0.00	0.00	307.46	0.00	0.00	B
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRA	1	364.06	0.00	0.00	350.06	0.00	0.00	B
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	1	388.97	0.00	0.00	374.01	0.00	0.00	B
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	1	347.31	0.00	0.00	333.96	0.00	0.00	B
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	1	394.48	0.00	0.00	379.31	0.00	0.00	B
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	1	358.75	0.00	0.00	344.96	0.00	0.00	B
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESI	1	498.42	0.00	0.00	479.25	0.00	0.00	B
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTH	1	344.05	0.00	0.00	330.82	0.00	0.00	B
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESI	1	350.98	0.00	0.00	337.49	0.00	0.00	B
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATE	1	351.40	0.00	0.00	337.89	0.00	0.00	B
66986	EXCHANGE OF INTRAOCULAR LENS	1	426.95	0.00	0.00	410.53	0.00	0.00	B
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR	1	43.28	0.00	0.00	41.62	0.00	0.00	B
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	1	24.09	0.00	0.00	23.17	0.00	0.00	B
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS(EG, BY ELECTROSU	1	58.60	0.00	0.00	56.35	0.00	0.00	
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	1	106.99	0.00	0.00	102.88	0.00	0.00	
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	1	54.92	0.00	0.00	52.81	0.00	0.00	
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	1	90.45	0.00	0.00	86.98	0.00	0.00	B
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	1	66.76	0.00	0.00	64.20	0.00	0.00	B
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	1	56.76	0.00	0.00	54.58	0.00	0.00	B
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	1	124.96	0.00	0.00	120.16	0.00	0.00	B
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	1	94.74	0.00	0.00	91.10	0.00	0.00	B
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	1	200.70	0.00	0.00	192.99	0.00	0.00	B
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	1	324.85	0.00	0.00	312.36	0.00	0.00	B
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	1	57.99	0.00	0.00	55.76	0.00	0.00	B

76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	1	48.79	26.54	22.25	46.92	25.52	21.40
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON	1	45.33	26.34	18.99	43.59	25.33	18.26
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATER	1	7.14	4.89	2.24	6.87	4.71	2.16
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	1	36.14	14.90	21.23	34.75	14.33	20.42
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	2	39.00	15.11	23.88	37.50	14.53	22.97
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	1	37.15	16.13	21.02	35.73	15.51	20.22
82948	GLUCOSE; BLOOD, REAGENT STRIP	10	0.00	0.00	0.00	0.00	0.00	0.00
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND	1	0.00	0.00	0.00	0.00	0.00	0.00
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	1	0.00	0.00	0.00	0.00	0.00	0.00
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL K	1	0.00	0.00	0.00	0.00	0.00	0.00
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERI	1	0.00	0.00	0.00	0.00	0.00	0.00
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATI	1	37.36	0.00	0.00	35.93	0.00	0.00
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATI	1	70.03	0.00	0.00	67.34	0.00	0.00
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIAT	1	39.40	0.00	0.00	37.89	0.00	0.00
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIAT	1	57.58	0.00	0.00	55.37	0.00	0.00
92015	DETERMINATION OF REFRACTIVE STATE	1	31.25	0.00	0.00	30.05	0.00	0.00
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH	1	70.03	0.00	0.00	67.34	0.00	0.00
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH	1	34.50	0.00	0.00	33.18	0.00	0.00
92020	GONIOSCOPY (SEPARATE PROCEDURE)	1	12.86	0.00	0.00	12.37	0.00	0.00
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATI	1	17.55	9.79	7.75	16.88	9.42	7.46
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG	1	30.22	18.99	11.23	29.06	18.26	10.80
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	2	33.08	0.00	0.00	31.81	0.00	0.00
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	1	27.15	9.79	17.35	26.11	9.42	16.69
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC	1	36.34	12.04	24.29	34.95	11.58	23.36
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC	1	41.45	13.67	27.76	39.86	13.15	26.70
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOC	1	44.51	0.00	0.00	42.80	0.00	0.00
92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER	1	36.75	0.00	0.00	35.34	0.00	0.00
92130	TONOGRAPHY WITH WATER PROVOCATION	1	41.03	0.00	0.00	39.46	0.00	0.00
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, (EG	2	23.68	9.79	13.88	22.77	9.42	13.35
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LE	1	41.65	15.11	26.54	40.05	14.53	25.52
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT TON	1	28.58	0.00	0.00	27.49	0.00	0.00
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	2	12.86	0.00	0.00	12.37	0.00	0.00
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	2	11.63	0.00	0.00	11.19	0.00	0.00
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	2	26.54	0.00	0.00	25.52	0.00	0.00
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION A	2	64.31	22.86	41.45	61.84	21.99	39.86
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	1	35.93	12.04	23.88	34.55	11.58	22.97
92260	OPHTHALMODYNAMOMETRY	1	8.98	0.00	0.00	8.64	0.00	0.00
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH	1	38.17	22.25	15.92	36.71	21.40	15.31
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	1	44.51	21.85	22.66	42.80	21.01	21.79
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	1	71.05	28.38	42.67	68.32	27.29	41.03
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	1	24.09	4.70	19.39	23.17	4.52	18.65
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	1	28.38	6.53	21.85	27.29	6.28	21.01
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATIO	1	20.83	5.72	15.11	20.03	5.50	14.53
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH S	1	56.97	18.37	38.59	54.78	17.67	37.11
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION; WI	1	55.74	0.00	0.00	53.60	0.00	0.00
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	1	20.83	0.00	0.00	20.03	0.00	0.00
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	1	23.48	0.00	0.00	22.58	0.00	0.00
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	1	25.12	0.00	0.00	24.16	0.00	0.00

92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	1	19.19	0.00	0.00	18.46	0.00	0.00
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	1	22.66	0.00	0.00	21.79	0.00	0.00
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	1	0.00	0.00	0.00	0.00	0.00	0.00 R
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD	1	61.66	9.59	52.06	59.29	9.23	50.06 R
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0	0.00	0.00	0.00	0.00	0.00	0.00 R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	1	32.44	0.00	0.00	31.20	0.00	0.00
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	1	34.01	0.00	0.00	32.71	0.00	0.00
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	1	50.62	0.00	0.00	48.68	0.00	0.00
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	1	71.59	0.00	0.00	68.84	0.00	0.00
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	1	90.97	0.00	0.00	87.48	0.00	0.00
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	1	12.97	0.00	0.00	12.48	0.00	0.00
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	1	22.71	0.00	0.00	21.84	0.00	0.00
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	1	27.67	0.00	0.00	26.61	0.00	0.00
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	1	43.11	0.00	0.00	41.46	0.00	0.00
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	1	62.69	0.00	0.00	60.28	0.00	0.00
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	1	27.56	0.00	0.00	26.50	0.00	0.00
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	1	51.45	0.00	0.00	49.48	0.00	0.00
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	1	70.64	0.00	0.00	67.93	0.00	0.00
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	1	104.34	0.00	0.00	100.33	0.00	0.00
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	1	127.41	0.00	0.00	122.51	0.00	0.00
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	1	27.76	0.00	0.00	26.70	0.00	0.00
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	1	42.47	0.00	0.00	40.84	0.00	0.00
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	1	64.92	0.00	0.00	62.43	0.00	0.00
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	1	94.13	0.00	0.00	90.51	0.00	0.00
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	1	113.73	0.00	0.00	109.36	0.00	0.00
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	1	22.46	0.00	0.00	21.60	0.00	0.00
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	1	34.10	0.00	0.00	32.79	0.00	0.00
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	1	45.33	0.00	0.00	43.59	0.00	0.00
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	1	30.42	0.00	0.00	29.25	0.00	0.00
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	1	43.70	0.00	0.00	42.02	0.00	0.00
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	1	72.48	0.00	0.00	69.70	0.00	0.00
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	1	94.13	0.00	0.00	90.51	0.00	0.00
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	1	110.46	0.00	0.00	106.22	0.00	0.00
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	1	31.44	0.00	0.00	30.24	0.00	0.00
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	1	48.39	0.00	0.00	46.53	0.00	0.00
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	1	67.78	0.00	0.00	65.18	0.00	0.00
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	1	96.78	0.00	0.00	93.06	0.00	0.00
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	1	30.42	0.00	0.00	29.25	0.00	0.00
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	1	43.89	0.00	0.00	42.21	0.00	0.00
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	1	70.43	0.00	0.00	67.73	0.00	0.00
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	1	29.80	0.00	0.00	28.66	0.00	0.00
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	1	44.51	0.00	0.00	42.80	0.00	0.00
S0590	INTEGRAL LENS SERVICE, MISCELLANEOUS SER	2	0.00	0.00	0.00	0.00	0.00	0.00 R PA
S0820	COMPUTERIZED CORNEAL TOPOGRAPHY	2	52.00	0.00	0.00	50.00	0.00	0.00