

**Optometry Fee Schedule**  
Effective January 1, 2009

Code	Description	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	26.87			25.84			B
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETION), SUBCONJUNCTIVAL OR SCLERAL NONPERFORATING	1	32.78			31.52			B
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	1	27.68			26.62			B
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	1	36.04			34.65			B
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	1	231.26			222.37			B
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	1	294.58			283.25			B
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	1	54.36			52.27			B
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURRETTAGE)	1	37.46			36.02			B
65600	MULTIPLE PINCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	2	178.54			171.67			B
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1	206.23			198.30			B
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1	254.68			244.88			B
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	1	156.35			150.34			B
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)	1	207.85			199.86			B
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES)	1	149.23			143.49			B

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)	1	331.43			318.68			B
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	1	322.88			310.46			B
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION	1	369.50			355.29			B
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	1	394.74			379.56			B
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	1	352.20			338.65			B
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	1	400.65			385.24			B
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	1	363.80			349.81			B
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 CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE	1	498.57			479.39			B
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	1	348.12			334.73			B
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)	1	357.08			343.35			B

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL	1	356.06			342.37			B
66986	EXCHANGE OF INTRAOCULAR LENS	1	433.42			416.75			B
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1	44.18			42.48			B
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	1	24.43			23.49			B
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS(EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)	1	59.04			56.77			
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	1	106.67			102.57			
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	1	55.37			53.24			
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	1	90.79			87.30			B
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	1	67.18			64.60			B
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	1	56.79			54.61			B
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	1	124.97			120.16			B
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	1	95.89			92.20			B
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT	1	200.52			192.81			B
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	1	322.07			309.68			B
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	1	58.22			55.98			B
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	1	48.86	27.07	21.79	46.98	26.03	20.95	
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON-QUANTITATIVE A-SCAN)	1	45.40	26.87	18.52	43.65	25.84	17.81	
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL THICKNESS)	1	7.12	4.89	2.24	6.85	4.7	2.15	
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	1	36.23	15.27	20.97	34.84	14.68	20.16	

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	2	38.89	15.48	23.41	37.39	14.88	22.51	
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	1	37.25	16.49	20.77	35.82	15.86	19.97	
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	1	9.50	2.00	7.50	9.50	2.00	7.50	
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	1	5.50	1.00	4.50	5.50	1.00	4.50	
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, WITH COLONY ESTIMATION FROM DENSITY CHART	1	8.50	2.00	6.50	8.50	2.00	6.50	
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	1	4.00	1.00	3.00	4.00	1.00	3.00	
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, NEW PATIENT	1	37.87			36.41			
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, NEW PATIENT	1	70.84			68.12			
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT	1	39.70			38.17			
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, ON OR MORE VISITS	1	58.22			55.98			
92015	DETERMINATION OF REFRACTIVE STATE	1	31.25			30.05			
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	1	71.46			68.71			

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
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	1	34.81			33.47			
92020	GONIOSCOPY (SEPARATE PROCEDURE)	1	13.03			12.53			
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	1	17.50	9.97	7.53	16.83	9.59	7.24	
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE)	1	30.53	19.54	10.99	29.36	18.79	10.57	
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	2	33.19			31.91			
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTO PLOT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT)	1	27.07	9.97	17.10	26.03	9.59	16.44	
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)	1	36.04	12.22	23.82	34.65	11.75	22.9	
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)	1	41.33	14.05	27.28	39.74	13.51	26.23	

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
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)	1	44.99			43.26			
92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER METHOD OR PERILIMBAL SUCTION METHOD	1	37.06			35.63			
92130	TONOGRAPHY WITH WATER PROVOCATION	1	40.72			39.15			
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING POSTERIOR SEGMENT, (EGT, SCANNING LASER) WITH INTERPRETATION AND REPORT, UNILATERAL	2	23.62	9.97	13.64	22.71	9.59	13.12	
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION	1	41.53	15.48	26.06	39.93	14.88	25.06	
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT TONOGRAPHY	1	28.70			27.60			
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND REPORT; INITIAL	2	13.03			12.53			
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND REPORT; SUBSEQUENT	2	11.80			11.35			
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	2	26.67			25.64			
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	2	64.13	23.41	40.72	61.66	22.51	39.15	
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	1	35.63	12.22	23.41	34.26	11.75	22.51	
92260	OPHTHALMODYNAMOMETRY	1	8.95			8.61			
92265	NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT	1	37.25	22.19	15.07	35.82	21.34	14.49	
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	1	45.40	22.39	23.00	43.65	21.53	22.12	

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	1	71.05	28.91	42.14	68.32	27.8	40.52	
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	1	24.22	4.89	19.34	23.29	4.7	18.6	
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	1	27.28	6.51	20.77	26.23	6.26	19.97	
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY)	1	20.36	5.70	14.65	19.58	5.48	14.09	
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY AND CELL COUNT	1	56.39	18.73	37.66	54.22	18.01	36.21	
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION; WITH FLUORESCEIN ANGIOGRAPHY	1	55.79			53.64			
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	1	20.83			20.03			
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	1	23.48			22.58			
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	1	25.13			24.16			
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	1	20.97			20.16			
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	1	24.64			23.69			
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	1							R
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FLASH	1	59.24	9.78	49.47	56.96	9.4	47.57	R
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES OR MATERIAL PROVIDED)								R

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
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	1	32.45			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	1	34.02			32.71			
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED HISTORY AND EXAMINATION, AND MEDICAL DECISION MAKING OF LOW COMPLEXITY	1	50.63			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	1	71.59			68.84			
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES A COMPREHANSIVE HISTORY AND EXAMINATION, AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY	1	90.98			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	1	12.98			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	1	22.71			21.84			

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
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	1	27.67			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	1	43.12			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 HISOTRY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY	1	62.69			60.28			
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES A PROBLEM FOCUSED HISTORY AND EXAMINATION, AND STRAIGHTFORWARD MEDICAL DECISION MAKING	1	27.49			26.43			
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES AN EXPANDED PROBLEM FOCUSED HISTORY AND EXAMINATION, AND STRAIGHTFORWARD MEDICAL DECISION MAKING	1	51.71			49.72			
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES A DETAILED HISTORY AND EXAMINATION, AND MEDICAL DECISION MAKING OF LOW COMPLEXITY	1	70.65			67.93			
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES A COMPREHENSIVE HISTORY AND EXAMINATION, AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY	1	104.64			100.62			
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES A COMPREHENSIVE HISTORY AND EXAMINATION, AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY	1	127.85			122.93			

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES A PROBLEM FOCUSED HISTORY AND EXAMINATION, AND STRAIGHTFORWARD MEDICAL DECISION MAKING	1	27.89			26.82			
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES AN EXPANDED PROBLEM FOCUSED HISTORY AND EXAMINATION, AND STRAIGHTFORWARD MEDICAL DECISION MAKING	1	42.95			41.30			
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	1	65.55			63.03			
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	1	94.66			91.02			
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES A COMPREHENSIVE HISTORY AND EXAMINATION AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY	1	114.41			110.01			
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	1	22.60			21.73			
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	1	34.21			32.89			

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
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	1	45.40			43.65			
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	1	30.34			29.17			
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	1	43.77			42.09			
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	1	72.68			69.88			
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	1	94.66			91.02			
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	1	111.16			106.88			

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
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	1	31.55			30.34			
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	1	48.65			46.78			
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	1	68.20			65.58			
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	1	97.51			93.76			
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	1	30.34			29.17			
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	1	43.77			42.09			
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	1	70.65			67.93			

Code	Description	Units	00-20 Max Fee	00-20 PC Fee	00-20 TC Fee	21+ Max Fee	21+ PC Fee	21+ TC Fee	Spec
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	1	29.93			28.78			
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	1	44.58			42.87			
S0590	INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPORTED SEPARATELY	2							PA
S0820	COMPUTERIZED CORNEAL TOPOGRAPHY	2	52.00			50.00			