KY Medicaid Vision Fee Schedule 2024 revised 4.4.2024

Notes:

- Red indicates new codes or changes for the most current revision date.
- Blue indicates deleted codes made by the AMA
- UB modifier to be used for Certified Community Health Worker (CHW) services.
- Contact lenses must be medically necessary per regulation
- Vision benefits for adults and children effective 1/1/2023
- TPL Vision Insurance must be billed primary to Medicaid
- For Medicare/Medicaid dual eligible members, services added to Medicare bypass list. Medicaid will pay effective 1/1/2023 (Not QMB or SLMB)
- It is the responsibility of the provider to check member eligibility.
- More than one (1) pair of eyeglasses per recipient per calendar year requires a prior authorization.
- The appearance on this fee schedule of a code and rate is not an indication of coverage, nor a guarantee of payment.
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			Facility	Non-Facility	Eyeglasses	
Procedure						
Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		SIMPLE OR SINGLE DRAINAGE OF SKIN				
10060		ABSCESS	\$39.74	\$45.64		adult and children Effective 1/1/2023
		COMPLICATED OR MULTIPLE DRAINAGE OF				
10061		SKIN ABSCESS	\$82.81	\$91.40		adult and children Effective 1/1/2023
		DRAINAGE OF BLOOD OR FLUID				
10140		ACCUMULATION	\$51.08	\$57.52		adult and children Effective 1/1/2023
		ASPIRATION OF ABSCESS, BLOOD, OR				
10160		CYST	\$40.06	\$45.15		adult and children Effective 1/1/2023
		REMOVAL OF INFLAMED OR INFECTED				
11000		SKIN, UP TO 10% OF BODY SURFACE	\$33.04	\$38.40		adult and children Effective 1/1/2023
11200		REMOVAL OF SKIN TAG, 1-15 SKIN TAGS	\$26.99	\$32.75		adult and children Effective 1/1/2023
		REMOVAL OF SKIN TAG, EACH ADDITIONAL				
11201		10 SKIN TAGS	\$10.40	\$12.68		adult and children Effective 1/1/2023
		SHAVING OF SKIN GROWTH OF FACE,				
		EARS, EYELIDS, NOSE, LIPS, OR MOUTH,				
11310		0.5 CM OR LESS	\$32.13	\$41.39		adult and children Effective 1/1/2023
		SHAVING OF SKIN GROWTH OF FACE,				
		EARS, EYELIDS, NOSE, LIPS, OR MOUTH,				
11311		0.6-1.0 CM	\$44.15	\$55.55		adult and children Effective 1/1/2023
		SHAVING OF SKIN GROWTH OF FACE,				
		EARS, EYELIDS, NOSE, LIPS, OR MOUTH,				
11312		1.1-2.0 CM	\$52.91	\$67.93		adult and children Effective 1/1/2023
		SHAVING OF SKIN GROWTH OF FACE,				
		EARS, EYELIDS, NOSE, LIPS, OR MOUTH,				
11313		MORE THAN 2.0 CM	\$71.16	\$91.15		adult and children Effective 1/1/2023
		REMOVAL OF NONCANCER SKIN GROWTH				
		OF FACE, EARS, EYELIDS, NOSE, LIPS, OR				
11440		MOUTH, 0.5 CM OR LESS	\$42.99	\$52.24		adult and children Effective 1/1/2023





			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		REMOVAL OF NONCANCER SKIN GROWTH				
		OF FACE, EARS, EYELIDS, NOSE, LIPS, OR				
11441		MOUTH, 0.6-1.0 CM	\$59.12	\$70.52		adult and children Effective 1/1/2023
		REMOVAL OF NONCANCER SKIN GROWTH				
		OF FACE, EARS, EYELIDS, NOSE, LIPS, OR				
11442		MOUTH, 1.1-2.0 CM	\$71.10	\$86.12		adult and children Effective 1/1/2023
		INJECTION INTO SKIN GROWTH, 1-7				
11900		GROWTHS	\$24.80	\$41.61		adult and children Effective 1/1/2023
		INJECTION INTO SKIN GROWTH, MORE				
11901		THAN 7 GROWTHS	\$38.68	\$53.17		adult and children Effective 1/1/2023
		SIMPLE REPAIR OF SURFACE WOUND OF				
		FACE, EARS, EYELIDS, NOSE, LIPS, OR		4		
12011		MOUTH, 2.5 CM OR LESS	\$71.48	\$71.48		adult and children Effective 1/1/2023
45054		REMOVAL OF SUTURES OR STAPLES	000.00	00404		
15851		UNDER ANESTHESIA	\$29.99	\$34.01		adult and children Effective 1/1/2023
47000		DESTRUCTION OF PRECANCER SKIN	# 40.54	040.54		adult and abildren Effective 4/4/0000
17000		GROWTH, 1 GROWTH	\$43.54	\$43.54		adult and children Effective 1/1/2023
47000		DESTRUCTION OF PRECANCER SKIN	<u></u> የ7 00	Ф 7 00		adult and abildran Effective 4/4/2022
17003		GROWTH, 2-14 GROWTHS DESTRUCTION OF SKIN GROWTH, 1-14	\$7.92	\$7.92		adult and children Effective 1/1/2023
47440		GROWTHS	<u></u>	\$07.00		adult and abildran Effective 4/4/2022
17110	+	INJECTION OF CHEMICAL FOR PARALYSIS	\$22.23	\$27.60		adult and children Effective 1/1/2023
64612		OF NERVE MUSCLES ON SIDE OF FACE	\$79.62	\$99.07		adult and children Effective 1/1/2023
04012		REMOVAL OF FOREIGN BODY FROM	\$19.02	φ99.07		addit and children Effective 1/1/2023
65205		EXTERNAL EYE (CONJUNCTIVA)	\$28.34	\$33.30		adult and children Effective 1/1/2023
00200		REMOVAL OF FOREIGN BODY FROM	Ψ20.0+	Ψ00.00		dudit and official Effective 1/ 1/2020
		EXTERNAL EYE (CONJUNCTIVA OR				
65210		SCLERA)	\$31.55	\$37.72		adult and children Effective 1/1/2023
65220		REMOVAL OF FOREIGN BODY IN CORNEA	\$28.78	\$35.75		adult and children Effective 1/1/2023
000		REMOVAL OF FOREIGN BODY IN CORNEA	Ψ=0σ	4000		
65222		USING SLIT LAMP	\$35.66	\$43.31		adult and children Effective 1/1/2023
		REPAIR OF LACERATED CORNEA AND/OR		7 1010		
65286		SCLERA USING TISSUE GLUE	\$221.73	\$285.96		adult and children Effective 1/1/2023
65430		SCRAPING OF CORNEA FOR DIAGNOSIS	\$33.50	\$40.74		adult and children Effective 1/1/2023
65435		REMOVAL OF OUTER LAYER OF CORNEA	\$38.29	\$48.62		adult and children Effective 1/1/2023
		REMOVAL OF OUTER LAYER OF CORNEA	·	·		
65436		WITH APPLICATION OF CHELATING AGENT	\$139.54	\$160.06		adult and children Effective 1/1/2023
65600		MULTIPLE PUNCTURES OF CORNEA	\$130.97	\$166.11		adult and children Effective 1/1/2023
<u> </u>		PLACEMENT OF AMNIOTIC MEMBRANE ON				
65778		EYE SURFACE FOR WOUND HEALING	\$65.57	\$1,095.71		adult and children Effective 1/1/2023
		LASER REPAIR TO IMPROVE EYE FLUID				
65855		FLOW	\$229.68	\$310.28		adult and children Effective 1/1/2023
65880		REMOVAL OF CORNEAL SCAR TISSUE	\$389.03	\$389.03		adult and children Effective 1/1/2023
66030		INJECTION OF MEDICATION INTO EYE	\$126.82			adult and children Effective 1/1/2023
		CREATION OF EYE FLUID DRAINAGE				
		TRACTS IN IRIS USING A LASER, PER				
66761		SESSION	\$190.44	\$258.84		adult and children Effective 1/1/2023



September Sept				Facility	Non-Facility	Eyeglasses	
66762		Modifier	Description	Optometrist	Optometrist	Rate	Notes
REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING A LASER \$192.76 \$192.76 \$ adult and children Effective 1/1/2023 Effective Date: 8/1/2022 Modifier 55 post-op care payable at 2 of Physician Fee Schedule amount of Modifier 55 post-op care payable at 3 of Physician Fee Schedule amount of Modifier 55 post-op care payable at 3 of Physician Fee Schedule amount of Modifier 55 post-op care payable at 3 of Physician Fee Schedule amount of Debt Modifier 55 post-op care payable at 1 of Physician Fee Schedule amount of Debt Modifier 55 post-op care 20% RF - Right eye or LT - Left eye or 50 of Physician Fee Schedule amount of Debt Modifier 55 post-op care 20% RF - Right eye or LT - Left eye or 50 of Physician Fee Schedule amount of Debt Modifier 55 post-op care 20% RF - Right eye or LT - Left eye or 50 of Physician Fee Schedule amount of Debt Modifier 55 post-op care 20% RF - Right eye or LT - Left eye or 50 of Physician Fee Schedule amount of Debt Modifier 55 post-op care 20% RF - Right eye or LT - Left eye or 50 of Physician Fee Schedule amount of Debt Modifier 55 post-op care 20% RF - Right eye or LT - Left eye or 50 of Physician Fee Schedule amount of Debt Modifier 55 post-op care 20% RF - Right eye or LT - Left eye or 50 of Physician Fee Schedule amount of Debt Modifier Schedule Physician Fee Schedule Amount of Debt Physician Physi							
COMPLEX REMOVAL OF CATARACT WITH Spring Sp	66762			\$219.81	\$299.21		adult and children Effective 1/1/2023
Effective Date: 8/1/2022 Modifier 55 post-op care payable at a Of Physician Fee Schedule amount of Modifier 55 post-op care payable at a Of Physician Fee Schedule amount of Modifier 55 post-op care payable at a Of Physician Fee Schedule amount of Modifier 55 post-op care payable at a Of Physician Fee Schedule amount of Both Modifier 55 post-op care 20% S5/66 COMPLEX REMOVAL OF CATARACT WITH INSERTION S5 post-op care 20% REMOVAL OF CATARACT WITH INSERTION S6 Pre-op care 10% Dialateral S7 post-op care 20% REMOVAL OF CATARACT WITH INSERTION S6 Pre-op care 10% Dialateral Dia							
Modifier S5 post-op care payable at 2 of Physician Fee S5 readula amount on Modifier 67 pre-op care payable at 1 of Physician Fee S5 readula amount on Modifier 67 pre-op care payable at 1 of Physician Fee S5 readula amount on Both Modifier 67 pre-op care payable at 1 of Physician Fee S5 readula amount on Both Modifier 67 pre-op care 20% Both Modifier 67 pre-op care 20% Both Modifier 67 pre-op care 20% Both Modifier 67 pre-op care 10% Both Modifier 67 pre-o	66821		LENS CAPSULE USING A LASER	\$192.76	\$192.76		adult and children Effective 1/1/2023
66982		55/50			55 1 000/		Modifier 55 post-op care payable at 20% of Physician Fee Schedule amount or Modifier 56 Pre-op care payable at 10% of Physician Fee Schedule amount or Both Modifier 55 and 56 to be paid 20% + 10% = 30%.
REMOVAL OF CATARACT WITH INSERTION \$652.61 \$652.61 adult and children Effective 1/1/2023	00000				1 ' '		1 ,
66984 OF PROSTHETIC LENS \$652.61 \$652.61 adult and children Effective 1/1/2023	66982	L1/R1/50		56 Pre-op care 10%	56 Pre-op care 10%		bilateral
INJECTION OF DRUG OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL \$26.14 \$33.65 adult and children Effective 1/1/2023	00004			ФСБО C4			adult and abildran Effortive 1/1/2022
67515 MEMBRANE COVERING EYEBALL \$26.14 \$33.65 adult and children Effective 1/1/2023	00984			\$65∠.61	\$052.01		adult and children Effective 1/1/2023
INCISION AND DRAINAGE OF ABSCESS OF EYELID \$45.45 \$52.02 adult and children Effective 1/1/2023	67515			\$26.1 <i>1</i>	¢22.65		adult and children Effective 1/1/2022
67700 EYELID \$45.45 \$52.02 adult and children Effective 1/1/2023	0/313			φ20.14	φοο.σο		adult and children Effective 1/1/2023
REMOVAL OF SUTURES BETWEEN UPPER \$43.47 \$57.01 adult and children Effective 1/1/2023 REMOVAL OF CHRONIC GROWTH OF EYELID \$53.44 \$66.04 adult and children Effective 1/1/2023 REMOVAL OF CHRONIC GROWTH OF EYELID \$74.87 \$93.51 adult and children Effective 1/1/2023 REMOVAL OF MULTIPLE CHRONIC GROWTHS OF SAME EYELID \$74.87 \$93.51 adult and children Effective 1/1/2023 REMOVAL OF MULTIPLE CHRONIC GROWTHS OF DIFFERENT EYELIDS \$84.13 \$102.63 adult and children Effective 1/1/2023 REMOVAL OF EYELID \$55.51 \$56.37 adult and children Effective 1/1/2023 67810 BIOPSY OF EYELID \$55.51 \$56.37 adult and children Effective 1/1/2023 67820 REMOVAL OF EYELASHES USING FORCEPS \$31.70 \$36.79 adult and children Effective 1/1/2023 67825 REMOVAL OF EYELASHES \$52.31 \$64.38 adult and children Effective 1/1/2023 G7840 REMOVAL OF GROWTH OF EYELID \$76.46 \$92.82 adult and children Effective 1/1/2023 DESTRUCTION OF GROWTH OF EYELID \$76.46 \$92.82 adult and children Effective 1/1/2023 G7850 MARGIN, 1.0 CM OR LESS \$60.34 \$71.33 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-OUTWARD DEFECT \$238.76 \$238.76 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD S204.74 \$204.74 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD S204.74 \$204.74 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD S204.74 \$204.74 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD S204.74 \$204.74 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD S204.74 \$204.74 adult and children Effective 1/1/2023 SUTURE OF RECENT WOUND OF EYELID REMOVAL OF EMBEDDED FOREIGN BODY S123.44 S140.47 adult and children Effective 1/1/2023 SUTURE OF RECENT WOUND OF EYELID REMOVAL OF EMBEDDED FOREIGN BODY S124.06 S124.07 S	67700			\$45.45	\$52.02		adult and children Effective 1/1/2023
AND LOWER EYELIDS	01100			ψ+3.+3	Ψ32.02		addit and children Effective 1/1/2025
REMOVAL OF CHRONIC GROWTH OF \$53.44	67710			\$43.47	\$57.01		adult and children Effective 1/1/2023
67800 EYELID \$53.44 \$66.04 adult and children Effective 1/1/2023	01110			Ψ10.17	φοιισι		addit dita dimarchi Endouvo 17 172020
REMOVAL OF MULTIPLE CHRONIC S74.87 \$93.51 adult and children Effective 1/1/2023	67800			\$53.44	\$66.04		adult and children Effective 1/1/2023
REMOVAL OF MULTIPLE CHRONIC GROWTHS OF DIFFERENT EYELIDS \$84.13 \$102.63 adult and children Effective 1/1/2023				*	*		
67805 GROWTHS OF DIFFERENT EYELIDS \$84.13 \$102.63 adult and children Effective 1/1/2023	67801		GROWTHS OF SAME EYELID	\$74.87	\$93.51		adult and children Effective 1/1/2023
REMOVAL OF EYELID \$55.51 \$66.37 adult and children Effective 1/1/2023			REMOVAL OF MULTIPLE CHRONIC				
67820 REMOVAL OF EYELASHES USING FORCEPS \$31.70 \$36.79 adult and children Effective 1/1/2023 67825 REMOVAL OF EYELASHES \$52.31 \$64.38 adult and children Effective 1/1/2023 67840 REMOVAL OF GROWTH OF EYELID \$76.46 \$92.82 adult and children Effective 1/1/2023 DESTRUCTION OF GROWTH OF EYELID 67850 MARGIN, 1.0 CM OR LESS \$60.34 \$71.33 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT \$238.76 \$238.76 adult and children Effective 1/1/2023 REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT \$109.43 \$126.19 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD EYELID DEFECT \$204.74 \$204.74 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT \$105.10 \$121.06 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT \$105.10 \$121.06 adult and children Effective 1/1/2023 REMOVAL OF EMBEDDED FOREIGN BODY							adult and children Effective 1/1/2023
67825 REMOVAL OF EYELASHES \$52.31 \$64.38 adult and children Effective 1/1/2023 67840 REMOVAL OF GROWTH OF EYELID \$76.46 \$92.82 adult and children Effective 1/1/2023 DESTRUCTION OF GROWTH OF EYELID \$67.85 \$60.34 \$71.33 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT \$238.76 \$238.76 adult and children Effective 1/1/2023 REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT \$109.43 \$126.19 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD EYELID USING HEAT \$204.74 \$204.74 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT \$105.10 \$121.06 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT \$105.10 \$123.44 \$140.47 adult and children Effective 1/1/2023 REMOVAL OF EMBEDDED FOREIGN BODY	67810		BIOPSY OF EYELID	\$55.51	\$66.37		adult and children Effective 1/1/2023
67825 REMOVAL OF EYELASHES \$52.31 \$64.38 adult and children Effective 1/1/2023 67840 REMOVAL OF GROWTH OF EYELID \$76.46 \$92.82 adult and children Effective 1/1/2023 DESTRUCTION OF GROWTH OF EYELID \$67.85 \$60.34 \$71.33 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT \$238.76 \$238.76 adult and children Effective 1/1/2023 REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT \$109.43 \$126.19 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD EYELID USING HEAT \$204.74 \$204.74 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT \$105.10 \$121.06 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT \$105.10 \$123.44 \$140.47 adult and children Effective 1/1/2023 REMOVAL OF EMBEDDED FOREIGN BODY							
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SUTURE REPAIR OF TURNING-OUTWARD UPPER OR LOWER EYELID DEFECT 67915 REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT SUTURE REPAIR OF TURNING-INWARD EYELID DEFECT SUTURE REPAIR OF TURNING-INWARD EYELID DEFECT REPAIR OF TURNING-INWARD FYELID DEFECT SUTURE REPAIR OF TURNING-INWARD FYELID DEFECT SUBJECT SU	07050			# 00.04	Ф 7 4 00		- 1 1/ 1 - 1- 1/ 1/
67914 UPPER OR LOWER EYELID DEFECT \$238.76 \$238.76 adult and children Effective 1/1/2023 REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT \$109.43 \$126.19 adult and children Effective 1/1/2023 SUTURE REPAIR OF TURNING-INWARD EYELID DEFECT \$204.74 \$204.74 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT \$105.10 \$121.06 adult and children Effective 1/1/2023 67930 SUTURE OF RECENT WOUND OF EYELID \$123.44 \$140.47 adult and children Effective 1/1/2023 REMOVAL OF EMBEDDED FOREIGN BODY	67850			\$60.34	\$/1.33		adult and children Effective 1/1/2023
REPAIR OF TURNING-OUTWARD DEFECT OF UPPER OR LOWER EYELID USING HEAT SUTURE REPAIR OF TURNING-INWARD EYELID DEFECT EYELID DEFECT REPAIR OF TURNING-INWARD EYELID DEFECT Suture Repair Of Turning-Inward EYELID DEFECT Suture Repair Of Turning-Inward Suture	C7044			# 000 70	¢220.70		adult and abildran Effortive 1/1/2022
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67921 EYELID DEFECT \$204.74 \$204.74 adult and children Effective 1/1/2023 REPAIR OF TURNING-INWARD EYELID DEFECT USING HEAT \$105.10 \$121.06 adult and children Effective 1/1/2023 SUTURE OF RECENT WOUND OF EYELID \$123.44 \$140.47 adult and children Effective 1/1/2023 REMOVAL OF EMBEDDED FOREIGN BODY	67915		OF UPPER OR LOWER EYELID USING HEAT	\$109.43	\$126.19		adult and children Effective 1/1/2023
REPAIR OF TURNING-INWARD EYELID 67922 DEFECT USING HEAT \$105.10 \$121.06 adult and children Effective 1/1/2023 67930 SUTURE OF RECENT WOUND OF EYELID \$123.44 \$140.47 adult and children Effective 1/1/2023 REMOVAL OF EMBEDDED FOREIGN BODY	67021			\$204.74	\$204.74		adult and children Effective 1/1/2022
67922DEFECT USING HEAT\$105.10\$121.06adult and children Effective 1/1/202367930SUTURE OF RECENT WOUND OF EYELID\$123.44\$140.47adult and children Effective 1/1/2023REMOVAL OF EMBEDDED FOREIGN BODY	0/921	1		φ204.74	φ∠U4./4		adult and children Effective 1/1/2023
67930 SUTURE OF RECENT WOUND OF EYELID \$123.44 \$140.47 adult and children Effective 1/1/2023 REMOVAL OF EMBEDDED FOREIGN BODY	67022			\$105.10	\$121.06		adult and children Effective 1/1/2022
REMOVAL OF EMBEDDED FOREIGN BODY		1					
	01330			ψ123.44	ψ140.41		addit and children Ellective 1/1/2023
67938 IN EYELID \$45.26 \$52.24 adult and children Effective 1/1/2023	67938			\$45.26	\$52.24		adult and children Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
68020		INCISION AND DRAINAGE OF CYST OF EYE	\$46.30	\$53.14		adult and children Effective 1/1/2023
		REMOVAL OF SCARS OF EYELID LINING				
68040		DUE TO INFECTION	\$31.46	\$37.50		adult and children Effective 1/1/2023
68100		BIOPSY OF EYELID LINING	\$54.35	\$67.63		adult and children Effective 1/1/2023
		REMOVAL OF GROWTH OF EYELID LINING,				
68110		1.0 CM OR LESS	\$68.80	\$85.43		adult and children Effective 1/1/2023
		REMOVAL OF GROWTH OF EYELID LINING,				
68115		MORE THAN 1.0 CM	\$122.22	\$122.22		adult and children Effective 1/1/2023
		DESTRUCTION OF GROWTH OF EYELID				
68135		LINING	\$63.42	\$73.35		adult and children Effective 1/1/2023
68200	1	INJECTION INTO CONJUNCTIVA	\$22.08	\$29.05		adult and children Effective 1/1/2023
		SNIP INCISION OF TEAR DUCT AT INNER				
68440		CORNER OF EYE	\$37.28	\$47.47		adult and children Effective 1/1/2023
		REMOVAL OF FOREIGN BODY OR STONE IN				
68530		TEAR PASSAGES	\$148.28	\$186.50		adult and children Effective 1/1/2023
		RELEASE OF TISSUE AT TEAR DUCT				
68705		OPENING	\$73.87	\$87.55		adult and children Effective 1/1/2023
		REPAIR TEAR DUCT OPENING BY HEAT,				
68760		TYING, OR LASER SURGERY	\$62.61	\$74.95		adult and children Effective 1/1/2023
		CLOSURE OF TEAR DUCT OPENING USING				
68761		PLUG	\$51.75	\$64.09		adult and children Effective 1/1/2023
68801		DILATION OF TEAR DRAINAGE OPENING	\$36.96	\$36.96		adult and children Effective 1/1/2023
		INSERTION OF PROBE INTO NASAL TEAR				
68810		DUCT	\$51.50	\$51.50		adult and children Effective 1/1/2023
68840		PROBING OF NASAL TEAR DUCT	\$43.10	\$49.67		adult and children Effective 1/1/2023
		INSERTION OF DRUG DELIVERY IMPLANT				
68841		INTO TEAR DUCT OF EYE	\$30.47	\$30.47		Effective 1/1/2023
		1D ULTRASOUND SCAN OF EYE TISSUE				
76511		AND STRUCTURES	\$69.12	\$69.12		adult and children Effective 1/1/2023
		2D ULTRASOUND SCAN OF EYE TISSUE	A =			
76512		AND STRUCTURES	\$69.95	\$69.95		adult and children Effective 1/1/2023
		ULTRASOUND SCAN OF EYE USING WATER	A 05	000.00		
76513		BATH METHOD	\$69.95	\$69.95		adult and children Effective 1/1/2023
70544		ULTRASOUND SCAN OF CORNEA TO	00.04	00.04		
76514		DETERMINE THICKNESS	\$9.01	\$9.01		adult and children Effective 1/1/2023
=0=1-		ULTRASOUND SCAN TO DETERMINE EYE	A==	A==		
76516		LENGTH SOAN TO DETERMINE 51/5	\$57.38	\$57.38		adult and children Effective 1/1/2023
70540		ULTRASOUND SCAN TO DETERMINE EYE	AFC 5.1	05004		
76519		LENGTH AND LENS POWER	\$52.34	\$52.34		adult and children Effective 1/1/2023
70500		ULTRASOUND SCAN OF EYE FOR FOREIGN	004 =0	001.70		
76529	1	BODY LOCALIZATION	\$61.73	\$61.73		adult and children Effective 1/1/2023
		ANALYSIS OF SUBSTANCE USING				
00540		IMMUNOASSAY TECHNIQUE, MULTIPLE	0440	0440=		F// /: 4/4/0000
83516		STEP METHOD	\$14.25	\$14.25		Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
						1 per recipient per provider per 3-year period.
						Cannot be billed with 99202, 99203,
						99204,99205, 99211, 99212, 99213,
		NEW PATIENT PROBLEM FOCUSED EXAM				99214, or 99215
92002		OF VISUAL SYSTEM	\$51.67	\$51.67		adult and children Effective 1/1/2023
						1 per recipient per provider per 3-year period. Cannot be billed with 99202,
						99203, 99204,99205, 99211, 99212,
		NEW PATIENT COMPLETE EXAM OF VISUAL				99213, 99214, or 99215
92004		SYSTEM	\$94.51	\$94.51		adult and children Effective 1/1/2023
						1 per recipient per provider per calendar
						year.
						Cannot be billed with 99202, 99203,
		ESTABLISHED PATIENT PROBLEM				99204,99205, 99211, 99212, 99213, 99214, or 99215
92012		FOCUSED EXAM OF VISUAL SYSTEM	\$46.92	\$46.92		adult and children Effective 1/1/2023
32012		I COUSED EXAMINE VISUAL STOTEM	ψ+0.32	ψ+0.32		1 per recipient per provider per calendar
						year.
						Cannot be billed with 99202, 99203,
						99204,99205, 99211, 99212, 99213,
		ESTABLISHED PATIENT COMPLETE EXAM	.	***		99214, or 99215
92014		OF VISUAL SYSTEM	\$69.80	\$69.80		adult and children Effective 1/1/2023
		TEST TO DETERMINE IF PRESCRIPTION				1 per recipient per year (additional covered if medically necessary)
92015		EYE WEAR IS NEEDED	\$20.22	\$20.22		adult and children Effective 1/1/2023
020.0		COMPLETE EXAM OF VISUAL SYSTEM	Ψ20:22	Ψ20:22		addit and official Endouve 1, 1,2020
92018		UNDER GENERAL ANESTHESIA	\$57.64	\$57.64		adult and children Effective 1/1/2023
		LIMITED EXAM OF VISUAL SYSTEM UNDER				
92019		GENERAL ANESTHESIA	\$45.47	\$51.78		adult and children Effective 1/1/2023
92020		EXAM OF THE INTERNAL DRAINAGE SYSTEM OF EYE	\$14.99	\$18.88		adult and children Effective 1/1/2023
92025		CT SCAN OF CORNEA	\$21.74	\$21.74		adult and children Effective 1/1/2023
32023		EXAM TO MEASURE EYE DEVIATION AND	Ψ21.7 τ	Ψ21.7 τ		addit and children Enective 1/1/2023
92060		RANGE OF MOTION	\$41.60	\$41.60		adult and children Effective 1/1/2023
		EYE TRAINING EXERCISE PERFORMED BY	·	·		
92065		HEALTH CARE PROFESSIONAL	\$32.71	\$32.71		adult and children Effective 1/1/2023
		EYE TRAINING EXERCISE UNDER				
02066		SUPERVISION OF HEALTH CARE	¢10.04	¢10.04		Effective 1/1/2022
92066		PROFESSIONAL FITTING OF CONTACT LENS FOR	\$19.94	\$19.94		Effective 1/1/2023
92071		TREATMENT OF EYE SURFACE DISEASE	\$27.03	\$30.13		adult and children Effective 1/1/2023
5_5		FITTING OF CONTACT LENS FOR	Ψ=1.00	450110		3.13 3.13 3.13 3.13 3.13 3.13 3.13 3.13
92072		MANAGEMENT OF CORNEAL CONDITION	\$78.07	\$96.16		adult and children Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
						Limited to 1 per recipient per provider per
						date of service.
						Cannot be billed w/92082 or 92083 as
		EXAM OF VISUAL FIELD WITH LIMITED	.	****		having occurred on the same date.
92081		TESTING	\$36.45	\$36.45		adult and children Effective 1/1/2023
						Limited to 1 per recipient per provider per
		EVAM OF VISUAL FIELD WITH				date of service. Cannot be billed w/92081 or 92083 as
92082		EXAM OF VISUAL FIELD WITH INTERMEDIATE TESTING	\$48.64	\$48.64		
92002		INTERMEDIATE TESTING	φ40.04	φ40.04		having occurred on the same date. Limited to 1 per recipient per provider per
						date of service.
						Cannot be billed w/92081 or 92082 as
		EXAM OF VISUAL FIELD WITH EXTENDED				having occurred on the same date.
92083		TESTING	\$55.27	\$55.27		adult and children Effective 1/1/2023
		MULTIPLE MEASUREMENTS OF EYE FLUID	755	755		
		PRESSURE OVER AN EXTENDED TIME				
92100		PERIOD	\$30.59	\$33.94		adult and children Effective 1/1/2023
92132		IMAGING OF FRONT THIRD OF EYE	\$31.75	\$31.75		adult and children Effective 1/1/2023
92133		IMAGING OF OPTIC NERVE	\$38.87	\$38.87		adult and children Effective 1/1/2023
92134		IMAGING OF RETINA	\$38.87	\$38.87		adult and children Effective 1/1/2023
		MEASUREMENT OF CORNEAL CURVATURE				
92136		AND DEPTH OF EYE	\$39.72	\$39.72		adult and children Effective 1/1/2023
		EXTENDED EXAM OF THE BACK PART OF	*	A 40 T 0		
92201		THE EYE WITH RETINAL DRAWING	\$18.14	\$19.70		adult and children Effective 1/1/2023
00000		EXTENDED EXAM OF THE BACK PART OF	¢44.70			Added 1/1/2020
92202		THE EYE WITH OPTIC NERVE DRAWING	\$11.73			adult and children Effective 1/1/2023 Limited to 2 per recipient per provider per
						date of service.
						Cannot be billed as having occurred on
		EXAM OF RETINAL BLOOD VESSELS USING				the same date as 92235, 99250, or
		AN ENDOSCOPE AFTER INJECTION OF A				92260
92230		DYE	\$27.83	\$37.09		adult and children Effective 1/1/2023
			•	·		Limited to 1 per recipient per provider per
						date of service.
						Cannot be billed as having occurred on
		EXAM OF RETINAL BLOOD VESSELS USING				the same date as 92230, 99250, or
		A SPECIAL CAMERA AFTER INJECTION OF A				92260
92235		DYE	\$68.33	\$68.33		adult and children Effective 1/1/2023
		EXAM OF BLOOD VESSELS BETWEEN THE				
		WHITE PART OF EYE AND RETINA USING A				
000.40		SPECIAL CAMERA AFTER INJECTION OF A	A457 - 0			
92240		DYE	\$157.53			adult and children Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
						Limited to 1 per recipient per provider per
						date of service.
						Cannot be billed as having occurred on the same date as 92230, 99235, or
						92260
92250		PHOTOGRAPHY OF THE RETINA	\$49.01	\$49.01		adult and children Effective 1/1/2023
	1		·	·		Limited to 1 per recipient per provider per
						date of service.
						Cannot be billed as having occurred on
		MEACUREMENT OF EVE ARTERY				the same date as 92230, 99235, or
92260		MEASUREMENT OF EYE ARTERY PRESSURE	\$22.64	\$29.88		92250 adult and children Effective 1/1/2023
92200	1	MEASUREMENT OF EYE MUSCLE	ΨZZ.04	φ29.00		adult and children Effective 1/1/2023
		ELECTRICAL ACTIVITY AND THEIR NERVE				
92265		CELLS WITH NEEDLE ELECTRODE	\$32.03	\$32.03		adult and children Effective 1/1/2023
92270		MEASUREMENT OF EYE MOVEMENT	\$42.95			adult and children Effective 1/1/2023
		MEASUREMENT OF RETINAL AND OPTIC				
92273		NERVE FUNCTION	\$101.11	\$101.11		Effective 1/1/2023
		MEASUREMENT OF RETINAL AND OPTIC NERVE FUNCTION TARGETING MULTIPLE				
92274		SEPARATE LOCATIONS	\$68.98	\$68.98		Effective 1/1/2023
32214		EXTENDED EXAM INVOLVING COLOR	ψ00.90	ψ00.30		Lifective 1/1/2023
92283		VISION TESTING	\$15.65	\$15.65		adult and children Effective 1/1/2023
		EVALUATION OF EYE ADAPTATION TO	·	· ·		
		LIGHT AND DARK WITH INTERPRETATION				
92284		AND REPORT	\$23.41	\$23.41		adult and children Effective 1/1/2023
92285		PHOTOGRAPHY OF CONTENT OF EYES IMAGING OF FRONT THIRD OF EYE USING A	\$13.89	\$13.89		adult and children Effective 1/1/2023
92286		SPECIAL MICROSCOPE		\$53.79		adult and children Effective 1/1/2023
32200		IMAGING OF FRONT THIRD OF EYE USING A		ψ55.79		addit and children Effective 1/1/2025
		SPECIAL CAMERA AFTER INJECTION OF A				
92287		DYE	\$104.82			adult and children Effective 1/1/2023
92310		CONTACT LENS SERVICES BOTH EYES	\$69.74	\$69.74		adult and children Effective 1/1/2023
00044		CONTACT LENS SERVICES 1 EYE WHERE		A-0-5		
92311	1	NATURAL LENS IS ABSENT CONTACT LENS SERVICES BOTH EYES	\$44.49	\$56.56		adult and children Effective 1/1/2023
92312		WHERE NATURAL LENS IS ABSENT	\$53.26	\$68.82		adult and children Effective 1/1/2023
32312	1	CONTACT LENS SERVICES FOR LENS	φυυ.Ζυ	ψυυ.υ∠		addit and Gillaren Ellective 1/1/2023
92313		COVERING ENTIRE CORNEA	\$39.53	\$51.33		adult and children Effective 1/1/2023
		CONTACT LENS SERVICES BOTH EYES				
		WITH FITTING BY INDEPENDENT				
92314		TECHNICIAN	\$41.17	\$41.17	\$41.17	
						1 per year per member plus 1 additional
92340		EITTING OF MONOFOCAL SPECTACLES	¢33 00	\$33.00	¢33 00	for replacement glasses. adult and children Effective 1/1/2023
92340		FITTING OF MONOFOCAL SPECTACLES	\$33.00	\$33.00	\$33.00	adult and children Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
						1 per year per member plus 1 additional
						for replacement glasses.
92341		FITTING OF BIFOCAL SPECTACLES	\$38.00	\$38.00	\$38.00	adult and children Effective 1/1/2023
92342		FITTING OF MULTIFOCAL SPECTACLES	\$39.00	\$39.00	\$39.00	
						1 per year per member plus 1 additional
		FITTING OF MONOFOCAL SPECTACLES				for replacement glasses.
92352		WHERE NATURAL LENS IS ABSENT	\$33.00	\$33.00	\$33.00	adult and children Effective 1/1/2023
						1 per year per member plus 1 additional
		FITTING OF MULTIFOCAL SPECTACLES				for replacement glasses.
92353		WHERE NATURAL LENS IS ABSENT	\$39.00	\$39.00	\$39.00	adult and children Effective 1/1/2023
						1 per year per member plus 1 additional
						for replacement glasses.
92370		REPAIR AND REFITTING OF SPECTACLES	\$29.00	\$29.00	\$29.00	adult and children Effective 1/1/2023
		REPAIR AND REFITTING OF SPECTACLE	^	A		
92371	110	WHERE NATURAL LENS IS ABSENT	\$8.40	\$16.31	-	adult and children Effective 1/1/2023
92499	UC	OTHER SERVICE OR PROCEDURE ON EYE	\$14.00	\$14.00	\$14.00	adult and children Effective 1/1/2023
92499	LT/RT	OTHER SERVICE OR PROCEDURE ON EYE	\$3.50	\$3.50	\$3.50	adult and children Effective 1/1/2023
00504		TEST FOR ABNORMAL EYE MOVEMENT	#0.00	#0.00		- 1. 1/1 - 1. 1. 1. 1. 1. 1 1 1. 1/1/0000
92531		WITHOUT STIMULUS	\$6.96	\$6.96		adult and children Effective 1/1/2023
00500		TEST FOR ABNORMAL EYE MOVEMENT	ሲ ር 00	Ф г 00		adult and abilduan Effective 4/4/0000
92532	1	USING 3 POSITIONS	\$5.83	\$5.83		adult and children Effective 1/1/2023
02522		TEST TO ASSESS BALANCE DURING IRRIGATION	የ ድ ድር	¢c c0		adult and children Effective 1/1/2023
92533		TEST FOR ABNORMAL EYE MOVEMENT	\$6.69	\$6.69		adult and children Effective 1/1/2023
92534		USING A MOVING TARGET	\$2.76	\$2.76		adult and children Effective 1/1/2023
92004	+	TEST FOR ABNORMAL EYE MOVEMENT	ΦΖ.7 O	φ2.70		adult and children Effective 1/1/2023
92541		WITH RECORDING	\$31.41	\$31.41		adult and children Effective 1/1/2023
92341		TEST FOR ABNORMAL EYE MOVEMENT	ψ51.41	ψ31.41		addit and children Effective 1/1/2025
92542		USING 3 POSITIONS WITH RECORDING	\$27.75	\$27.75		adult and children Effective 1/1/2023
32342		TEST FOR ABNORMAL EYE MOVEMENT	Ψ21.13	Ψ21.13		addit and children Effective 1/1/2023
		USING A MOVING TARGET WITH				
92544		RECORDING	\$21.45	\$21.45		adult and children Effective 1/1/2023
0 2 044		TEST FOR ABNORMAL EYE MOVEMENT	Ψ21.40	Ψ21.40		dual and children Encouve 17 172020
		USING A MOVING TARGET THAT MOVES				
92545		BACK AND FORTH WITH RECORDING	\$18.45	\$18.45		adult and children Effective 1/1/2023
02010		TEST FOR ABNORMAL EYE MOVEMENT	ψ10110	ψ10110		addit did cimaren Encetive ii ii/2020
92546		USING A ROTATING CHAIR	\$23.94	\$23.94		adult and children Effective 1/1/2023
		USE OF ELECTRODES DURING BALANCE		+		
92547		TESTING	\$15.67	\$15.67		adult and children Effective 1/1/2023
		COMPLETE ULTRASOUND OF WITHIN THE	,	,		1
93886	1	BRAIN BLOOD FLOW	\$158.82	\$158.82		Effective 1/1/2023
		ULTRASOUND OF WITHIN THE BRAIN	·	·		
93888		BLOOD FLOW	\$105.85	\$105.85		Effective 1/1/2023
		ULTRASOUND OF WITHIN THE BRAIN				
93890		BLOOD FLOW FOLLOWING MEDICATION	\$166.36	\$166.36		Effective 1/1/2023
		ULTRASOUND OF WITHIN THE BRAIN	·			
93892		BLOOD FLOW FOR BLOOD CLOTS	\$177.44	\$177.44		Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		TEST TO MEASURE EXPIRATORY AIRFLOW				
94010		AND VOLUME	\$24.44	\$24.44		adult and children Effective 1/1/2023
95060		TEST FOR ALLERGY USING ALLERGENIC EXTRACT APPLIED TO EYE	<u></u>	\$9.34		adult and children Effective 1/1/2023
95060		MEASUREMENT OF NERVE CONDUCTION	\$9.34	\$9.34		adult and children Effective 1/1/2025
		USING VISUAL STIMULATION TESTING WITH				
95930		REPORT	\$33.75	\$33.75		adult and children Effective 1/1/2023
00000		ADMINISTRATION OF DEVELOPMENTAL	φοσσ	φοσ.το		addit drid drillardri Eriodityo 17 172020
96112		TEST, FIRST HOUR	\$108.86	\$108.86		adult and children Effective 1/1/2023
		ADMINISTRATION OF DEVELOPMENTAL	*	• • • • • • • • • • • • • • • • • • • •		
96113		TEST, EACH ADDITIONAL 30 MINUTES	\$48.65	\$48.65		adult and children Effective 1/1/2023
		EXAM OF NEUROBEHAVIORAL STATUS,				
96116		FIRST HOUR	\$76.18	\$81.03		adult and children Effective 1/1/2023
		THERAPY PROCEDURE USING EXERCISE				
		TO DEVELOP STRENGTH, ENDURANCE,				
		RANGE OF MOTION, AND FLEXIBILITY,		4		
97110		EACH 15 MINUTES	\$20.90	\$20.90		adult and children Effective 1/1/2023
		THERAPY PROCEDURE TO RE-EDUCATE				
07110		BRAIN-TO-NERVE-TO-MUSCLE FUNCTION,	\$24.66	¢24.66		adult and children Effective 1/1/2022
97112		EACH 15 MINUTES THERAPY PROCEDURE IN A GROUP	\$21.66	\$21.66		adult and children Effective 1/1/2023
97150		SETTING	\$13.77	\$13.77		adult and children Effective 1/1/2023
37 130		THERAPY PROCEDURE USING FUNCTIONAL	ψ10.77	ψ10.77		addit and children Enective 1/1/2025
97530		ACTIVITIES	\$21.61	\$21.61		adult and children Effective 1/1/2023
98960		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES - 1 PATIENT	\$22.53	\$22.53		Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist, optometrist. UB modifier identifies service provided by CHW
98961		EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, 2-4 PATIENTS, EACH 30 MINUTES	\$10.88	\$10.88		Community Health Workers (CHW) - Effective July 1, 2023. 2 units per week. No more than 104 units per calendar year. Rendering provider must be Physician, APRN, Physician Assistant, Dentist, optometrist. UB modifier identifies service provided by CHW



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
						Community Health Workers (CHW) -
						Effective July 1, 2023. 2 units per week. No more than 104
						units per calendar year. Rendering
						provider must be Physician, APRN,
		EDUCATION AND TRAINING FOR PATIENT				Physician Assistant, Dentist, optometrist.
		SELF-MANAGEMENT, 5-8 PATIENTS, EACH	A 0.00	40.00		UB modifier identifies service provided by
98962		30 MINUTES	\$8.03	\$8.03		CHW Must be billed with an E/M Code 99201 –
		SERVICE PROVIDED IN THE OFFICE WHEN				199499
99050		THE OFFICE IS NORMALLY CLOSED	\$7.50	\$10.00		adult and children Effective 1/1/2023
						1 per recipient per provider per 3-year
		NEW BATIENT OFFICE OF OTHER				period.
		NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH				Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243,
		STRAIGHTFORWARD MEDICAL DECISION				99244,99245, 99251, 99252,
		MAKING, IF USING TIME, 15 MINUTES OR				99253,99254, or 99255
99202		MORE	\$39.73	\$53.00		adult and children Effective 1/1/2023
						1 per recipient per provider per 3-year
						period.
		NEW PATIENT OFFICE OR OTHER				Cannot be billed with 92002, 92004, 92012, 92014, 99421, 99242, 99243,
		OUTPATIENT VISIT WITH LOW LEVEL OF				99244,99245, 99251, 99252,
		MEDICAL DECISION MAKING, IF USING				99253,99254, or 99255
99203		TIME, 30 MINUTES OR MORE	\$60.57	\$79.04		adult and children Effective 1/1/2023
						1 per recipient per provider per 3-year
						period. Cannot be billed with 92002, 92004,
		NEW PATIENT OFFICE OR OTHER				92012, 92014, 99421, 99242, 99243,
		OUTPATIENT VISIT WITH MODERATE LEVEL				99244,99245, 99251, 99252,
		OF MEDICAL DECISION MAKING, IF USING				99253,99254, or 99255
99204		TIME, 45 MINUTES OR MORE	\$102.79	\$112.27		adult and children Effective 1/1/2023
						1 per recipient per provider per 3-year period.
						Cannot be billed with 92002, 92004,
		NEW PATIENT OFFICE OR OTHER				92012, 92014, 99421, 99242, 99243,
		OUTPATIENT VISIT WITH A HIGH LEVEL OF				99244,99245, 99251, 99252,
		MEDICAL DECISION MAKING, IF USING	_			99253,99254, or 99255
99205		TIME, 60 MINUTES OR MORE	\$131.98	\$143.29		adult and children Effective 1/1/2023
						Limitation of 2 per year removed effective 1/1/2023
		OFFICE OR OTHER OUTPATIENT VISIT FOR				Cannot be billed with 92002, 92004,
		THE EVALUATION AND MANAGEMENT OF				92012, 92014,99241, 99242,
		ESTABLISHED PATIENT THAT MAY NOT				99243, 99244, 99245,
00044		REQUIRE PRESENCE OF HEALTHCARE	Φ7.40	040.00		99251,99252, 99253, 99254, or 99255
99211		PROFESSIONAL	\$7.48	\$16.98		adult and children Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
						Limitation of 2 per year removed effective
						1/1/2023
		ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH				Cannot be billed with 92002, 92004,
		ISTRAIGHTFORWARD MEDICAL DECISION				92012, 92014, 99241, 99242, 99243, 99244, 99245,
		MAKING, IF USING TIME, 10 MINUTES OR				99251,99252, 99253, 99254, or 99255
99212		MORE	\$20.41	\$31.08		adult and children Effective 1/1/2023
002.2		mora_	Ψ20111	ψο 1100		Limitation of 2 per year removed effective
						1/1/2023
						Cannot be billed with 92002, 92004,
		ESTABLISHED PATIENT OFFICE OR OTHER				92012, 92014, 99241, 99242
		OUTPATIENT VISIT WITH LOW LEVEL OD				99243, 99244, 99245,
		DECISION MAKING, IF USING TIME, 20		.		99251,99252, 99253, 99254, or 99255
99213		MINUTES OR MORE	\$40.36	\$42.63		adult and children Effective 1/1/2023
						Limitation of 2 per year removed effective 1/1/2023
						Cannot be billed with 92002, 92004,
		ESTABLISHED PATIENT OFFICE OR OTHER				92012, 92014, 99241, 99242,
		OUTPATIENT VISIT WITH MODERATE LEVEL				99243, 99244, 99245,
		OF DECISION MAKING, IF USING TIME, 30				99251,99252, 99253, 99254, or 99255
99214		MINUTES OR MORE	\$61.98	\$67.10		adult and children Effective 1/1/2023
			·	·		Limitation of 2 per year removed effective
						1/1/2023
						Cannot be billed with 92002, 92004,
		ESTABLISHED PATIENT OFFICE OR OTHER				92012, 92014, 99241, 99242,
		OUTPATIENT VISIT WITH HIGH LEVEL OF				99243, 99244, 99245,
99215		MEDICAL DECISION MAKING, IF USING TIME, 40 MINUTES OR MORE	\$87.17	\$98.39		99251,99252, 99253, 99254, or 99255 adult and children Effective 1/1/2023
99215		INITIAL HOSPITAL CARE WITH	φο/.1/	\$90.39		adult and children Effective 1/1/2023
		STRAIGHTFORWARD OR LOW LEVEL OF				
		MEDICAL DECISION MAKING, PER DAY, IF				
99221		USING TIME, AT LEAST 40 MINUTES	\$51.66	\$51.66		adult and children Effective 1/1/2023
		INITIAL HOSPITAL CARE WITH				
		STRAIGHTFORWARD OR LOW-LEVEL				
		MEDICAL DECISION MAKING, IF USING				
99222		TIME, AT LEAST 55 MINUTES	\$85.60	\$85.60		adult and children Effective 1/1/2023
		INITIAL HOSPITAL CARE WITH MODERATE				
00000		LEVEL OF MEDICAL DECISION MAKING, IF	#440.05	₽440.0F		adult and abilduan Effactive 4/4/0000
99223	 	USING TIME, AT LEAST 75 MINUTES SUBSEQUENT HOSPITAL CARE WITH	\$119.25	\$119.25		adult and children Effective 1/1/2023
1		STRAIGHTFORWARD OR LOW LEVEL OF				
1		MEDICAL DECISION MAKING, PER DAY, IF				
99231		USING TIME, AT LEAST 25 MINUTES	\$25.89	\$25.89		adult and children Effective 1/1/2023
		SUBSEQUENT HOSPITAL CARE WITH	Ţ- J.	Ţ-0.00		
		MODERATE LEVELOF MEDICAL DECISION				
		MAKING, IF USING TIME, AT LEAST 35				
99232		MINUTES	\$42.24	\$42.24		adult and children Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		SUBSEQUENT HOSPITAL CARE WITH				
		MODERATE LEVELOF MEDICAL DECISION				
		MAKING, IF USING TIME, AT LEAST 50				
99233		MINUTES	\$60.07	\$60.07		adult and children Effective 1/1/2023
		HOSPITAL DISCHARGE DAY MANAGEMENT,				
99238		30 MINUTES OR LESS	\$53.44	\$53.44		adult and children Effective 1/1/2023
		HOSPITAL DISCHARGE DAY MANAGEMENT,				
99239		MORE THAN 30 MINUTES	\$72.89	\$72.89		adult and children Effective 1/1/2023
		OUTPATIENT CONSULTATION WITH				
		STRAIGHTFORWARD MEDICAL DECISION				
000.10		MAKING, IF USING TIME, AT LEAST 20	05404	007.00		
99242	1	MINUTES OUTPATIENT CONSULTATION WITH LOW	\$54.91	\$67.83		adult and children Effective 1/1/2023
00242		LEVEL OF MEDICAL DECISION MAKING, IF	\$76.53	\$00.42		adult and abildran Effective 1/1/2022
99243		USING TIME, AT LEAST 30 MINUTES OUTPATIENT CONSULTATION WITH	\$70.33	\$90.43		adult and children Effective 1/1/2023
		MODERATE LEVEL OF MEDICAL DECISION				
		MAKING, IF USING TIME, AT LEAST 40				
99244		MINUTES	\$121.37	\$128.22		adult and children Effective 1/1/2023
33244		OUTPATIENT CONSULTATION WITH HIGH	Ψ121.01	Ψ120.22		addit and children Enective 1/1/2025
		LEVEL OF MEDICAL DECISION MAKING, IF				
99245		USING TIME, AT LEAST 55 MINUTES	\$150.75	\$166.18		adult and children Effective 1/1/2023
		HOSPITAL CONSULTATION WITH	T	,		
		STRAIGHTFORWARD MEDICAL DECISION				
		MAKING, IF USING TIME, AT LEAST 35				
99252		MINUTES	\$55.73	\$55.73		adult and children Effective 1/1/2023
		HOSPITAL CONSULTATION WITH LOW				
		LEVEL OF MEDICAL DECISION MAKING, IF				
99253		USING TIME, AT LEAST 45 MINUTES	\$74.75	\$74.75		adult and children Effective 1/1/2023
		HOSPITAL CONSULTATION WITH				
		MODERATE LEVEL OF MEDICAL DECISION				
		MAKING, IF USING TIME, AT LEAST 45	.	.		
99254		MINUTES	\$107.50	\$107.50		adult and children Effective 1/1/2023
		HOSPITAL CONSULTATION WITH HIGH				
00055		LEVEL OF MEDICAL DECISION MAKING, IF	#4.40.00	£4.40.00		adult and abildren Effective 4/4/0000
99255	+	USING TIME, AT LEAST 80 MINUTES EMERGENCY DEPARTMENT VISIT FOR	\$148.20	\$148.20		adult and children Effective 1/1/2023
		PROBLEM THAT MAY NOT REQUIRE				
99281		HEALTH CARE PROFESSIONAL	\$15.97	\$15.97		adult and children Effective 1/1/2023
33201	+	EMERGENCY DEPARTMENT VISIT WITH	ψισ.σι	ψισ.σι		addit and children Ellective 1/1/2025
		STRAIGHTFORWARD MEDICAL DECISION				
99282		MAKING	\$24.71	\$24.71		adult and children Effective 1/1/2023
00202	†		Ψ= ! !	Ψ= 1111		and discontinuous in the desired in
		EMERGENCY DEPARTMENT VISIT WITH				
99283		LOW LEVEL OF MEDICAL DECISION MAKING	\$47.40	\$47.40		adult and children Effective 1/1/2023



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		EMERGENCY DEPARTMENT VISIT WITH				
		MODERATE LEVEL OF MEDICAL DECISION				
99284		MAKING	\$74.05	\$74.05		adult and children Effective 1/1/2023
		EMERGENCY DEPARTMENT VISIT WITH				
		HIGH LEVEL OF MEDICAL DECISION	0.1.0.0.1	A 440.04		
99285		MAKING RESIDENCE VISIT FOR NEW PATIENT WITH	\$116.04	\$116.04		adult and children Effective 1/1/2023
						1 per reginient per provider per 2 year
		STRAIGHTFORWARD MEDICAL DECISION				1 per recipient per provider per 3-year period
99341		MAKING, PER DAY, IF USING TIME, AT LEAST 15 MINUTES		\$74.38		adult and children Effective 1/1/2023
99341		RESIDENCE VISIT FOR NEW PATIENT WITH		ψ14.30		addit and children Effective 1/1/2025
		LOW LEVEL OF MEDICAL DECISION				
		MAKING, PER DAY, IF USING TIME, AT				1 per recipient per provider per 3-year
99342		LEAST 30 MINUTES		\$98.05		period
		TELEPHONE MEDICAL DISCUSSION WITH		400.00		
99442		PHYSICIAN, 11-20 MINUTES		\$67.10		adult and children Effective 1/1/2023
		TELEPHONE MEDICAL DISCUSSION WITH				
99443		PHYSICIAN, 21-30 MINUTES		\$98.39		adult and children Effective 1/1/2023
						1 per recipient per calendar year - Adult
V2020		FRAMES, PURCHASES			\$50.00	and Children
		SPHERE, SINGLE VISION, PLANO TO PLUS				2 per recipient per calendar year - adult
V2100		OR MINUS 4.00, PER LENS			\$28.00	and children
1/0404		SPHERE, SINGLE VISION, PLUS OR MINUS			# 00.00	2 per recipient per calendar year - adult
V2101		4.12 TO PLUS OR MINUS 7.00D, PER LENS			\$28.00	and children
\/0400		SPHERE, SINGLE VISION, PLUS OR MINUS			# 20.00	2 per recipient per calendar year - adult and children
V2102		7.12 TO PLUS OR MINUS 20.00D, PER LENS SPHEROCYLINDER, SINGLE VISION, PLANO			\$28.00	and children
		TO PLUS OR MINUS 4.00D SPHERE, .12 TO				2 per recipient per calendar year - adult
V2103		2.00D CYLINDER, PER LENS			\$28.00	and children
VZ100		SPHEROCYLINDER, SINGLE VISION, PLANO			Ψ20.00	and official
		TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO				2 per recipient per calendar year - adult
V2104		4.00D CYLINDER, PER LENS			\$28.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLANO			•	
		TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO				2 per recipient per calendar year - adult
V2105		6.00D CYLINDER, PER LENS			\$28.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLANO				
		TO PLUS OR MINUS 4.00D SPHERE, OVER				2 per recipient per calendar year - adult
V2106		6.00D CYLINDER, PER LENS			\$28.00	and children
		OBUEDON/UNDED ONICE STREET				
		SPHEROCYLINDER, SINGLE VISION, PLUS				O non reginient non selection reginity
1/2407		OR MINUS 4.25 TO PLUS OR MINUS 7.00			ድጋር ሰላ	2 per recipient per calendar year - adult
V2107		SPHERE, .12 TO 2.00D CYLINDER, PER LENS SPHEROCYLINDER, SINGLE VISION, PLUS			\$28.00	and children
		OR MINUS 4.25D TO PLUS OR MINUS 7.00D				
		SPHERE, 2.12 TO 4.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2108		LENS			\$28.00	and children



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		SPHEROCYLINDER, SINGLE VISION, PLUS				
		OR MINUS 4.25 TO PLUS OR MINUS 7.00D				
		SPHERE, 4.25 TO 6.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2109		LENS			\$28.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER				2 per reginient per gelender voor edult
V2110		6.00D CYLINDER, PER LENS			\$28.00	2 per recipient per calendar year - adult and children
VZ110		0.00D CTEINDER, FER LENG			Ψ20.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLUS				
		OR MINUS 7.25 TO PLUS OR MINUS 12.00D				2 per recipient per calendar year - adult
V2111		SPHERE, .25 TO 2.25D CYLINDER, PER LENS			\$28.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLUS				
		OR MINUS 7.25 TO PLUS OR MINUS 12.00D				
		SPHERE, 2.25D TO 4.00D CYLINDER, PER			.	2 per recipient per calendar year - adult
V2112	-	LENS CINCLE VICION BLUC			\$28.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D				
		SPHERE, 4.25 TO 6.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2113		LENS			\$28.00	and children
VZIIJ		SPHEROCYLINDER, SINGLE VISION,			Ψ20.00	and children
		SPHERE OVER PLUS OR MINUS 12.00D, PER				2 per recipient per calendar year - adult
V2114		LENS			\$28.00	and children
		LENTICULAR, (MYODISC), PER LENS,				2 per recipient per calendar year - adult
V2115		SINGLE VISION			\$28.00	and children
					.	2 per recipient per calendar year - adult
V2118		ANISEIKONIC LENS, SINGLE VISION			\$28.00	and children
V2121		LENTICULAR LENS, PER LENS, SINGLE			\$28.00	2 per recipient per calendar year - adult and children
VZIZI	1	NOT OTHERWISE CLASSIFIED, SINGLE			φ20.00	2 per recipient per calendar year - adult
V2199		VISION LENS			\$28.00	and children
12.00		SPHERE, BIFOCAL, PLANO TO PLUS OR			Ψ20.00	2 per recipient per calendar year - adult
V2200		MINUS 4.00D, PER LENS			\$43.00	and children
		SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO				2 per recipient per calendar year - adult
V2201		PLUS OR MINUS 7.00D, PER LENS			\$43.00	and children
		SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO				2 per recipient per calendar year - adult
V2202		PLUS OR MINUS 20.00D, PER LENS			\$43.00	and children
	1	SPHEROCYLINDER, BIFOCAL, PLANO TO				
\/2202		PLUS OR MINUS 4.00D SPHERE, .12 TO			642.00	2 per recipient per calendar year - adult
V2203	+	2.00D CYLINDER, PER LENS SPHEROCYLINDER, BIFOCAL, PLANO TO			\$43.00	and children
		PLUS OR MINUS 4.00D SPHERE, 2.12 TO				2 per recipient per calendar year - adult
V2204		4.00D CYLINDER, PER LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLANO TO			4.3.00	
	1	PLUS OR MINUS 4.00D SPHERE, 4.25 TO				2 per recipient per calendar year - adult
V2205		6.00D CYLINDER, PER LENS			\$43.00	and children



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		SPHEROCYLINDER, BIFOCAL, PLANO TO				
V2206		PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
		SPHEROCYLINDER, BIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				2 per recipient per calendar year - adult
V2207	+	SPHERE,.12 TO 2.00D CYLINDER, PER LENS SPHEROCYLINDER, BIFOCAL, PLUS OR			\$43.00	and children
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
V2208		SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
V2200		SPHEROCYLINDER, BIFOCAL, PLUS OR			ψ+3.00	and dillidren
		MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2209		LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				2 per recipient per calendar year - adult
V2210		SPHERE, OVER 6.00D CYLINDER, PER LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLUS OR				
V2211		MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS			\$43.00	2 per recipient per calendar year - adult and children
		SPHEROCYLINDER, BIFOCAL, PLUS OR			·	
		MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2212		LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D				
V0040		SPHERE, 4.25 TO 6.00D CYLINDER, PER			#40.00	2 per recipient per calendar year - adult and children
V2213		LENS SPHEROCYLINDER, BIFOCAL, SPHERE			\$43.00	2 per recipient per calendar year - adult
V2214		OVER PLUS OR MINUS 12.00D, PER LENS LENTICULAR (MYODISC), PER LENS,			\$43.00	and children 2 per recipient per calendar year - adult
V2215		BIFOCAL			\$43.00	and children
V2218		ANISEIKONIC, PER LENS, BIFOCAL			\$43.00	2 per recipient per calendar year - adult and children
		ANISLINONIO, FER LENG, BII OCAL				2 per recipient per calendar year - adult
V2219		BIFOCAL SEG WIDTH OVER 28 MM			\$43.00	and children 2 per recipient per calendar year - adult
V2220		LENS BIFOCAL ADD OVER 3.25D			\$43.00	and children
V2221		LENTICULAR LENS, PER LENS, BIFOCAL			\$43.00	2 per recipient per calendar year - adult and children
						2 per recipient per calendar year - adult
V2299	1	SPECIALTY BIFOCAL (BY REPORT) SPHERE, TRIFOCAL, PLANO TO PLUS OR			\$43.00	and children 2 per recipient per calendar year - adult
V2300		MINUS 4.00D, PER LENS			\$56.00	and children



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		SPHERE, TRIFOCAL, PLUS OR MINUS 4.12				2 per recipient per calendar year - adult
V2301		TO PLUS OR MINUS 7.00D, PER LENS			\$56.00	and children
		SPHERE, TRIFOCAL, PLUS OR MINUS 7.12				2 per recipient per calendar year - adult
V2302		TO PLUS OR MINUS 20.00, PER LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLANO TO				
		PLUS OR MINUS 4.00D SPHERE, .12-2.00D				2 per recipient per calendar year - adult
V2303		CYLINDER, PER LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLANO TO				
		PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D				2 per recipient per calendar year - adult
V2304		CYLINDER, PER LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLANO TO				
		PLUS OR MINUS 4.00D SPHERE, 4.25 TO				2 per recipient per calendar year - adult
V2305		6.00 CYLINDER, PER LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLANO TO				
		PLUS OR MINUS 4.00D SPHERE, OVER 6.00D				2 per recipient per calendar year - adult
V2306		CYLINDER, PER LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				2 per recipient per calendar year - adult
V2307		SPHERE, .12 TO 2.00D CYLINDER, PER LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				L
\ (0.000		SPHERE, 2.12 TO 4.00D CYLINDER, PER			A=0.00	2 per recipient per calendar year - adult
V2308		LENS PRIFE TRIFE ON THE OR			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
V/0000		SPHERE, 4.25 TO 6.00D CYLINDER, PER			#FC 00	2 per recipient per calendar year - adult
V2309		LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				2 per recipient per calendar year - adult
V2310		SPHERE, OVER 6.00D CYLINDER, PER LENS			\$56.00	and children
V2310		SFIERE, OVER 0.00D CILINDER, FER LENS			φ30.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 7.25 TO PLUS OR MINUS 12.00D				2 per recipient per calendar year - adult
V2311		SPHERE, .25 TO 2.25D CYLINDER, PER LENS			\$56.00	and children
V2311		SPHEROCYLINDER, TRIFOCAL, PLUS OR			ψ50.00	and children
		MINUS 7.25 TO PLUS OR MINUS 12.00D				
		SPHERE, 2.25 TO 4.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2312		LENS			\$56.00	and children
V 2012	 	SPHEROCYLINDER, TRIFOCAL, PLUS OR			ΨΟΟ.ΟΟ	and ormanon
		MINUS 7.25 TO PLUS OR MINUS 12.00D				
		SPHERE, 4.25 TO 6.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2313		LENS			\$56.00	and children
12010	<u> </u>	SPHEROCYLINDER, TRIFOCAL, SPHERE			ΨΟΟ.ΟΟ	2 per recipient per calendar year - adult
	1	OVER PLUS OR MINUS 12.00D, PER LENS			\$56.00	and children



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		LENTICULAR, (MYODISC), PER LENS,				2 per recipient per calendar year - adult
V2315		TRIFOCAL			\$56.00	and children
						2 per recipient per calendar year - adult
V2318		ANISEIKONIC LENS, TRIFOCAL			\$56.00	and children
V0040		TRIFOCAL CEC WIRTH OVER OR MAN			ФEC 00	2 per recipient per calendar year - adult
V2319		TRIFOCAL SEG WIDTH OVER 28 MM			\$56.00	and children 2 per recipient per calendar year - adult
V2320		TRIFOCAL ADD OVER 3.25D			\$56.00	and children
V2320		TRIFOCAL ADD OVER 3.25D			φ30.00	2 per recipient per calendar year - adult
V2321		LENTICULAR LENS, PER LENS, TRIFOCAL			\$56.00	and children
V Z O Z 1		ELIVITODE/IN LEINO, I EN LEINO, I'MI GO/NE			Ψ00.00	2 per recipient per calendar year - adult
V2399		SPECIALTY TRIFOCAL (BY REPORT)			\$56.00	and children
72000		VARIABLE ASPHERICITY LENS, SINGLE			φοσίου	arra ormarorr
		VISION, FULL FIELD, GLASS OR PLASTIC,				2 per recipient per calendar year - adult
V2410		PER LENS			\$56.00	and children
					·	
		VARIABLE ASPHERICITY LENS, BIFOCAL,				2 per recipient per calendar year - adult
V2430		FULL FIELD, GLASS OR PLASTIC, PER LENS			\$43.00	and children
						2 per recipient per calendar year - adult
V2499		VARIABLE SPHERICITY LENS, OTHER TYPE			\$56.00	and children
		CONTACT LENS, PMMA, SPHERICAL, PER				1 year supply for each eye - adult and
V2500		LENS			\$58.24	children
		CONTACT LENS, PMMA, TORIC OR PRISM			.	1 year supply for each eye - adult and
V2501		BALLAST, PER LENS			\$90.95	children
\(0500		CONTACT LENS, PMMA, BIFOCAL, PER			# 400.04	1 year supply for each eye - adult and
V2502		LENS CONTACT LENS, PMMA, COLOR VISION			\$106.04	children 1 year supply for each eye - adult and
V2503		DEFICIENCY, PER LENS			\$102.58	children
V2503 V2700		BALANCE LENS, PER LENS			\$46.04	1 per lense per year - adult and children
V2100		DALANGE LENG, I EN LENG			Ψ+0.0+	Effective 4/6/2022
						Must be under 21 (EPSDT) Medical
						review is required and must be performed
						by contacting the EPSDT Coordinator
V2744		TINT, PHOTOCHROMATIC, PER LENS			\$104.00	within DMS
V2750		ANTI-REFLECTIVE COATING, PER LENS			\$26.74	1 per lense per year - adult and children
V2755		U-V LENS, PER LENS			\$19.33	1 per lense per year - adult and children
V2760		SCRATCH RESISTANT COATING, PER LENS			\$14.40	1 per lense per year - adult and children
V2770		OCCLUDER LENS, PER LENS			\$21.73	1 per lense per year - adult and children
V2781		PROGRESSIVE LENS, PER LENS			\$60.00	1 per lense per year - adult and children
		LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60				
		TO 1.79 GLASS, EXCLUDES			^	
V2782		POLYCARBONATE, PER LENS			\$60.41	1 per lense per year - adult and children
		LENS, INDEX GREATER THAN OR EQUAL TO				
		1.66 PLASTIC OR GREATER THAN OR				
1/0700		EQUAL TO 1.80 GLASS, EXCLUDES			ф э ¬ 4 4	
V2783		POLYCARBONATE, PER LENS			\$77.14	1 per lense per year - adult and children



			Facility	Non-Facility	Eyeglasses	
Procedure Code	Modifier	Description	Optometrist	Optometrist	Rate	Notes
		LENS, POLYCARBONATE OR EQUAL, ANY				
V2784		INDEX, PER LENS			\$32.00	1 per lense per year - adult and children
V2799		HINGE REPAIR ONLY			\$15.00	Adult and children

