KY Medicaid Vision Fee Schedule 2025 revised 7.1.2025

Notes:

- Red indicates new codes or changes for the most current revision date.
- UB modifier to be used for Certified Community Health Worker (CHW) services.
- Contact lenses must be medically necessary per regulation see Contact Lens Fee Schedule
- Vision benefits expanded to adults effective 1/1/2023 all codes payable to adults and children except V2744 as notated
- TPL Vision Insurance must be billed primary to Medicaid
- For Medicare/Medicaid dually eligible members, bill as a straight claim. (Does not apply to QMB members).
- 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.
- Billing instructions http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx
- Regulations: 907 KAR 1:631; 907 KAR 1:632
- 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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Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	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				
10061		OF 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,				
44044		EARS, EYELIDS, NOSE, LIPS, OR MOUTH, 0.6-1.0 CM	Ф44.4 Г	фгг гг		adult and children Effective 1/1/2023
11311		SHAVING OF SKIN GROWTH OF FACE,	\$44.15	\$55.55		adult and children Effective 1/1/2023
		EARS, EYELIDS, NOSE, LIPS, OR MOUTH,				
11312		1.1-2.0 CM	\$52.91	\$67.93		adult and children Effective 1/1/2023
11312		SHAVING OF SKIN GROWTH OF FACE,	φ32.91	\$07.93		addit and children Effective 1/1/2025
		EARS, EYELIDS, NOSE, LIPS, OR MOUTH,				
11313		MORE THAN 2.0 CM	\$71.16	\$91.15		adult and children Effective 1/1/2023
11010		REMOVAL OF NONCANCER SKIN GROWTH	Ψ71.10	ψυτιτο		addit and children Enective 1/1/2023
		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
		REMOVAL OF NONCANCER SKIN GROWTH	ψ. 2.00	402.2 .		
		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



CABINET FOR HEALTH

AND FAMILY SERVICES

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Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
Code	Woulder		racility Nate	Non-Facility Rate	Nate	Notes
		REMOVAL OF NONCANCER SKIN GROWTH				
44440		OF FACE, EARS, EYELIDS, NOSE, LIPS, OR	074.40	000.40		a dult and abildren Effective 4/4/0000
11442		MOUTH, 1.1-2.0 CM	\$71.10	\$86.12		adult and children Effective 1/1/2023
11000		INJECTION INTO SKIN GROWTH, 1-7	¢40.40	COO 45		adult and abildran Effective 1/1/2022
11900		GROWTHS INJECTION INTO SKIN GROWTH, MORE	\$19.10	\$22.45		adult and children Effective 1/1/2023
11901		THAN 7 GROWTHS	\$38.68	\$53.17		adult and children Effective 1/1/2023
11901		SIMPLE REPAIR OF SURFACE WOUND OF	φ30.00	\$55.17		addit and children Effective 1/1/2023
		FACE, EARS, EYELIDS, NOSE, LIPS, OR				
12011		MOUTH, 2.5 CM OR LESS	\$71.48	\$71.48		adult and children Effective 1/1/2023
12011		REMOVAL OF SUTURES OR STAPLES	Ψ11.40	ψ/1.40		addit and simulatin Enestive 17 172020
15851		UNDER ANESTHESIA	\$29.99	\$34.01		adult and children Effective 1/1/2023
.0001		DESTRUCTION OF PRECANCER SKIN	Ψ20.00	ψοσ.:		gadit and simalen English if it is a
17000		GROWTH, 1 GROWTH	\$43.54	\$43.54		adult and children Effective 1/1/2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DESTRUCTION OF PRECANCER SKIN	* ***********************************	¥ 1313 1		
17003		GROWTH, 2-14 GROWTHS	\$7.92	\$7.92		adult and children Effective 1/1/2023
		DESTRUCTION OF SKIN GROWTH, 1-14	·	·		
17110		GROWTHS	\$22.23	\$27.60		adult and children Effective 1/1/2023
		INJECTION OF CHEMICAL FOR PARALYSIS				
64612		OF NERVE MUSCLES ON SIDE OF FACE	\$79.62	\$99.07		adult and children Effective 1/1/2023
		REMOVAL OF FOREIGN BODY FROM				
65205		EXTERNAL EYE (CONJUNCTIVA)	\$28.34	\$33.30		adult and children Effective 1/1/2023
		REMOVAL OF FOREIGN BODY FROM				
		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
		REMOVAL OF FOREIGN BODY IN CORNEA	4			
65222		USING SLIT LAMP	\$35.66	\$43.31		adult and children Effective 1/1/2023
05000		REPAIR OF LACERATED CORNEA AND/OR	0004 70	*		a dult and abiliana Effective 4/4/0000
65286		SCLERA USING TISSUE GLUE SCRAPING OF CORNEA FOR DIAGNOSIS	\$221.73	\$285.96		adult and children Effective 1/1/2023 adult and children Effective 1/1/2023
65430			\$33.50	\$40.74		
65435		REMOVAL OF OUTER LAYER OF CORNEA REMOVAL OF OUTER LAYER OF CORNEA	\$38.29	\$48.62		adult and children Effective 1/1/2023
CE 42C		WITH APPLICATION OF CHELATING AGENT	¢420.54	\$160.06		adult and abildran Effactive 1/1/2022
65436 65600		MULTIPLE PUNCTURES OF CORNEA	\$139.54 \$130.97	\$160.06 \$166.11		adult and children Effective 1/1/2023 adult and children Effective 1/1/2023
03000		PLACEMENT OF AMNIOTIC MEMBRANE ON	φ130.81	φ100.11		addit and children Ellective 1/1/2023
65778		EYE SURFACE FOR WOUND HEALING	\$65.57	\$1,095.71		adult and children Effective 1/1/2023
00110		LASER REPAIR TO IMPROVE EYE FLUID	ψυυ.υτ	Ψ1,030.71		addit and dimarch Effective 1/1/2023
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	\$33.00		adult and children Effective 1/1/2023
			Ţ 0.02			Effective 1/1/2025
66683		IMPLANTATION OF IRIS PROSTHESIS	\$629.85	\$629.85		adult and children
		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
		CREATION OF OPENING OF IRIS FOR EYE				
66762		FLUID DRAINAGE USING A LASER	\$219.81	\$299.21		adult and children Effective 1/1/2023



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Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
		REMOVAL OF RECURRING CATARACT IN				
66821		LENS CAPSULE USING A LASER	\$192.76	\$192.76		adult and children Effective 1/1/2023
						Effective Date: 9/4/2022
						Effective Date: 8/1/2022 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%
			55 post-op care			+ 10% = 30%.
	55/56	COMPLEX REMOVAL OF CATARACT WITH	20%	55 post-op care 20%		RT- Right eye or LT – Left eye or 50 –
66982	LT/RT/50	INSERTION OF PROSTHETIC LENS	56 Pre-op care 10%	56 Pre-op care 10%		bilateral
		REMOVAL OF CATARACT WITH INSERTION		****		
66984		OF PROSTHETIC LENS INJECTION OF DRUG OR SUBSTANCE INTO	\$652.61	\$652.61		adult and children Effective 1/1/2023
67515		MEMBRANE COVERING EYEBALL	\$26.14	\$33.65		adult and children Effective 1/1/2023
0/313		INCISION AND DRAINAGE OF ABSCESS OF	φ20.14	φ55.05		addit and children Effective 1/1/2023
67700		EYELID	\$45.45	\$52.02		adult and children Effective 1/1/2023
00		REMOVAL OF SUTURES BETWEEN UPPER	Ţ NON NO	¥0=.0=		
67710		AND LOWER EYELIDS	\$43.47	\$57.01		adult and children Effective 1/1/2023
		REMOVAL OF CHRONIC GROWTH OF				
67800		EYELID	\$53.44	\$66.04		adult and children Effective 1/1/2023
07004		REMOVAL OF MULTIPLE CHRONIC	A7407	000.54		
67801		GROWTHS OF SAME EYELID REMOVAL OF MULTIPLE CHRONIC	\$74.87	\$93.51		adult and children Effective 1/1/2023
67805		GROWTHS OF DIFFERENT EYELIDS	\$84.13	\$102.63		adult and children Effective 1/1/2023
67810		BIOPSY OF EYELID	\$55.51	\$66.37		adult and children Effective 1/1/2023
0.0.0		REMOVAL OF EYELASHES USING	ψοσ.σ.	φσοισ:		
67820		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		4		
67850		MARGIN, 1.0 CM OR LESS SUTURE REPAIR OF TURNING-OUTWARD	\$60.34	\$71.33		adult and children Effective 1/1/2023
67914		UPPER OR LOWER EYELID DEFECT	\$238.76	\$238.76		adult and children Effective 1/1/2023
0/914		OFFER OR LOWER ETELID DETECT	φ230.70	φ230.70		addit and children Effective 1/1/2023
		REPAIR OF TURNING-OUTWARD DEFECT				
67915		OF UPPER OR LOWER EYELID USING HEAT	\$109.43	\$126.19		adult and children Effective 1/1/2023
		SUTURE REPAIR OF TURNING-INWARD				
67921		EYELID DEFECT	\$204.74	\$204.74		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 REMOVAL OF EMBEDDED FOREIGN BODY	\$123.44	\$140.47		adult and children Effective 1/1/2023
67938		IN EYELID	\$45.26	\$52.24		adult and children Effective 1/1/2023
68020		INCISION AND DRAINAGE OF CYST OF EYE	\$46.30	\$52.24 \$53.14		adult and children Effective 1/1/2023
00020		REMOVAL OF SCARS OF EYELID LINING	ψ+0.00	ψου. 1 τ		AGENT GITTE OF THE TOTAL OF THE
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



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
0000	meamor	REMOVAL OF GROWTH OF EYELID LINING,	r domey reaco	rton r donity rtato	rtuto	Notes
68110		1.0 CM OR LESS	\$68.80	\$85.43		adult and children Effective 1/1/2023
00110		REMOVAL OF GROWTH OF EYELID LINING,	ψ00.00	ψου.το		addit and children Enective 1/1/2023
68115		MORE THAN 1.0 CM	\$122.22	\$122.22		adult and children Effective 1/1/2023
00110		DESTRUCTION OF GROWTH OF EYELID	Ψ122.22	VIZZ.ZZ		addit and ormaton Encourse it income
68135		LINING	\$63.42	\$73.35		adult and children Effective 1/1/2023
68200		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 INSERTION OF PROBE INTO NASAL TEAR	\$36.96	\$36.96		adult and children Effective 1/1/2023
68810		DUCT	¢54.50	\$51.50		adult and children Effective 1/1/2023
68840		PROBING OF NASAL TEAR DUCT	\$51.50 \$43.10	\$49.67		adult and children Effective 1/1/2023
00040		INSERTION OF DRUG DELIVERY IMPLANT	ψ 4 3.10	Ψ49.0 <i>1</i>		Effective 1/1/2023
68841		INTO TEAR DUCT OF EYE	\$30.47	\$30.47		adult and children Effective 1/1/2023
000+1		1D ULTRASOUND SCAN OF EYE TISSUE	φου.+1	φου.+1		addit drid drindren Endouve in nedes
76511		AND STRUCTURES	\$69.12	\$69.12		adult and children Effective 1/1/2023
		2D ULTRASOUND SCAN OF EYE TISSUE	¥3311=	¥00		
76512		AND STRUCTURES	\$69.95	\$69.95		adult and children Effective 1/1/2023
		ULTRASOUND SCAN OF EYE USING WATER				
76513		BATH METHOD	\$69.95	\$69.95		adult and children Effective 1/1/2023
		ULTRASOUND SCAN OF CORNEA TO				
76514		DETERMINE THICKNESS	\$9.01	\$9.01		adult and children Effective 1/1/2023
		ULTRASOUND SCAN TO DETERMINE EYE				
76516		LENGTH	\$57.38	\$57.38		adult and children Effective 1/1/2023
70540		ULTRASOUND SCAN TO DETERMINE EYE	# 50.04	050.04		a dult and abilities of Effective 4/4/0000
76519		LENGTH AND LENS POWER	\$52.34	\$52.34		adult and children Effective 1/1/2023
76529		ULTRASOUND SCAN OF EYE FOR FOREIGN BODY LOCALIZATION	\$61.73	\$61.73		adult and children Effective 1/1/2023
10029		ANALYSIS OF SUBSTANCE USING	φ01./3	φ01./3		addit and children Effective 1/1/2023
		IMMUNOASSAY TECHNIQUE, MULTIPLE				Effective 1/1/2023
83516		STEP METHOD	\$14.25	\$14.25		adult and children Effective 1/1/2023
00010			ψ17.20	Ψ17.20		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



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
						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,
						99204,99205, 99211, 99212, 99213,
00040		ESTABLISHED PATIENT PROBLEM	# 40.00	0 40.00		99214, or 99215
92012		FOCUSED EXAM OF VISUAL SYSTEM	\$46.92	\$46.92		adult and children Effective 1/1/2023 1 per recipient per provider per calendar
						vear.
						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
<u> </u>				7.5.5		1 per recipient per year (additional
		TEST TO DETERMINE IF PRESCRIPTION				covered if medically necessary)
92015		EYE WEAR IS NEEDED	\$20.22	\$20.22		adult and children Effective 1/1/2023
		COMPLETE EXAM OF VISUAL SYSTEM				
92018		UNDER GENERAL ANESTHESIA	\$57.64	\$57.64		adult and children Effective 1/1/2023
		LIMITED EXAM OF VISUAL SYSTEM UNDER	A	0-1-0		
92019		GENERAL ANESTHESIA EXAM OF THE INTERNAL DRAINAGE	\$45.47	\$51.78		adult and children Effective 1/1/2023
92020		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
02020		EXAM TO MEASURE EYE DEVIATION AND	Ψ21.7 ¬	Ψ21.7-		addit dita diliatori Eriodiyo 17 172020
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				
		SUPERVISION OF HEALTH CARE				Effective 1/1/2023
92066		PROFESSIONAL	\$19.94	\$19.94		adult and children Effective 1/1/2023
00074		FITTING OF CONTACT LENS FOR	#07.00	#20.42		adult and abildran Effactive 4/4/0000
92071		TREATMENT OF EYE SURFACE DISEASE FITTING OF CONTACT LENS FOR	\$27.03	\$30.13		adult and children Effective 1/1/2023
92072		MANAGEMENT OF CORNEAL CONDITION	\$78.07	\$96.16		adult and children Effective 1/1/2023
32012		MANAGEMENT OF CONTRACTOR OF THE CONDITION	ψ10.01	ψ30.10		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 date of service.
						Cannot be billed w/92081 or 92083 as
00000		EXAM OF VISUAL FIELD WITH	0.46.5.	0.46.57		having occurred on the same date.
92082		INTERMEDIATE TESTING	\$48.64	\$48.64		adult and children Effective 1/1/2023



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Procedure Code	Modifier	Description	Facility Bata	Non Facility Data	Eyeglasses Rate	Notes
Code	Wodiffer	Description	Facility Rate	Non-Facility Rate	Rate	
						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				
00400		PRESSURE OVER AN EXTENDED TIME	#00.50	# 00.04		adult and abildran Effective 4/4/2022
92100		PERIOD COMPUTERIZED OPHTHALMIC	\$30.59	\$33.94		adult and children Effective 1/1/2023
		DIAGNOSTIC IMAGING (EG, OPTICAL COHERENCE TOMOGRAPHY [OCT]),				
		ANTERIOR SEGMENT, WITH				
		INTERIOR SEGMENT, WITH				
92132		UNILATERAL OR BILATERAL	\$31.75	\$31.75		adult and children Effective 1/1/2023
32132		COMPUTERIZED OPHTHALMIC	φυ1./ υ	φ31.73		addit and children Effective 1/1/2023
		DIAGNOSTIC IMAGING (EG, OPTICAL				
		COHERENCE TOMOGRAPHY [OCT]),				
		POSTERIOR SEGMENT, WITH				
		INTERPRETATION AND REPORT,				
92133		UNILATERAL OR BILATERAL; OPTIC NERVE	\$38.87	\$38.87		adult and children Effective 1/1/2023
<u> </u>		COMPUTERIZED OPHTHALMIC		700.01		
		DIAGNOSTIC IMAGING (EG, OPTICAL				
		COHERENCE TOMOGRAPHY [OCT]),				
		POSTERIOR SEGMENT, WITH				
		INTERPRETATION AND REPORT,				
92134		UNILATERAL OR BILATERAL; 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
		IMAGING OF RETINA WITH OPTICAL				
		COHERENCE TOMOGRAPHY	.	A .=		Effective 1/1/2025
92137		ANGIOGRAPHY	\$47.41	\$47.41		adult and children
00004		EXTENDED EXAM OF THE BACK PART OF	*	#40.70		
92201		THE EYE WITH RETINAL DRAWING	\$18.14	\$19.70		adult and children Effective 1/1/2023
02202		EXTENDED EXAM OF THE BACK PART OF	¢11.70			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
32200			Ψ=1.00	ψο1.00		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				92260
92235		A DYE	\$68.33	\$68.33		adult and children Effective 1/1/2023
0==00		1	Ψ00.00	\$55.55		3.3.3.1.3.1.3.3.1.3.1.3.1.3.1.3.1.1.1.1



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
		EXAM OF BLOOD VESSELS BETWEEN THE				
		WHITE PART OF EYE AND RETINA USING A				
		SPECIAL CAMERA AFTER INJECTION OF A				
92240		DYE	\$157.53			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
						the same date as 92230, 99235, or
						92260
92250		PHOTOGRAPHY OF THE RETINA	\$49.01	\$49.01		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
						the same date as 92230, 99235, or
		MEASUREMENT OF EYE ARTERY				92250
92260		PRESSURE	\$22.64	\$29.88		adult and children Effective 1/1/2023
		MEASUREMENT OF EYE MUSCLE				
		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				Effective 1/1/2023
92273		NERVE FUNCTION	\$101.11	\$101.11		adult and children Effective 1/1/2023
		MEASUREMENT OF RETINAL AND OPTIC				
		NERVE FUNCTION TARGETING MULTIPLE				Effective 1/1/2023
92274		SEPARATE LOCATIONS	\$68.98	\$68.98		adult and children Effective 1/1/2023
		EXTENDED EXAM INVOLVING COLOR	A.= a=	0		
92283		VISION TESTING	\$15.65	\$15.65		adult and children Effective 1/1/2023
		EVALUATION OF EYE ADAPTATION TO				
20004		LIGHT AND DARK WITH INTERPRETATION	000.44	000.44		
92284		AND REPORT	\$23.41	\$23.41		adult and children Effective 1/1/2023
92285		PHOTOGRAPHY OF CONTENT OF EYES	\$13.89	\$13.89		adult and children Effective 1/1/2023
92286		IMAGING OF FRONT THIRD OF EYE USING		\$53.79		adult and abildren Effective 4/4/2022
92286		A SPECIAL MICROSCOPE IMAGING OF FRONT THIRD OF EYE USING		\$53.79		adult and children Effective 1/1/2023
		A SPECIAL CAMERA AFTER INJECTION OF				
92287		A 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
32310		CONTACT LENS SERVICES BOTH ETES	ψυσ.14	ψυσ./4		addit and children Effective 1/1/2023
92311		NATURAL LENS IS ABSENT	\$44.49	\$56.56		adult and children Effective 1/1/2023
32311		CONTACT LENS SERVICES BOTH EYES	ψττ.τυ	ψ30.30		addit and children Enective 1/1/2023
92312		WHERE NATURAL LENS IS ABSENT	\$53.26	\$68.82		adult and children Effective 1/1/2023
02012		CONTACT LENS SERVICES FOR LENS	ψ00.20	ψ00.02		assit and children Encourse if it 2020
92313		COVERING ENTIRE CORNEA	\$39.53	\$51.33		adult and children Effective 1/1/2023
02010		CONTACT LENS SERVICES BOTH EYES	ψου.σο	ΨΟ1.00		assis and dimercin Endours in In2020
		WITH FITTING BY INDEPENDENT				
92314		TECHNICIAN	\$41.17	\$41.17	\$41.17	adult and children Effective 1/1/2023
			¥ - · · · ·	Ţ	+ · · · · ·	1 per year per member plus 1 additional
						for replacement glasses.
92340		FITTING OF MONOFOCAL SPECTACLES	\$33.00	\$33.00	\$33.00	adult and children Effective 1/1/2023
			Ŧ	T	7	



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	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	adult and children Effective 1/1/2023
				·		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	4	.		
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		and all and a billion of Effective A /A /0000
92531		WITHOUT STIMULUS TEST FOR ABNORMAL EYE MOVEMENT	\$6.96	\$6.96		adult and children Effective 1/1/2023
92532		USING 3 POSITIONS	\$5.83	ΦE 02		adult and children Effective 1/1/2022
92532		TEST TO ASSESS BALANCE DURING	φο.ου	\$5.83		adult and children Effective 1/1/2023
92533		IRRIGATION	\$6.69	\$6.69		adult and children Effective 1/1/2023
92333		TEST FOR ABNORMAL EYE MOVEMENT	φ0.09	φ0.09		addit and children Effective 1/1/2025
92534		USING A MOVING TARGET	\$2.76	\$2.76		adult and children Effective 1/1/2023
0200 ⁻¹		TEST FOR ABNORMAL EYE MOVEMENT	Ψ2.70	Ψ2.7 Ο		addit and official Energy 17 172020
92541		WITH RECORDING	\$31.41	\$31.41		adult and children Effective 1/1/2023
y=0.1.		TEST FOR ABNORMAL EYE MOVEMENT		******		
92542		USING 3 POSITIONS WITH RECORDING	\$27.75	\$27.75		adult and children Effective 1/1/2023
		TEST FOR ABNORMAL EYE MOVEMENT	•	* -		
		USING A MOVING TARGET WITH				
92544		RECORDING	\$21.45	\$21.45		adult and children Effective 1/1/2023
		TEST FOR ABNORMAL EYE MOVEMENT				
		USING A MOVING TARGET THAT MOVES				
92545		BACK AND FORTH WITH RECORDING	\$18.45	\$18.45		adult and children Effective 1/1/2023
		TEST FOR ABNORMAL EYE MOVEMENT				
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	A.=0.00	A.=		Effective 1/1/2023
93886		BRAIN BLOOD FLOW	\$158.82	\$158.82		adult and children Effective 1/1/2023
2222		ULTRASOUND OF WITHIN THE BRAIN	0.105.05	0.405.05		Effective 1/1/2023
93888		BLOOD FLOW ULTRASOUND OF WITHIN THE BRAIN	\$105.85	\$105.85		adult and children Effective 1/1/2023
02000			¢477 44	¢477.44		Effective 1/1/2023
93892		BLOOD FLOW FOR BLOOD CLOTS TEST TO MEASURE EXPIRATORY AIRFLOW	\$177.44	\$177.44		adult and children Effective 1/1/2023
04010		AND VOLUME	¢24.44	¢24.44		adult and children Effective 1/1/2023
94010		TEST FOR ALLERGY USING ALLERGENIC	\$24.44	\$24.44		addit and children Effective 1/1/2023
95060		EXTRACT APPLIED TO EYE	\$9.34	\$9.34		adult and children Effective 1/1/2023
90000	ļ	EATRAOT ALLED TO LIL	φσ.34	φ3.34	1	addit and Gindlen Enective 1/1/2023



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
		MEASUREMENT OF NERVE CONDUCTION	•			
		USING VISUAL STIMULATION TESTING				
95930		WITH REPORT	\$33.75	\$33.75		adult and children Effective 1/1/2023
		ADMINISTRATION OF DEVELOPMENTAL	*	*		
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,	A	404.00		
96116		FIRST HOUR THERAPY PROCEDURE USING EXERCISE	\$76.18	\$81.03		adult and children Effective 1/1/2023
		TO DEVELOP STRENGTH, ENDURANCE,				
		RANGE OF MOTION, AND FLEXIBILITY,				
97110		EACH 15 MINUTES	\$20.90	\$20.90		adult and children Effective 1/1/2023
37110		THERAPY PROCEDURE TO RE-EDUCATE	Ψ20.00	Ψ20.00		addit and similaren Enecuve ii ii 2020
		BRAIN-TO-NERVE-TO-MUSCLE FUNCTION,				
97112		EACH 15 MINUTES	\$21.66	\$21.66		adult and children Effective 1/1/2023
		THERAPY PROCEDURE IN A GROUP	·			
97150		SETTING	\$13.77	\$13.77		adult and children Effective 1/1/2023
		THERAPY PROCEDURE USING	4	.		
97530		FUNCTIONAL ACTIVITIES	\$21.61	\$21.61		adult and children Effective 1/1/2023
						Community Health Workers (CHW) - Effective July 1, 2023.
		EDUCATION AND TRAINING FOR PATIENT				2 units per week. No more than 104
		SELF-MANAGEMENT BY A NONPHYSICIAN				units per calendar year. Rendering
		QUALIFIED HEALTH CARE PROFESSIONAL				provider must be Physician, APRN,
		USING A STANDARDIZED CURRICULUM.				Physician Assistant, Dentist,
		FACE TO FACE WITH THE PATIENT (COULD				optometrist.
		INCLUDE CAREGIVER/FAMILY) EACH 30				UB modifier identifies service provided
98960		MINUTES INDIVIDUAL PATIENT.	\$22.53	\$22.53		by CHW
						Community Health Workers (CHW) -
						Effective July 1, 2023.
		EDUCATION AND TRAINING FOR PATIENT				2 units per week. No more than 104
		SELF-MANAGEMENT BY A NONPHYSICIAN				units per calendar year. Rendering
		QUALIFIED HEALTH CARE PROFESSIONAL				provider must be Physician, APRN,
		USING A STANDARDIZED CURRICULUM, FACE TO FACE WITH THE PATIENT (COULD				Physician Assistant, Dentist, optometrist.
		INCLUDE CAREGIVER/FAMILY) 2 TO 4				UB modifier identifies service provided
98961		PATIENTS EACH 30 MINUTES.	\$10.88	\$10.88		by CHW
00001		TATIENTO ENGLISO WINTO LES.	ψ10.00	ψ10.00		Community Health Workers (CHW) -
						Effective July 1, 2023.
		EDUCATION AND TRAINING FOR PATIENT				2 units per week. No more than 104
		SELF-MANAGEMENT BY A NONPHYSICIAN				units per calendar year. Rendering
		QUALIFIED HEALTH CARE PROFESSIONAL				provider must be Physician, APRN,
		USING A STANDARDIZED CURRICULUM,				Physician Assistant, Dentist,
		FACE TO FACE WITH THE PATIENT (COULD				optometrist.
00000		INCLUDE CAREGIVER/FAMILY) 5-8 PATIENT	#0.00	#0.00		UB modifier identifies service provided
98962		EACH 30 MINUTES.	\$8.03	\$8.03		by CHW



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
						Must be billed with an E/M Code 99201
		SERVICE PROVIDED IN THE OFFICE WHEN				– 99499
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
						period.
		NEW PATIENT OFFICE OR OTHER				Cannot be billed with 92002, 92004,
		OUTPATIENT VISIT WITH				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 DATIENT OFFICE OD OTHER				Cannot be billed with 92002, 92004,
		NEW PATIENT OFFICE OR OTHER				92012, 92014, 99421, 99242, 99243,
		OUTPATIENT VISIT WITH LOW LEVEL OF				99244,99245, 99251, 99252,
99203		MEDICAL DECISION MAKING, IF USING	\$60.57	\$79.04		99253,99254, or 99255 adult and children Effective 1/1/2023
99203		TIME, 30 MINUTES OR MORE	φου.57	\$79.04		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				99244,99245, 99251, 99252,
		LEVEL OF MEDICAL DECISION MAKING, IF				99253,99254, or 99255
99204		USING TIME, 45 MINUTES OR MORE	\$102.79	\$112.27		adult and children Effective 1/1/2023
		, , , , , , , , , , , , , , , , , , , ,	¥ 10=11 0	******		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	07.40	040.00		99251,99252, 99253, 99254, or 99255
99211		PROFESSIONAL	\$7.48	\$16.98		adult and children Effective 1/1/2023
						Limitation of 2 per year removed effective 1/1/2023
		ESTABLISHED PATIENT OFFICE OR OTHER				Cannot be billed with 92002, 92004,
		OUTPATIENT VISIT WITH				92012, 92014, 99241, 99242,
		STRAIGHTFORWARD MEDICAL DECISION				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
33212		INIOILE	ΨΔυ.Ψ Ι	ψ51.00		addit and children Enective 1/1/2023



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
						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
			* 10100	¥ 12.55		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				99243, 99244, 99245,
		LEVEL OF DECISION MAKING, IF USING				99251,99252, 99253, 99254, or 99255
99214		TIME, 30 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,
		MEDICAL DECISION MAKING, IF USING				99251,99252, 99253, 99254, or 99255
99215		TIME, 40 MINUTES OR MORE	\$87.17	\$98.39		adult and children Effective 1/1/2023
		INITIAL HOSPITAL CARE WITH				
		STRAIGHTFORWARD OR LOW LEVEL OF				
22224		MEDICAL DECISION MAKING, PER DAY, IF	054.00	#54.00		
99221		USING TIME, AT LEAST 40 MINUTES INITIAL HOSPITAL CARE WITH	\$51.66	\$51.66		adult and children Effective 1/1/2023
		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
33222		INITIAL HOSPITAL CARE WITH MODERATE	ψ03.00	\$03.00		addit and children Effective 1/1/2023
		LEVEL OF MEDICAL DECISION MAKING, IF				
99223		USING TIME, AT LEAST 75 MINUTES	\$119.25	\$119.25		adult and children Effective 1/1/2023
00220		SUBSEQUENT HOSPITAL CARE WITH	ψ110.20	\$110.20		
		STRAIGHTFORWARD OR LOW LEVEL OF				
		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				
		MODERATE LEVELOF MEDICAL DECISION				
		MAKING, IF USING TIME, AT LEAST 35				
99232		MINUTES	\$42.24	\$42.24		adult and children Effective 1/1/2023
		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,	A =c · ·	A-		
99238		30 MINUTES OR LESS	\$53.44	\$53.44		adult and children Effective 1/1/2023
00000		HOSPITAL DISCHARGE DAY MANAGEMENT,	#70.00	#70.00		additional abilities Fig. 11 4440000
99239		MORE THAN 30 MINUTES	\$72.89	\$72.89		adult and children Effective 1/1/2023



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Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
Code	Woulder	· ·	racility Nate	Non-Facility Nate	Nate	Notes
		OUTPATIENT CONSULTATION WITH				
		STRAIGHTFORWARD MEDICAL DECISION				
00040		MAKING, IF USING TIME, AT LEAST 20 MINUTES	ФE 4 О4	ФС 7 00		adult and children Effective 1/1/2023
99242		OUTPATIENT CONSULTATION WITH LOW	\$54.91	\$67.83		adult and children Effective 1/1/2023
		LEVEL OF MEDICAL DECISION MAKING, IF				
99243		USING TIME, AT LEAST 30 MINUTES	\$76.53	\$90.43		adult and children Effective 1/1/2023
33243		OUTPATIENT CONSULTATION WITH	Ψ10.55	ψ90.43		addit 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
		OUTPATIENT CONSULTATION WITH HIGH		, i		
		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				
		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				
99254		MAKING, IF USING TIME, AT LEAST 45 MINUTES	\$107.50	\$107.50		adult and children Effective 1/1/2023
99204		HOSPITAL CONSULTATION WITH HIGH	\$107.50	\$107.50		adult and children Effective 1/1/2023
		LEVEL OF MEDICAL DECISION MAKING, IF				
99255		USING TIME, AT LEAST 80 MINUTES	\$148.20	\$148,20		adult and children Effective 1/1/2023
33200		EMERGENCY DEPARTMENT VISIT FOR	Ψ1-10.20	ψ1-10.20		dadit and official Effective 17 172020
		PROBLEM THAT MAY NOT REQUIRE				
99281		HEALTH CARE PROFESSIONAL	\$15.97	\$15.97		adult and children Effective 1/1/2023
55=5:		EMERGENCY DEPARTMENT VISIT WITH	<u> </u>	7.333		
		STRAIGHTFORWARD MEDICAL DECISION				
99282		MAKING	\$24.71	\$24.71		adult and children Effective 1/1/2023
		EMERGENCY DEPARTMENT VISIT WITH				
		LOW LEVEL OF MEDICAL DECISION				
99283		MAKING	\$47.40	\$47.40		adult and children Effective 1/1/2023
		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				
00005		HIGH LEVEL OF MEDICAL DECISION	#440.04	Φ440 O4		adult and children Effective 4/4/2022
99285		MAKING RESIDENCE VISIT FOR NEW PATIENT WITH	\$116.04	\$116.04		adult and children Effective 1/1/2023
		STRAIGHTFORWARD MEDICAL DECISION				1 per recipient per provider per 3-year
		MAKING, PER DAY, IF USING TIME, AT				period
99341		LEAST 15 MINUTES		\$74.38		adult and children Effective 1/1/2023
990 4 1		LLAGT TO WIINGTED		Ψ14.30		addit and Gillulen Ellective 1/1/2023



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
5545		RESIDENCE VISIT FOR NEW PATIENT WITH	. acincy mate	Training Training	1000	
		LOW LEVEL OF MEDICAL DECISION				1 per recipient per provider per 3-year
		MAKING, PER DAY, IF USING TIME, AT				period - adult and children Effective
99342		LEAST 30 MINUTES		\$98.05		1/1/2023
99342		LLAST 30 MINOTES		\$90.03		1 per recipient per calendar year - Adult
V2020		FRAMES, PURCHASES			\$50.00	and Children
V2020		SPHERE, SINGLE VISION, PLANO TO PLUS			\$50.00	2 per recipient per calendar year - adult
V2100		OR MINUS 4.00. PER LENS			\$28.00	and children
VZ100		SPHERE, SINGLE VISION, PLUS OR MINUS			Ψ20.00	2 per recipient per calendar year - adult
V2101		4.12 TO PLUS OR MINUS 7.00D, PER LENS			\$28.00	and children
VZ101		SPHERE, SINGLE VISION, PLUS OR MINUS			Ψ20.00	2 per recipient per calendar year - adult
V2102		7.12 TO PLUS OR MINUS 20.00D, PER LENS			\$28.00	and children
VZTOZ		SPHEROCYLINDER, SINGLE VISION, PLANO			Ψ20.00	and official
		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
12100		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			4 =5.55	
		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			+ _0,00	
		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
		SPHEROCYLINDER, SINGLE VISION, PLUS			+ ==	
		OR MINUS 4.25 TO PLUS OR MINUS 7.00				
		SPHERE, .12 TO 2.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2107		LENS			\$28.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLUS			,	
		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
		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 recipient per calendar year - adult
V2110		6.00D CYLINDER, PER LENS			\$28.00	and children
		SPHEROCYLINDER, SINGLE VISION, PLUS				
		OR MINUS 7.25 TO PLUS OR MINUS 12.00D				
		SPHERE, .25 TO 2.25D CYLINDER, PER				2 per recipient per calendar year - adult
V2111		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			\$28.00	and children



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Procedure Code	Modifier	Description	Facility Data	Non Facility Data	Eyeglasses Rate	Notes
Code	Woamer	Description	Facility Rate	Non-Facility Rate	Rate	Notes
		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
		SPHEROCYLINDER, SINGLE VISION,				
		SPHERE OVER PLUS OR MINUS 12.00D,			•	2 per recipient per calendar year - adult
V2114		PER 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
					*	2 per recipient per calendar year - adult
V2121		LENTICULAR LENS, PER LENS, SINGLE			\$28.00	and children
1/2/22		NOT OTHERWISE CLASSIFIED, SINGLE				2 per recipient per calendar year - adult
V2199		VISION LENS			\$28.00	and children
1/0000		SPHERE, BIFOCAL, PLANO TO PLUS OR				2 per recipient per calendar year - adult
V2200		MINUS 4.00D, PER LENS			\$43.00	and children
1/222/		SPHERE, BIFOCAL, PLUS OR MINUS 4.12				2 per recipient per calendar year - adult
V2201		TO PLUS OR MINUS 7.00D, PER LENS			\$43.00	and children
1/0000		SPHERE, BIFOCAL, PLUS OR MINUS 7.12				2 per recipient per calendar year - adult
V2202		TO PLUS OR MINUS 20.00D, PER LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLANO TO				
1/0000		PLUS OR MINUS 4.00D SPHERE, .12 TO				2 per recipient per calendar year - adult
V2203		2.00D CYLINDER, PER LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLANO TO				
1/0004		PLUS OR MINUS 4.00D SPHERE, 2.12 TO			A40.00	2 per recipient per calendar year - adult
V2204		4.00D CYLINDER, PER LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLANO TO				
1/0005		PLUS OR MINUS 4.00D SPHERE, 4.25 TO			# 40.00	2 per recipient per calendar year - adult
V2205		6.00D CYLINDER, PER LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, PLANO TO				O
1/0000		PLUS OR MINUS 4.00D SPHERE, OVER			#40.00	2 per recipient per calendar year - adult and children
V2206		6.00D CYLINDER, PER LENS			\$43.00	and children
		SPHEDOCYLINDED DIFOCAL DILIGOD				
		SPHEROCYLINDER, BIFOCAL, PLUS OR				2 nor reginient nor colonder year, edult
V2207		MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 12 TO 2.00D CYLINDER, PER LENS			#40.00	2 per recipient per calendar year - adult and children
V2201		SPHEROCYLINDER, BIFOCAL, PLUS OR			\$43.00	and children
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
		SPHERE, 2.12 TO 4.00D CYLINDER, PER				2 per recipient per calendar year - adult
\/2200					¢42.00	· · · · · · · · · · · · · · · · · · ·
V2208		SPHEROCYLINDER, BIFOCAL, PLUS OR			\$43.00	and children
		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			¢42 00	
V Z Z U 9		SPHEROCYLINDER, BIFOCAL, PLUS OR			\$43.00	and children
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
						2 per recipient per calendar year adult
V2210		SPHERE, OVER 6.00D CYLINDER, PER			¢42.00	2 per recipient per calendar year - adult and children
V2210		LEINO			\$43.00	and children



Procedure		B 1.0	- W. B.	N = 111 5 /	Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
		SPHEROCYLINDER, BIFOCAL, PLUS OR				
		MINUS 7.25 TO PLUS OR MINUS 12.00D				
		SPHERE, .25 TO 2.25D CYLINDER, PER				2 per recipient per calendar year - adult
V2211		LENS			\$43.00	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				
		SPHERE, 4.25 TO 6.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2213		LENS			\$43.00	and children
		SPHEROCYLINDER, BIFOCAL, SPHERE			·	2 per recipient per calendar year - adult
V2214		OVER PLUS OR MINUS 12.00D, PER LENS			\$43.00	and children
		LENTICULAR (MYODISC), PER LENS,				2 per recipient per calendar year - adult
V2215		BIFOCAL			\$43.00	and children
					·	2 per recipient per calendar year - adult
V2218		ANISEIKONIC, PER LENS, BIFOCAL			\$43.00	and children
						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
						2 per recipient per calendar year - adult
V2221		LENTICULAR LENS, PER LENS, BIFOCAL			\$43.00	and children
					·	2 per recipient per calendar year - adult
V2299		SPECIALTY BIFOCAL (BY REPORT)			\$43.00	and children
		SPHERE, TRIFOCAL, PLANO TO PLUS OR				2 per recipient per calendar year - adult
V2300		MINUS 4.00D, PER LENS			\$56.00	and children
		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			<u> </u>	
		PLUS OR MINUS 4.00D SPHERE, OVER				2 per recipient per calendar year - adult
V2306		6.00D CYLINDER, PER LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
		SPHERE, .12 TO 2.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2307		LENS			\$56.00	and children
				•		-



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Procedure Code	Modifier	Description	Facility Rate	Non-Facility Rate	Eyeglasses Rate	Notes
Code	Woulle	SPHEROCYLINDER, TRIFOCAL, PLUS OR	r actiffly ivate	Non-i acinty itale	Nate	Notes
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
		SPHERE, 2.12 TO 4.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2308		LENS			\$56.00	and children
V2300		SPHEROCYLINDER, TRIFOCAL, PLUS OR			φ30.00	and children
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
		SPHERE, 4.25 TO 6.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2309		LENS			\$56.00	and children
1200		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 4.25 TO PLUS OR MINUS 7.00D				
		SPHERE, OVER 6.00D CYLINDER, PER				2 per recipient per calendar year - adult
V2310		LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR			·	
		MINUS 7.25 TO PLUS OR MINUS 12.00D				
		SPHERE, .25 TO 2.25D CYLINDER, PER				2 per recipient per calendar year - adult
V2311		LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, 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
V2312		LENS			\$56.00	and children
		SPHEROCYLINDER, TRIFOCAL, PLUS OR				
		MINUS 7.25 TO PLUS OR MINUS 12.00D				
1/00/10		SPHERE, 4.25 TO 6.00D CYLINDER, PER			450.00	2 per recipient per calendar year - adult
V2313		LENS TRIFOCAL CRITERIE			\$56.00	and children
1/2244		SPHEROCYLINDER, TRIFOCAL, SPHERE			¢ E6.00	2 per recipient per calendar year - adult
V2314		OVER PLUS OR MINUS 12.00D, PER LENS LENTICULAR, (MYODISC), PER LENS,			\$56.00	and children 2 per recipient per calendar year - adult
V2315		TRIFOCAL			\$56.00	and children
V2313		TRII OCAL			φ30.00	2 per recipient per calendar year - adult
V2318		ANISEIKONIC LENS, TRIFOCAL			\$56.00	and children
V2010		7 I VIOLINGING LEIVO, I'M GOAL			φου.σο	2 per recipient per calendar year - adult
V2319		TRIFOCAL SEG WIDTH OVER 28 MM			\$56.00	and children
720.0					φοσισσ	2 per recipient per calendar year - adult
V2320		TRIFOCAL ADD OVER 3.25D			\$56.00	and children
					·	2 per recipient per calendar year - adult
V2321		LENTICULAR LENS, PER LENS, TRIFOCAL			\$56.00	and children
						2 per recipient per calendar year - adult
V2399		SPECIALTY TRIFOCAL (BY REPORT)			\$56.00	and children
		VARIABLE ASPHERICITY LENS, SINGLE				
		VISION, FULL FIELD, GLASS OR PLASTIC,				2 per recipient per calendar year - adult
V2410		PER LENS			\$56.00	and children
1/0/100		VARIABLE ASPHERICITY LENS, BIFOCAL,			0.42.22	2 per recipient per calendar year - adult
V2430		FULL FIELD, GLASS OR PLASTIC, PER LENS			\$43.00	and children
\/0400		VADIABLE COLLEDICITY LENG. OTLIED TYPE			¢ E0.00	2 per recipient per calendar year - adult
V2499		VARIABLE SPHERICITY LENS, OTHER TYPE CONTACT LENS, PMMA, SPHERICAL, PER			\$56.00	and children
V2500		LENS			\$58.24	1 year supply for each eye - adult and
V∠500		LEINO			₽ 3.Ζ4	children



Procedure					Eyeglasses	
Code	Modifier	Description	Facility Rate	Non-Facility Rate	Rate	Notes
		CONTACT LENS, PMMA, TORIC OR PRISM				1 year supply for each eye - adult and
V2501		BALLAST, PER LENS			\$90.95	children
		CONTACT LENS, PMMA, BIFOCAL, PER				1 year supply for each eye - adult and
V2502		LENS			\$106.04	children
		CONTACT LENS, PMMA, COLOR VISION				1 year supply for each eye - adult and
V2503		DEFICIENCY, PER LENS			\$102.58	children
V2700		BALANCE LENS, PER LENS			\$46.04	1 per lense per year - adult and children
						Effective 4/6/2022
						Must be under 21 (EPSDT) Medical
						review is required and must be
						performed by contacting the EPSDT
V2744		TINT, PHOTOCHROMATIC, PER LENS			\$104.00	Coordinator 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				
		EQUAL TO 1.80 GLASS, EXCLUDES				
V2783		POLYCARBONATE, PER LENS			\$77.14	1 per lense per year - adult and children
		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

