

## COVERED VISION PROCEDURE CODES

Effective Date: 01/01/2016

Updated: 12/29/2015

Rates displayed below do not reflect rates for codes billed containing modifiers.

For information on how modifiers will affect payment see ARSD § 67:16:02:03.02.

CODE	PROCEDURE	FEE
11200	Removal Of Skin Tags <W/15	\$64.17
11201	Removal Of Skin Tags	\$16.45
17000	Destroy Benign/Premalg Lesion	\$60.32
17003	Destruct Premalg Les 2-14	\$7.54
17004	Destroy Premal Lesions 15/>	\$183.00
17110	Destruct B9 Lesion 1-14	\$78.88
17111	Destruct Lesion 15 Or More	\$96.51
17250	Chemical Cautery Tissue	\$59.78
65205	Remove Foreign Body From Eye	\$49.68
65210	Remove Foreign Body From Eye	\$42.88
65220	Remove Foreign Body From Eye	\$35.55
65222	Remove Foreign Body From Eye	\$66.85
65275	Repair Wound Of Eye	\$201.95
65430	Corneal Smear	\$62.26
65435	Curette/Treat Cornea	\$58.54
65600	Revision Of Cornea	\$199.71
67700	Drainage Of Eyelid Abscess	\$48.47
67820	Revise Eyelashes	\$44.74
67825	Revise Eyelashes	\$68.90
67840	Remove Eyelid Lesion	\$231.00
67850	Destruction Of Lesion Of Lid Margin	\$97.13
67938	Remove Foreign Body, Eyelid	\$89.49
68020	Incise/Drain Eyelid Lesion	\$50.93
68040	Treatment Of Eyelid Lesions	\$45.09
68135	Remove Eyelid Lining Lesion	\$88.58
68761	Closure Of The Lacrimal Punctum; By Plug, Each	\$117.92
68801	Dilate Tear Duct Opening	\$97.85
68810	Probe Nasolacrimal Duct	\$190.39
68840	Exploration Of Tear Ducts	\$45.78
76511	Ophth Us Quant A Only	\$75.01
76512	Ophth Us B W/Non-Quant A	\$62.13
76514	Echo Exam Of Eye Thickness	\$11.95
76516	Echo Exam Of Eye	\$153.43
76519	Echo Exam Of Eye	\$49.78
76529	Echo Eye Foreign Body Localzation	\$66.88
82785	Assay Of Gammaglobulin Ige	\$22.58
83520	Immunoassay, Analyte; Not Otherwise Specified	\$17.75

92002	Eye Exam New Patient	\$62.83
92004	Eye Exam New Patient	\$118.19
92012	Eye Exam Establish Patient	\$66.08
92014	Eye Exam&Tx Estab Pt 1/>Vst	\$96.27
92015	Determine Refractive State	\$10.91
92018	Eye Exam & Treatment	\$134.23
92020	Special Eye Evaluation	\$23.81
92060	Special Eye Evaluation	\$28.04
92065	Orthoptic And Or Pleoptic Training	\$36.54
92081	Special Eye Exam	\$44.98
92082	Special Eye Exam	\$58.62
92083	Special Eye Exam	\$67.36
92100	Serial Tonometry	\$37.21
92136	Ophthalmic Biometry	\$74.50
92140	Provocative Test For Glaucoma	\$25.21
92145	Corneal Hysteresis Determination	\$14.00
92225	Special Eye Exam Initial	\$21.14
92226	Special Eye Exam Subsequent	\$19.24
92230	Visualization Of Retina	\$40.07
92235	Visualization Of Retina	\$115.77
92250	Visualization Of Retina	\$66.09
92260	Visualization Of Retina	\$29.31
92265	Eye Muscle Evaluation	\$35.07
92270	Special Eye Evaluation	\$50.80
92275	Special Eye Evaluation	\$60.05
92283	Color Vision Examination	\$16.91
92284	Special Eye Evaluation	\$25.28
92285	External Ocular Photography	\$39.55
92286	Specular Endothelial Microscopy	\$109.97
92287	Special Anterior Segment Photography With Medical Diagn	\$72.53
92310	Fitting Special Contact Lens	\$25.42
92311	Oph Contact Lens Corneal Aphakia One	\$61.83
92312	Fitting Special Contact Lens	\$75.09
92315	Rx Cntact Lens Aphakia 1 Eye	\$34.75
92316	Rx Cntact Lens Aphakia 2 Eye	\$50.70
92326	Service Fee Replacement Contact Len	\$48.77
92370	Repair Refitting Spectables	\$25.57
97110	P.T.-One Or More Areas, Each 15 Minutes	\$14.93
97112	Neuromuscular Reeducation	\$14.93
97530	Kinetic Activities Each 15 Min Increase Coord, Strength	\$14.93
97532	Cognitive Skills Development	\$8.24
97533	Sensory Integration	\$14.93
99070	Special Supplies	\$16.85
99201	Office/Outpatient Visit New	\$33.83
99202	Office/Outpatient Visit New	\$52.25
99203	Office/Outpatient Visit New	\$77.66
99204	Office/Outpatient Visit New	\$110.28

99205	Office/Outpatient Visit New	\$140.66
99211	Office/Outpatient Visit Est	\$16.82
99212	Office/Outpatient Visit Est	\$30.38
99213	Office/Outpatient Visit Est	\$42.48
99214	Office/Outpatient Visit Est	\$66.58
99215	Office/Outpatient Visit Est	\$97.17
99231	Subsequent Hospital Care, Per Day, For The Evaluation A	\$36.59
99232	Subsequent Hospital Care, Per Day, For The Evaluation A	\$51.53
99233	Subsequent Hospital Care, Per Day, For The Evaluation A	\$68.95
99241	Office Consultation For A New Or Established Patient, W	\$49.83
99242	Office Consultation For A New Or Established Patient, W	\$73.98
99243	Office Consultation For A New Or Established Patient, W	\$97.79
99244	Office Consultation For A New Or Established Patient, W	\$139.02
99245	Office Consultation For A New Or Established Patient, W	\$179.95
99251	Initial Inpatient Consultation For A New Or Established	\$47.17
99252	Initial Inpatient Consultation For A New Or Established	\$78.21
99253	Initial Inpatient Consultation	\$102.15
99254	Initial Inpatient Consultation For A New Or Established	\$138.83
99255	Initial Inpatient Consultation For A New Or Established	\$171.64
99281	Emergency Department Visit For The Evaluation And Manag	\$25.36
99282	Emergency Department Visit For The Evaluation And Manag	\$31.73
99283	Emergency Department Visit For The Evaluation And Manag	\$63.31
99284	Emergency Department Visit For The Evaluation And Manag	\$95.65
99285	Emergency Department Visit For The Evaluation And Manag	\$143.68
99307	Nursing Fac Care Subseq	\$32.26
99308	Nursing Fac Care Subseq	\$50.25
99309	Nursing Fac Care Subseq	\$68.90
99310	Nursing Fac Care Subseq	\$68.90
99324	Domicil/R-Home Visit New Pat	\$31.42
99325	Domicil/R-Home Visit New Pat	\$46.01
99326	Domicil/R-Home Visit New Pat	\$65.97
99327	Domicil/R-Home Visit New Pat	\$61.57
99328	Domicil/R-Home Visit New Pat	\$61.57
99334	Domicil/R-Home Visit Est Pat	\$35.04
99335	Domicil/R-Home Visit Est Pat	\$41.65
99336	Domicil/R-Home Visit Est Pat	\$41.93
99337	Domicil/R-Home Visit Est Pat	\$40.71
99341	Home Visit New Patient	\$47.76
99342	Home Visit New Patient	\$59.33
99343	Home Visit New Patient	\$73.13
99344	Home Visit New Patient	\$157.80
99345	Home Visit New Patient	\$189.95
99347	Home Visit Est Patient	\$35.24
99348	Home Visit Est Patient	\$47.82
99349	Home Visit Est Patient	\$77.04
99350	Home Visit Est Patient	\$153.21
99354	Prolonged Service Office	\$80.14

99355	Prolonged Service Office	\$77.26
99356	Prolonged Service Inpatient	\$91.27
99357	Prolonged Service Inpatient	\$74.78
A4263	Permanent, Long Term, Non-Dissolvable Lacrimal Duct Imp	\$32.31
A4550	Surgical Trays	\$31.33
G0117	Glaucoma Scrn Hgh Risk Direc	\$56.50
G0118	Glaucoma Scrn Hgh Risk Direc	\$40.44
V2020	Frames, Complete	\$59.59
V2199	Not Otherwise Classified, Single Vision Lens	\$32.72
V2299	Specialty Bifocal (By Report)	\$49.11
V2399	Specialty Trifocal (By Report)	\$66.37
V2410	Variable Asphericity Lens, Single Vision, Full Field,	\$105.35
V2430	Variable Asphericity Lens, Bifocal, Full Field, Glass	\$108.37
V2510	Contact Lens, Gas Permeable, Spherical, Per Lens	\$102.02
V2520	Contact Lens Hydrophilic, Spherical, Per Lens	\$85.89
V2521	Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	\$166.33
V2530	Contact Lens, Scleral, Per Lens (For Contact Lens Modif	\$176.54
V2531	Contact Lens Gas Permeable	\$467.19
V2599	Not Otherwise Classified, Contact Lens	\$21.24
V2710	Slab Off Prism, Glass Or Plastic. Per Lens	\$68.13
V2715	Prism, Per Lens	\$9.23
V2781	Progressive Lens Per Lens	\$64.34
V2784	Lens Polycarb Or Equal, And Index, Per Lens	\$29.58

**The following codes are paid for postoperative management only.  
The codes must contain the 55 modifier to receive payment.**

<b>CODE</b>	<b>PROCEDURE</b>	<b>FEE</b>
15820	Removal Of Skin Furrows	\$94.42
15821	Removal Of Skin Furrows	\$108.33
15823	Rhytidectomy	\$121.39
65400	Removal Of Eye Lesion	\$100.96
65420	Removal Of Eye Lesion	\$69.07
65710	Corneal Transplant	\$376.69
65730	Corneal Transplant	\$418.11
65750	Corneal Transplant	\$424.70
65755	Keratoplasty (Corneal Transplant); Penetrating (In Pseu	\$439.13
65772	Corneal Relaxing Incision For Correction Of Surgically	\$137.72
65775	Corneal Wedge Resection For Correction Of Surgically In	\$117.98
65815	Drainage Of Eyeball	\$77.51
65820	Relieve Inner Eye Pressure	\$143.23
65850	Incision Of Eyeball	\$193.79
65855	Trabeculoplasty By Laser Surgery, One Or More Sessions	\$141.77
65875	Relieve Inner Eye Adhesions	\$104.13
65930	Removal Blood Clot-Anterior Segm Eye	\$123.19
66170	Incision Of Eyeball	\$201.99

66761	Revision Of Iris	\$77.36
66821	Discission Of Secondary Membraneous Cataract ("After C	\$78.02
66825	Repositioning Of Intraocular Lens Prosthesis, Requiring	\$123.09
66840	Removal Lens Material-Aspiration Tec	\$143.27
66850	Removal Of Lens	\$195.85
66852	Removal Of Lens Material; Pars Plana Approach, With Or	\$205.54
66920	Extraction Of Lens	\$181.69
66930	Extraction Of Lens	\$169.47
66940	Extraction Of Lens	\$190.31
66982	Cataract Surgery Complex	\$218.39
66983	Cataract Surg W/lol 1 Stage	\$250.91
66984	Cataract Surg W/lol 1 Stage	\$156.89
66985	Insert Lens Prosthesis	\$188.96
66986	Exchange Of Intraocular Lens	\$207.33
67005	Partial Removal Of Eye Fluid	\$201.25
67010	Partial Removal Of Eye Fluid	\$221.23
67015	Release Of Eye Fluid	\$110.55
67025	Replace Eye Fluid	\$110.51
67027	Implant Eye Drug System	\$175.07
67311	Revise Eye Ball Muscle	\$161.13
67312	Revise 2 Eye Ball Muscles	\$147.41
67314	Strabismus Surgery, Recession Or Resection Procedure (P	\$177.48
67316	Strabismus Surgery, Recession Or Resection Procedure (P	\$159.17
67318	Strabismus Surgery, Any Procedure (Patient Not Previous	\$160.16
67343	Release Of Extensive Scar Tissue Without Detaching Extr	\$107.83
67345	Chemodenervation Of Extraocular Muscle	\$44.00
67800	Remove Eyelid Lesion	\$24.86
67801	Remove Eyelid Lesions	\$23.55
67805	Remove Eyelid Lesions	\$28.25
67808	Remove Eyelid Lesion(S)	\$40.21
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	\$69.91
67901	Repair Eyelid Defect	\$134.44
67902	Repair Eyelid Defect	\$161.79
67903	Repair Eyelid Defect	\$187.54
67904	Repair Blepharoptosis-Levator Reject	\$171.43
67906	Repair Eyelid Defect	\$102.13
67908	Repair Blepharoptosis:Conj-Tar Resec	\$127.04
67916	Repair Eyelid Defect	\$106.17
67917	Repair Eyelid Defect	\$111.75
67921	Repair Eyelid Defect	\$55.55
67922	Repair Eyelid Defect	\$35.41

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review

paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.