

South Dakota Medicaid Optometry and Optical Supply Fee Schedule

Effective July 1, 2025
Updated January 1, 2026

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: <https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual.

The rate of payment for "Price by Report" is generally 40% of the usual and customary charge as established in ARSD 67:16:02:03.

The fees contained in this schedule account for any required modifier payment effects.

Code	Required Modifier	Description	Fee
65205	55	Remove Foreign Body From Eye	\$ 6.72
65210	55	Remove Foreign Body From Eye	\$ 9.07
65220	55	Remove Foreign Body From Eye	\$ 13.38
65222	55	Remove Foreign Body From Eye	\$ 16.14
65400	55	Removal Of Eye Lesion	\$ 154.21
65420	55	Removal Of Eye Lesion	\$ 126.80
65430	55	Corneal Smear	\$ 25.50
65435	55	Curette/Treat Cornea	\$ 18.33
65710	55	Corneal Transplant	\$ 267.65
65730	55	Corneal Transplant	\$ 293.26
65750	55	Corneal Transplant	\$ 294.73
65755	55	Corneal Transplant	\$ 293.76
65772	55	Correction Of Astigmatism	\$ 107.79
65775	55	Correction Of Astigmatism	\$ 135.34
65778	55	Cover Eye W/Membrane	\$ 304.18
65815	55	Drainage Of Eye	\$ 145.14
65820	55	Relieve Inner Eye Pressure	\$ 182.82
65850	55	Incision Of Eyeball	\$ 197.44
65855	55	Trabeculoplasty Laser Surg	\$ 57.64
65875	55	Incise Inner Eye Adhesions	\$ 140.39
65930	55	Remove Blood Clot From Eye	\$ 150.53
66170	55	Glaucoma Surgery	\$ 256.38
66761	55	Revision Of Iris	\$ 70.09
66821	55	After Cataract Laser Surgery	\$ 78.73
66825	55	Repositioning Of Intraocular Lens Prosthesis, Requiring	\$ 194.90
66840	55	Removal Of Lens Material	\$ 162.17
66850	55	Removal Of Lens Material	\$ 184.89
66852	55	Removal Of Lens Material; Pars Plana Approach, With Or	\$ 196.47
66920	55	Extraction Of Lens	\$ 175.05
66930	55	Extraction Of Lens	\$ 200.60
66940	55	Extraction Of Lens	\$ 183.72
66982	55	Xcapsl Ctrc Rmvl Cplx Wo Ecp	\$ 174.69
66983	55	Cataract Surg W/Iol 1 Stage	\$ 193.56
66984	55	Xcapsl Ctrc Rmvl W/O Ecp	\$ 127.69
66985	55	Insert Lens Prosthesis	\$ 180.59
66986	55	Exchange Lens Prosthesis	\$ 211.25

Code	Required Modifier	Description	Fee
66988	55	Xcapsl Ctrc Rmvl W/Ecp	\$ 163.40
67005	55	Partial Removal Of Eye Fluid	\$ 112.67
67010	55	Partial Removal Of Eye Fluid	\$ 127.16
67015	55	Release Of Eye Fluid	\$ 136.32
67025	55	Replace Eye Fluid	\$ 173.71
67027	55	Implant Eye Drug System	\$ 198.11
67311	55	Revise Eye Muscle	\$ 107.42
67312	55	Revise Two Eye Muscles	\$ 155.90
67314	55	Revise Eye Muscle	\$ 107.42
67316	55	Revise Two Eye Muscles	\$ 166.34
67318	55	Revise Eye Muscle(S)	\$ 160.76
67343	55	Release Eye Tissue	\$ 157.14
67345	55	Destroy Nerve Of Eye Muscle	\$ 56.61
67800	55	Remove Eyelid Lesion	\$ 30.65
67801	55	Remove Eyelid Lesions	\$ 38.57
67805	55	Remove Eyelid Lesions	\$ 45.42
67808	55	Remove Eyelid Lesion(S)	\$ 81.33
67820	55	Revise Eyelashes	\$ 4.43
67900	55	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	\$ 153.35
67901	55	Repair Eyelid Defect	\$ 177.15
67902	55	Repair Eyelid Defect	\$ 170.01
67903	55	Repair Eyelid Defect	\$ 142.07
67904	55	Repair Blepharoptosis-Levator Reject	\$ 174.04
67906	55	Repair Eyelid Defect	\$ 117.97
67908	55	Repair Eyelid Defect	\$ 127.69
67916	55	Repair Eyelid Defect	\$ 143.08
67917	55	Repair Eyelid Defect	\$ 146.46
67921	55	Repair Eyelid Defect	\$ 112.14
67922	55	Repair Eyelid Defect	\$ 72.30
67938	55	Remove Foreign Body, Eyelid	\$ 60.85
68020	55	Incise/Drain Eyelid Lining	\$ 27.30
68040	55	Treatment Of Eyelid Lesions	\$ 14.77
68530	55	Clearance Of Tear Duct	\$ 101.57
68761	55	Closure Of The Lacrimal Punctum; By Plug, Each	\$ 34.34
68801	55	Dilate Tear Duct Opening	\$ 22.77
68810	55	Probe Nasolacrimal Duct	\$ 38.00
68840	55	Explore/Irrigate Tear Ducts	\$ 29.79
76510		Oph Us Dx B-Scan&Quan A-Scan	\$ 65.26
76511		Oph Us Dx Quan A-Scan Only	\$ 54.27
76512		Oph Us Dx B-Scan	\$ 45.86
76513		Oph Us Dx Ant Sgm Us Uni/Bi	\$ 71.73
76514		Echo Exam Of Eye Thickness	\$ 10.60
76516		Echo Exam Of Eye	\$ 44.89
76519		Echo Exam Of Eye	\$ 61.51
76529		Echo Exam Of Eye	\$ 80.91
83861		Microfluid Analy Tears	\$ 22.48
92002		Eye Exam New Patient	\$ 77.48
92004		Eye Exam New Patient	\$ 142.17
92012		Eye Exam Establish Patient	\$ 81.47
92014		Eye Exam&Tx Estab Pt 1/>Vst	\$ 118.71
92015		Determine Refractive State	\$ 13.99
92018		New Eye Exam & Treatment	\$ 132.81
92020		Special Eye Evaluation	\$ 26.00
92025		Corneal Topography	\$ 34.86
92060		Special Eye Evaluation	\$ 57.56

Code	Required Modifier	Description	Fee
92065		Orthoptic Training	\$ 38.29
92071		Contact Lens Fitting For Tx	\$ 33.03
92072		Fit Contac Lens For Managmnt	\$ 112.77
92081		Visual Field Examination(S)	\$ 31.95
92082		Visual Field Examination(S)	\$ 44.89
92083		Visual Field Examination(S)	\$ 60.74
92100		Serial Tonometry Exam(S)	\$ 81.76
92132		Cmptr Ophth Dx Img Ant Segmt	\$ 28.39
92133		Cmptr Ophth Img Optic Nerve	\$ 29.36
92134		Cptr Ophth Dx Img Post Segmt	\$ 30.98
92136		Ophthalmic Biometry	\$ 45.21
92145		Corneal Hysteresis Deter	\$ 12.22
92201		Opscpy Extnd Rta Draw Uni/Bi	\$ 23.54
92202		Opscpy Extnd On/Mac Draw	\$ 14.68
92228		Img Rta Detc/Mntr Ds Phy/Qhp	\$ 28.39
92230		Eye Exam With Photos	\$ 121.79
92235		Fluorescein Angrph Uni/Bi	\$ 147.35
92250		Visualization Of Retina	\$ 35.18
92260		Ophthalmoscopy/Dynamometry	\$ 18.24
92270		Electro-Oculography	\$ 106.21
92273		Full Field Erg W/I&R	\$ 119.08
92274		Multifocal Erg W/I&R	\$ 84.00
92283		Color Vision Examination	\$ 49.08
92284		Dark Adaptation Eye Exam	\$ 29.24
92285		External Ocular Photography	\$ 21.92
92286		Internal Eye Photography	\$ 37.12
92288		Scr Dark Adaptation Meas I&R	Price By Report
92310		Contact Lens Fitting	\$ 32.59
92311		Contact Lens Fitting	\$ 98.46
92312		Contact Lens Fitting	\$ 111.56
92313		Contact Lens Fitting	\$ 91.52
92315		Rx Cntact Lens Aphakia 1 Eye	\$ 78.40
92316		Rx Cntact Lens Aphakia 2 Eye	\$ 96.84
92317		Rx Corneoscleral Cntact Lens	\$ 82.61
92326		Service Fee Replacement Contact Len	\$ 37.00
92370		Repair Refitting Spectables	\$ 29.04
92499		Eye Service Or Procedure	Price By Report
97530		Therapeutic Activities	\$ 33.18
97533		Sensory Integration	\$ 56.54
99070		Special Supplies Phys/Qhp	\$ 0.01
99202		Office O/P New Sf 15-29 Min	\$ 64.32
99203		Office O/P New Low 30-44 Min	\$ 98.62
99204		Office O/P New Mod 45-59 Min	\$ 147.77
99205		Office O/P New Hi 60-74 Min	\$ 194.61
99211		Off/Op Est May X Req Phy/Qhp	\$ 21.05
99212		Office O/P Est Sf 10-19 Min	\$ 50.44
99213		Office O/P Est Low 20-29 Min	\$ 80.94
99214		Office O/P Est Mod 30-39 Min	\$ 114.16
99215		Office O/P Est Hi 40-54 Min	\$ 160.28
99231		Subsequent Hospital Care	\$ 42.90
99232		Subsequent Hospital Care	\$ 68.73
99233		Subsequent Hospital Care	\$ 103.40
99242		Office Consultation	\$ 71.26
99243		Office Consultation	\$ 106.93
99244		Office Consultation	\$ 152.39

Code	Required Modifier	Description	Fee
99245		Office Consultation	\$ 198.41
99252		Inpatient Consultation	\$ 66.33
99253		Inpatient Consultation	\$ 93.47
99254		Inpatient Consultation	\$ 129.75
99255		Inpatient Consultation	\$ 174.15
99281		Emergency Dept Visit	\$ 10.40
99282		Emergency Dept Visit	\$ 38.43
99283		Emergency Dept Visit	\$ 65.05
99284		Emergency Dept Visit	\$ 110.65
99285		Emergency Dept Visit	\$ 160.25
99307		Nursing Fac Care Subseq	\$ 37.69
99308		Nursing Fac Care Subseq	\$ 65.66
99309		Nursing Fac Care Subseq	\$ 94.93
99310		Nursing Fac Care Subseq	\$ 135.18
V2020		Frames, Complete	\$ 78.47
V2199		Not Otherwise Classified, Single Vision Lens	\$ 41.97
V2299		Specialty Bifocal (By Report)	\$ 62.98
V2399		Specialty Trifocal (By Report)	\$ 85.11
V2410		Variable Asphericity Lens, Single Vision, Full Field,	\$ 129.90
V2430		Variable Asphericity Lens, Bifocal, Full Field, Glass	\$ 133.65
V2499		Not Otherwise Classified, Variable Sphericity Lens	Price By Report
V2510		Contact Lens, Gas Permeable, Spherical, Per Lens	\$ 132.30
V2520		Contact Lens Hydrophilic, Spherical, Per Lens	\$ 111.39
V2521		Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	\$ 215.69
V2530		Contact Lens, Scleral, Per Lens (For Contact Lens Modif	\$ 259.25
V2531		Contact Lens Gas Permeable	\$ 586.21
V2599		Not Otherwise Classified, Contact Lens	\$ 27.23
V2623		Prosthetic Eye, Plastic, Custom	\$ 1,127.17
V2624		Polishing/Resurfacing Of Ocular Prosthesis	\$ 82.69
V2625		Enlargement Of Ocular Prosthesis	\$ 532.59
V2626		Reduction Of Ocular Prosthesis	\$ 236.77
V2627		Scleral Cover Shell	\$ 1,788.33
V2628		Fabrication And Fitting Of Ocular Conformer	\$ 433.28
V2710		Slab Off Prism, Glass Or Plastic. Per Lens	\$ 84.01
V2715		Prism, Per Lens	\$ 12.42
V2781		Progressive Lens Per Lens	\$ 82.51
V2782		Lens, Index 1.54 To 1.65 Plastic Or 1.60 To 1.79 Glass, Excludes Polycarbonate, Per Lens	Price By Report
V2783		Lens, Index Greater Than Or Equal To 1.66 Plastic Or Greater Than Or Equal To 1.80 Glass, Excludes Polycarbonate, Per Lens	Price By Report
V2784		Lens Polycarb Or Equal, And Index, Per Lens	\$ 51.29
V2799		Misc Vision Item Or Service	Price By Report