

**South Dakota Medicaid  
Optometry and Optical Supply Fee Schedule**

Effective July 1, 2023  
Updated October 24, 2023

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	\$ 7.49
65210	55	Remove Foreign Body From Eye	\$ 10.12
65220	55	Remove Foreign Body From Eye	\$ 10.82
65222	55	Remove Foreign Body From Eye	\$ 17.69
65400	55	Removal Of Eye Lesion	\$ 122.95
65420	55	Removal Of Eye Lesion	\$ 128.51
65430	55	Corneal Smear	\$ 19.66
65435	55	Curette/Treat Cornea	\$ 17.83
65710	55	Corneal Transplant	\$ 265.73
65730	55	Corneal Transplant	\$ 323.28
65750	55	Corneal Transplant	\$ 293.17
65755	55	Corneal Transplant	\$ 291.78
65772	55	Correction Of Astigmatism	\$ 106.82
65775	55	Correction Of Astigmatism	\$ 133.74
65778	55	Cover Eye W/Membrane	\$ 370.52
65815	55	Drainage Of Eye	\$ 143.35
65820	55	Relieve Inner Eye Pressure	\$ 174.44
65850	55	Incision Of Eyeball	\$ 195.56
65855	55	Trabeculoplasty Laser Surg	\$ 63.86
65875	55	Incise Inner Eye Adhesions	\$ 126.82
65930	55	Remove Blood Clot From Eye	\$ 149.01
66170	55	Glaucoma Surgery	\$ 253.22
66761	55	Revision Of Iris	\$ 70.48
66821	55	After Cataract Laser Surgery	\$ 87.09
66825	55	Repositioning Of Intraocular Lens Prosthesis, Requiring	\$ 196.65
66840	55	Removal Of Lens Material	\$ 160.17
66850	55	Removal Of Lens Material	\$ 202.34
66852	55	Removal Of Lens Material; Pars Plana Approach, With Or	\$ 215.29
66920	55	Extraction Of Lens	\$ 172.90
66930	55	Extraction Of Lens	\$ 198.12
66940	55	Extraction Of Lens	\$ 181.46
66982	55	Xcapsl Ctrc Rmvl Cplx Wo Ecp	\$ 191.29
66983	55	Cataract Surg W/lol 1 Stage	\$ 198.81
66984	55	Xcapsl Ctrc Rmvl W/O Ecp	\$ 139.67
66985	55	Insert Lens Prosthesis	\$ 197.74
66986	55	Exchange Lens Prosthesis	\$ 208.65
66988	55	Xcapsl Ctrc Rmvl W/Ecp	Price By Report

Code	Required Modifier	Description	Fee
67005	55	Partial Removal Of Eye Fluid	\$ 122.03
67010	55	Partial Removal Of Eye Fluid	\$ 125.59
67015	55	Release Of Eye Fluid	\$ 134.64
67025	55	Replace Eye Fluid	\$ 174.11
67027	55	Implant Eye Drug System	\$ 195.67
67311	55	Revise Eye Muscle	\$ 124.39
67312	55	Revise Two Eye Muscles	\$ 179.52
67314	55	Revise Eye Muscle	\$ 142.74
67316	55	Revise Two Eye Muscles	\$ 182.27
67318	55	Revise Eye Muscle(S)	\$ 158.78
67343	55	Release Eye Tissue	\$ 155.20
67345	55	Destroy Nerve Of Eye Muscle	\$ 55.91
67800	55	Remove Eyelid Lesion	\$ 30.28
67801	55	Remove Eyelid Lesions	\$ 38.09
67805	55	Remove Eyelid Lesions	\$ 34.87
67808	55	Remove Eyelid Lesion(S)	\$ 62.35
67820	55	Revise Eyelashes	\$ 4.97
67900	55	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	\$ 153.07
67901	55	Repair Eyelid Defect	\$ 163.74
67902	55	Repair Eyelid Defect	\$ 167.91
67903	55	Repair Eyelid Defect	\$ 158.23
67904	55	Repair Blepharoptosis-Levator Reject	\$ 193.94
67906	55	Repair Eyelid Defect	\$ 116.51
67908	55	Repair Eyelid Defect	\$ 128.43
67916	55	Repair Eyelid Defect	\$ 145.64
67917	55	Repair Eyelid Defect	\$ 148.50
67921	55	Repair Eyelid Defect	\$ 114.84
67922	55	Repair Eyelid Defect	\$ 73.82
67938	55	Remove Foreign Body, Eyelid	\$ 48.82
68020	55	Incise/Drain Eyelid Lining	\$ 26.97
68040	55	Treatment Of Eyelid Lesions	\$ 14.59
68530	55	Clearance Of Tear Duct	\$ 103.90
68761	55	Closure Of The Lacrimal Punctum; By Plug, Each	\$ 35.91
68801	55	Dilate Tear Duct Opening	\$ 25.42
68810	55	Probe Nasolacrimal Duct	\$ 42.41
68840	55	Explore/Irrigate Tear Ducts	\$ 22.99
76510		Oph Us Dx B-Scan&Quan A-Scan	\$ 66.61
76511		Oph Us Dx Quan A-Scan Only	\$ 54.19
76512		Oph Us Dx B-Scan	\$ 50.76
76513		Oph Us Dx Ant Sgm Us Uni/Bi	\$ 80.92
76514		Echo Exam Of Eye Thickness	\$ 11.88
76516		Echo Exam Of Eye	\$ 44.37
76519		Echo Exam Of Eye	\$ 60.63
76529		Echo Exam Of Eye	\$ 82.65
83861		Microfluid Analy Tears	\$ 22.48
92002		Eye Exam New Patient	\$ 76.52
92004		Eye Exam New Patient	\$ 143.94
92012		Eye Exam Establish Patient	\$ 80.46
92014		Eye Exam&Tx Estab Pt 1/>Vst	\$ 117.24
92015		Determine Refractive State	\$ 13.29
92018		New Eye Exam & Treatment	\$ 143.70
92020		Special Eye Evaluation	\$ 28.99
92025		Corneal Topography	\$ 35.29
92060		Special Eye Evaluation	\$ 43.82
92065		Orthoptic Training	\$ 44.52
92071		Contact Lens Fitting For Tx	\$ 32.62
92072		Fit Contac Lens For Managmnt	\$ 88.83

Code	Required Modifier	Description	Fee
92081		Visual Field Examination(S)	\$ 34.78
92082		Visual Field Examination(S)	\$ 48.94
92083		Visual Field Examination(S)	\$ 66.38
92100		Serial Tonometry Exam(S)	\$ 81.32
92132		Cmptr Ophth Dx Img Ant Segmt	\$ 32.96
92133		Cmptr Ophth Img Optic Nerve	\$ 38.77
92134		Cptr Ophth Dx Img Post Segmt	\$ 42.77
92136		Ophthalmic Biometry	\$ 52.57
92145		Corneal Hysteresis Deter	\$ 12.97
92201		Opscopy Extnd Rta Draw Uni/Bi	\$ 25.96
92202		Opscopy Extnd On/Mac Draw	\$ 16.51
92228		Img Rta Detc/Mntr Ds Phy/Qhp	\$ 29.00
92230		Eye Exam With Photos	\$ 93.32
92235		Fluorescein Angrph Uni/Bi	\$ 140.99
92250		Visualization Of Retina	\$ 39.13
92260		Ophthalmoscopy/Dynamometry	\$ 18.76
92270		Electro-Oculography	\$ 104.00
92273		Full Field Erg W/I&R	\$ 134.82
92274		Multifocal Erg W/I&R	\$ 82.96
92283		Color Vision Examination	\$ 37.82
92284		Dark Adaptation Eye Exam	\$ 54.96
92285		External Ocular Photography	\$ 24.23
92286		Internal Eye Photography	\$ 41.32
92310		Contact Lens Fitting	\$ 30.95
92311		Contact Lens Fitting	\$ 101.93
92312		Contact Lens Fitting	\$ 91.46
92313		Contact Lens Fitting	\$ 90.39
92315		Rx Cntact Lens Aphakia 1 Eye	\$ 79.58
92316		Rx Cntact Lens Aphakia 2 Eye	\$ 98.23
92317		Rx Corneoscleral Cntact Lens	\$ 83.51
92326		Service Fee Replacement Contact Len	\$ 41.92
92370		Repair Refitting Spectables	\$ 31.14
92499		Eye Service Or Procedure	Price By Report
97530		Therapeutic Activities	\$ 28.53
97533		Sensory Integration	\$ 45.50
99070		Special Supplies Phys/Qhp	\$ 0.01
99202		Office O/P New Sf 15-29 Min	\$ 63.63
99203		Office O/P New Low 30-44 Min	\$ 94.58
99204		Office O/P New Mod 45-59 Min	\$ 134.32
99205		Office O/P New Hi 60-74 Min	\$ 171.32
99211		Off/Op Est May X Req Phy/Qhp	\$ 20.48
99212		Office O/P Est Sf 10-19 Min	\$ 38.71
99213		Office O/P Est Low 20-29 Min	\$ 62.22
99214		Office O/P Est Mod 30-39 Min	\$ 88.05
99215		Office O/P Est Hi 40-54 Min	\$ 123.57
99231		Subsequent Hospital Care	\$ 39.04
99232		Subsequent Hospital Care	\$ 62.75
99233		Subsequent Hospital Care	\$ 83.97
99242		Office Consultation	\$ 90.11
99243		Office Consultation	\$ 119.09
99244		Office Consultation	\$ 169.29
99245		Office Consultation	\$ 219.15
99252		Inpatient Consultation	\$ 95.25
99253		Inpatient Consultation	\$ 124.40
99254		Inpatient Consultation	\$ 169.07
99255		Inpatient Consultation	\$ 209.03

Code	Required Modifier	Description	Fee
99281		Emergency Dept Visit	\$ 22.07
99282		Emergency Dept Visit	\$ 38.62
99283		Emergency Dept Visit	\$ 72.40
99284		Emergency Dept Visit	\$ 116.48
99285		Emergency Dept Visit	\$ 174.97
99307		Nursing Fac Care Subseq	\$ 39.30
99308		Nursing Fac Care Subseq	\$ 61.20
99309		Nursing Fac Care Subseq	\$ 83.91
99310		Nursing Fac Care Subseq	\$ 90.38
V2020		Frames, Complete	\$ 72.58
V2199		Not Otherwise Classified, Single Vision Lens	\$ 39.86
V2299		Specialty Bifocal (By Report)	\$ 59.81
V2399		Specialty Trifocal (By Report)	\$ 80.83
V2410		Variable Asphericity Lens, Single Vision, Full Field,	\$ 128.30
V2430		Variable Asphericity Lens, Bifocal, Full Field, Glass	\$ 132.00
V2499		Not Otherwise Classified, Variable Sphericity Lens	Price By Report
V2510		Contact Lens, Gas Permeable, Spherical, Per Lens	\$ 124.25
V2520		Contact Lens Hydrophilic, Spherical, Per Lens	\$ 104.60
V2521		Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	\$ 202.58
V2524		Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens	\$ 124.09
V2530		Contact Lens, Scleral, Per Lens (For Contact Lens Modif	\$ 249.56
V2531		Contact Lens Gas Permeable	\$ 568.96
V2599		Not Otherwise Classified, Contact Lens	\$ 25.86
V2623		Prosthetic Eye, Plastic, Custom	\$ 1,184.70
V2624		Polishing/Resurfacing Of Ocular Prosthesis	\$ 75.94
V2625		Enlargement Of Ocular Prosthesis	\$ 526.01
V2626		Reduction Of Ocular Prosthesis	\$ 242.70
V2627		Scleral Cover Shell	\$ 1,641.70
V2628		Fabrication And Fitting Of Ocular Conformer	\$ 397.76
V2710		Slab Off Prism, Glass Or Plastic. Per Lens	\$ 82.97
V2715		Prism, Per Lens	\$ 11.25
V2718		Press-On Lens, Fresnell Prism, Per Lens	\$ 25.98
V2744		Tint, Photochromatic, Per Lens	\$ 17.49
V2745		Addition To Lens; Tint, Any Color, Solid, Gradient Or Equal, Excludes Photochromatic, Any Lens Material, Per Lens	\$ 10.80
V2750		Anti-Reflective Coating, Per Lens	\$ 19.76
V2781		Progressive Lens Per Lens	\$ 78.36
V2784		Lens Polycarb Or Equal, And Index, Per Lens	\$ 36.03
V2799		Misc Vision Item Or Service	Price By Report