

**South Dakota Medicaid  
Optometry and Optical Supply Fee Schedule**  
Effective July 1, 2024

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                            | \$ 6.92         |
| 65210 | 55                | Remove Foreign Body From Eye                            | \$ 9.33         |
| 65220 | 55                | Remove Foreign Body From Eye                            | \$ 13.21        |
| 65222 | 55                | Remove Foreign Body From Eye                            | \$ 16.64        |
| 65400 | 55                | Removal Of Eye Lesion                                   | \$ 152.30       |
| 65420 | 55                | Removal Of Eye Lesion                                   | \$ 128.51       |
| 65430 | 55                | Corneal Smear   | \$ 25.18        |
| 65435 | 55                | Curette/Treat Cornea                                    | \$ 18.10        |
| 65710 | 55                | Corneal Transplant                                      | \$ 265.72       |
| 65730 | 55                | Corneal Transplant                                      | \$ 302.91       |
| 65750 | 55                | Corneal Transplant                                      | \$ 293.16       |
| 65755 | 55                | Corneal Transplant                                      | \$ 291.77       |
| 65772 | 55                | Correction Of Astigmatism                               | \$ 106.82       |
| 65775 | 55                | Correction Of Astigmatism                               | \$ 133.73       |
| 65778 | 55                | Cover Eye W/Membrane                                    | \$ 339.28       |
| 65815 | 55                | Drainage Of Eye   | \$ 143.34       |
| 65820 | 55                | Relieve Inner Eye Pressure                              | \$ 180.56       |
| 65850 | 55                | Incision Of Eyeball                                     | \$ 195.56       |
| 65855 | 55                | Trabeculoplasty Laser Surg                              | \$ 59.60        |
| 65875 | 55                | Incise Inner Eye Adhesions                              | \$ 138.66       |
| 65930 | 55                | Remove Blood Clot From Eye                              | \$ 149.01       |
| 66170 | 55                | Glaucoma Surgery  | \$ 253.21       |
| 66761 | 55                | Revision Of Iris  | \$ 70.47        |
| 66821 | 55                | After Cataract Laser Surgery                            | \$ 81.77        |
| 66825 | 55                | Repositioning Of Intraocular Lens Prosthesis, Requiring | \$ 196.65       |
| 66840 | 55                | Removal Of Lens Material                                | \$ 160.16       |
| 66850 | 55                | Removal Of Lens Material                                | \$ 190.52       |
| 66852 | 55                | Removal Of Lens Material; Pars Plana Approach, With Or  | \$ 202.50       |
| 66920 | 55                | Extraction Of Lens                                      | \$ 172.89       |
| 66930 | 55                | Extraction Of Lens                                      | \$ 198.12       |
| 66940 | 55                | Extraction Of Lens                                      | \$ 181.45       |
| 66982 | 55                | Xcapsl Ctrc Rmvl Cplx Wo Ecp                            | \$ 179.94       |
| 66983 | 55                | Cataract Surg W/lol 1 Stage                             | \$ 206.76       |
| 66984 | 55                | Xcapsl Ctrc Rmvl W/O Ecp                                | \$ 131.49       |
| 66985 | 55                | Insert Lens Prosthesis                                  | \$ 186.20       |
| 66986 | 55                | Exchange Lens Prosthesis                                | \$ 208.64       |
| 66988 | 55                | Xcapsl Ctrc Rmvl W/Ecp                                  | Price By Report |

| Code  | Required Modifier | Description   | Fee       |
|-------|-------------------|---|-----------|
| 67005 | 55                | Partial Removal Of Eye Fluid                            | \$ 115.94 |
| 67010 | 55                | Partial Removal Of Eye Fluid                            | \$ 125.59 |
| 67015 | 55                | Release Of Eye Fluid                                    | \$ 134.64 |
| 67025 | 55                | Replace Eye Fluid                                       | \$ 174.10 |
| 67027 | 55                | Implant Eye Drug System                                 | \$ 195.67 |
| 67311 | 55                | Revise Eye Muscle                                       | \$ 124.19 |
| 67312 | 55                | Revise Two Eye Muscles                                  | \$ 160.22 |
| 67314 | 55                | Revise Eye Muscle                                       | \$ 137.99 |
| 67316 | 55                | Revise Two Eye Muscles                                  | \$ 171.73 |
| 67318 | 55                | Revise Eye Muscle(S)                                    | \$ 158.77 |
| 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                                   | \$ 44.85  |
| 67808 | 55                | Remove Eyelid Lesion(S)                                 | \$ 80.33  |
| 67820 | 55                | Revise Eyelashes  | \$ 4.56   |
| 67900 | 55                | Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co | \$ 153.07 |
| 67901 | 55                | Repair Eyelid Defect                                    | \$ 174.96 |
| 67902 | 55                | Repair Eyelid Defect                                    | \$ 167.91 |
| 67903 | 55                | Repair Eyelid Defect                                    | \$ 147.37 |
| 67904 | 55                | Repair Blepharoptosis-Levator Reject                    | \$ 180.58 |
| 67906 | 55                | Repair Eyelid Defect                                    | \$ 116.51 |
| 67908 | 55                | Repair Eyelid Defect                                    | \$ 128.43 |
| 67916 | 55                | Repair Eyelid Defect                                    | \$ 145.63 |
| 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                             | \$ 60.10  |
| 68020 | 55                | Incise/Drain Eyelid Lining                              | \$ 26.97  |
| 68040 | 55                | Treatment Of Eyelid Lesions                             | \$ 14.59  |
| 68530 | 55                | Clearance Of Tear Duct                                  | \$ 103.89 |
| 68761 | 55                | Closure Of The Lacrimal Punctum; By Plug, Each          | \$ 35.87  |
| 68801 | 55                | Dilate Tear Duct Opening                                | \$ 23.79  |
| 68810 | 55                | Probe Nasolacrimal Duct                                 | \$ 39.50  |
| 68840 | 55                | Explore/Irrigate Tear Ducts                             | \$ 29.42  |
| 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  | \$ 47.52  |
| 76513 |                   | Oph Us Dx Ant Sgm Us Uni/Bi                             | \$ 74.49  |
| 76514 |                   | Echo Exam Of Eye Thickness                              | \$ 10.91  |
| 76516 |                   | Echo Exam Of Eye  | \$ 44.37  |
| 76519 |                   | Echo Exam Of Eye  | \$ 60.75  |
| 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                              | \$ 13.82  |
| 92018 |                   | New Eye Exam & Treatment                                | \$ 134.75 |
| 92020 |                   | Special Eye Evaluation                                  | \$ 27.09  |
| 92025 |                   | Corneal Topography                                      | \$ 35.29  |
| 92060 |                   | Special Eye Evaluation                                  | \$ 56.85  |
| 92065 |                   | Orthoptic Training                                      | \$ 44.34  |
| 92071 |                   | Contact Lens Fitting For Tx                             | \$ 32.62  |
| 92072 |                   | Fit Contac Lens For Managmnt                            | \$ 111.38 |

| Code  | Required Modifier | Description                         | Fee             |
|-------|-------------------|-------------------------------------|-----------------|
| 92081 |                   | Visual Field Examination(S)         | \$ 32.88        |
| 92082 |                   | Visual Field Examination(S)         | \$ 46.52        |
| 92083 |                   | Visual Field Examination(S)         | \$ 62.83        |
| 92100 |                   | Serial Tonometry Exam(S)            | \$ 81.32        |
| 92132 |                   | Cmptr Ophth Dx Img Ant Segmt        | \$ 30.88        |
| 92133 |                   | Cmptr Ophth Img Optic Nerve         | \$ 35.87        |
| 92134 |                   | Cptr Ophth Dx Img Post Segmt        | \$ 39.87        |
| 92136 |                   | Ophthalmic Biometry                 | \$ 52.34        |
| 92145 |                   | Corneal Hysteresis Deter            | \$ 12.57        |
| 92201 |                   | Opscopy Extnd Rta Draw Uni/Bi       | \$ 24.22        |
| 92202 |                   | Opscopy Extnd On/Mac Draw           | \$ 15.11        |
| 92228 |                   | Img Rta Detc/Mntr Ds Phy/Qhp        | \$ 29.00        |
| 92230 |                   | Eye Exam With Photos                | \$ 122.57       |
| 92235 |                   | Fluorescein Angrph Uni/Bi           | \$ 145.53       |
| 92250 |                   | Visualization Of Retina             | \$ 36.54        |
| 92260 |                   | Ophthalmoscopy/Dynamometry          | \$ 18.76        |
| 92270 |                   | Electro-Oculography                 | \$ 104.90       |
| 92273 |                   | Full Field Erg W/I&R                | \$ 125.21       |
| 92274 |                   | Multifocal Erg W/I&R                | \$ 82.96        |
| 92283 |                   | Color Vision Examination            | \$ 48.47        |
| 92284 |                   | Dark Adaptation Eye Exam            | \$ 46.35        |
| 92285 |                   | External Ocular Photography         | \$ 22.89        |
| 92286 |                   | Internal Eye Photography            | \$ 38.53        |
| 92310 |                   | Contact Lens Fitting                | \$ 32.19        |
| 92311 |                   | Contact Lens Fitting                | \$ 101.93       |
| 92312 |                   | Contact Lens Fitting                | \$ 110.18       |
| 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 | \$ 39.07        |
| 92370 |                   | Repair Refitting Spectables         | \$ 32.39        |
| 92499 |                   | Eye Service Or Procedure            | Price By Report |
| 97530 |                   | Therapeutic Activities              | \$ 32.77        |
| 97533 |                   | Sensory Integration                 | \$ 55.84        |
| 99070 |                   | Special Supplies Phys/Qhp           | \$ 0.01         |
| 99202 |                   | Office O/P New Sf 15-29 Min         | \$ 63.53        |
| 99203 |                   | Office O/P New Low 30-44 Min        | \$ 97.40        |
| 99204 |                   | Office O/P New Mod 45-59 Min        | \$ 145.95       |
| 99205 |                   | Office O/P New Hi 60-74 Min         | \$ 192.21       |
| 99211 |                   | Off/Op Est May X Req Phy/Qhp        | \$ 20.79        |
| 99212 |                   | Office O/P Est Sf 10-19 Min         | \$ 49.82        |
| 99213 |                   | Office O/P Est Low 20-29 Min        | \$ 79.94        |
| 99214 |                   | Office O/P Est Mod 30-39 Min        | \$ 112.75       |
| 99215 |                   | Office O/P Est Hi 40-54 Min         | \$ 158.30       |
| 99231 |                   | Subsequent Hospital Care            | \$ 42.37        |
| 99232 |                   | Subsequent Hospital Care            | \$ 67.88        |
| 99233 |                   | Subsequent Hospital Care            | \$ 102.12       |
| 99242 |                   | Office Consultation                 | \$ 93.71        |
| 99243 |                   | Office Consultation                 | \$ 123.85       |
| 99244 |                   | Office Consultation                 | \$ 176.06       |
| 99245 |                   | Office Consultation                 | \$ 227.92       |
| 99252 |                   | Inpatient Consultation              | \$ 99.06        |
| 99253 |                   | Inpatient Consultation              | \$ 129.38       |
| 99254 |                   | Inpatient Consultation              | \$ 175.83       |
| 99255 |                   | Inpatient Consultation              | \$ 217.39       |

| Code  | Required Modifier | Description   | Fee             |
|-------|-------------------|---|-----------------|
| 99281 |                   | Emergency Dept Visit                                    | \$ 13.38        |
| 99282 |                   | Emergency Dept Visit                                    | \$ 38.62        |
| 99283 |                   | Emergency Dept Visit                                    | \$ 66.74        |
| 99284 |                   | Emergency Dept Visit                                    | \$ 113.54       |
| 99285 |                   | Emergency Dept Visit                                    | \$ 164.45       |
| 99307 |                   | Nursing Fac Care Subseq                                 | \$ 38.92        |
| 99308 |                   | Nursing Fac Care Subseq                                 | \$ 64.85        |
| 99309 |                   | Nursing Fac Care Subseq                                 | \$ 93.76        |
| 99310 |                   | Nursing Fac Care Subseq                                 | \$ 133.51       |
| V2020 |                   | Frames, Complete  | \$ 77.50        |
| V2199 |                   | Not Otherwise Classified, Single Vision Lens            | \$ 41.45        |
| V2299 |                   | Specialty Bifocal (By Report)                           | \$ 62.20        |
| V2399 |                   | Specialty Trifocal (By Report)                          | \$ 84.06        |
| 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        | \$ 130.67       |
| V2520 |                   | Contact Lens Hydrophilic, Spherical, Per Lens           | \$ 110.01       |
| V2521 |                   | Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per  | \$ 213.03       |
| V2530 |                   | Contact Lens, Scleral, Per Lens (For Contact Lens Modif | \$ 256.05       |
| V2531 |                   | Contact Lens Gas Permeable                              | \$ 578.97       |
| V2599 |                   | Not Otherwise Classified, Contact Lens                  | \$ 26.89        |
| V2623 |                   | Prosthetic Eye, Plastic, Custom                         | \$ 1,113.25     |
| V2624 |                   | Polishing/Resurfacing Of Ocular Prosthesis              | \$ 81.67        |
| V2625 |                   | Enlargement Of Ocular Prosthesis                        | \$ 526.01       |
| V2626 |                   | Reduction Of Ocular Prosthesis                          | \$ 233.85       |
| V2627 |                   | Scleral Cover Shell                                     | \$ 1,766.25     |
| V2628 |                   | Fabrication And Fitting Of Ocular Conformer             | \$ 427.93       |
| V2710 |                   | Slab Off Prism, Glass Or Plastic. Per Lens              | \$ 82.97        |
| V2715 |                   | Prism, Per Lens   | \$ 12.27        |
| V2781 |                   | Progressive Lens Per Lens                               | \$ 81.49        |
| V2784 |                   | Lens Polycarb Or Equal, And Index, Per Lens             | \$ 50.66        |
| V2799 |                   | Misc Vision Item Or Service                             | Price By Report |