

**South Dakota Medicaid  
Optometry and Optical Supply Fee Schedule**  
Effective July 1, 2022

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	\$ 7.13
65210	55	Remove Foreign Body From Eye	\$ 9.64
65220	55	Remove Foreign Body From Eye	\$ 10.31
65222	55	Remove Foreign Body From Eye	\$ 16.85
65400	55	Removal Of Eye Lesion	\$ 117.09
65420	55	Removal Of Eye Lesion	\$ 122.39
65430	55	Corneal Smear	\$ 18.72
65435	55	Curette/Treat Cornea	\$ 16.98
65710	55	Corneal Transplant	\$ 253.07
65730	55	Corneal Transplant	\$ 307.89
65750	55	Corneal Transplant	\$ 279.20
65755	55	Corneal Transplant	\$ 277.88
65772	55	Correction Of Astigmatism	\$ 101.73
65775	55	Correction Of Astigmatism	\$ 127.37
65778	55	Cover Eye W/Membrane	\$ 352.88
65815	55	Drainage Of Eye	\$ 106.45
65820	55	Relieve Inner Eye Pressure	\$ 166.13
65850	55	Incision Of Eyeball	\$ 186.24
65855	55	Trabeculoplasty Laser Surg	\$ 60.82
65875	55	Incise Inner Eye Adhesions	\$ 120.78
65930	55	Remove Blood Clot From Eye	\$ 141.91
66170	55	Glaucoma Surgery	\$ 241.16
66761	55	Revision Of Iris	\$ 67.12
66821	55	After Cataract Laser Surgery	\$ 82.94
66825	55	Repositioning Of Intraocular Lens Prosthesis, Requiring	\$ 187.29
66840	55	Removal Of Lens Material	\$ 152.54
66850	55	Removal Of Lens Material	\$ 192.71
66852	55	Removal Of Lens Material; Pars Plana Approach, With Or	\$ 205.03
66920	55	Extraction Of Lens	\$ 164.66
66930	55	Extraction Of Lens	\$ 188.68
66940	55	Extraction Of Lens	\$ 172.81
66982	55	Xcapsl Ctrc Rmvl Cplx Wo Ecp	\$ 182.18
66983	55	Cataract Surg W/lol 1 Stage	\$ 189.34
66984	55	Xcapsl Ctrc Rmvl W/O Ecp	\$ 133.01
66985	55	Insert Lens Prosthesis	\$ 188.32
66986	55	Exchange Lens Prosthesis	\$ 198.71
66988	55	Xcapsl Ctrc Rmvl W/Ecp	Price by Report
67005	55	Partial Removal Of Eye Fluid	\$ 116.21

Code	Required Modifier	Description	Fee
67010	55	Partial Removal Of Eye Fluid	\$ 119.61
67015	55	Release Of Eye Fluid	\$ 128.23
67025	55	Replace Eye Fluid	\$ 165.81
67027	55	Implant Eye Drug System	\$ 186.35
67311	55	Revise Eye Muscle	\$ 118.46
67312	55	Revise Two Eye Muscles	\$ 170.97
67314	55	Revise Eye Muscle	\$ 135.94
67316	55	Revise Two Eye Muscles	\$ 173.59
67318	55	Revise Eye Muscle(S)	\$ 151.21
67343	55	Release Eye Tissue	\$ 147.81
67345	55	Destroy Nerve Of Eye Muscle	\$ 53.25
67800	55	Remove Eyelid Lesion	\$ 28.83
67801	55	Remove Eyelid Lesions	\$ 36.28
67805	55	Remove Eyelid Lesions	\$ 33.21
67808	55	Remove Eyelid Lesion(S)	\$ 59.38
67820	55	Revise Eyelashes	\$ 4.73
67900	55	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	\$ 145.78
67901	55	Repair Eyelid Defect	\$ 155.94
67902	55	Repair Eyelid Defect	\$ 159.91
67903	55	Repair Eyelid Defect	\$ 150.69
67904	55	Repair Blepharoptosis-Levator Reject	\$ 184.70
67906	55	Repair Eyelid Defect	\$ 110.96
67908	55	Repair Eyelid Defect	\$ 122.32
67916	55	Repair Eyelid Defect	\$ 138.70
67917	55	Repair Eyelid Defect	\$ 141.43
67921	55	Repair Eyelid Defect	\$ 109.37
67922	55	Repair Eyelid Defect	\$ 70.30
67938	55	Remove Foreign Body, Eyelid	\$ 46.49
68020	55	Incise/Drain Eyelid Lining	\$ 19.84
68040	55	Treatment Of Eyelid Lesions	\$ 13.89
68530	55	Clearance Of Tear Duct	\$ 98.95
68761	55	Closure Of The Lacrimal Punctum; By Plug, Each	\$ 34.19
68801	55	Dilate Tear Duct Opening	\$ 24.20
68810	55	Probe Nasolacrimal Duct	\$ 40.39
68840	55	Explore/Irrigate Tear Ducts	\$ 21.90
76510		Oph Us Dx B-Scan&Quan A-Scan	\$ 63.44
76511		Oph Us Dx Quan A-Scan Only	\$ 51.61
76512		Oph Us Dx B-Scan	\$ 48.34
76513		Oph Us Dx Ant Sgm Us Uni/Bi	\$ 77.07
76514		Echo Exam Of Eye Thickness	\$ 11.31
76516		Echo Exam Of Eye	\$ 42.26
76519		Echo Exam Of Eye	\$ 57.74
76529		Echo Exam Of Eye	\$ 78.71
83861		Microfluid Analy Tears	\$ 22.48
92002		Eye Exam New Patient	\$ 72.88
92004		Eye Exam New Patient	\$ 137.09
92012		Eye Exam Establish Patient	\$ 76.63
92014		Eye Exam&Tx Estab Pt 1/>Vst	\$ 111.66
92015		Determine Refractive State	\$ 12.66
92018		New Eye Exam & Treatment	\$ 136.86
92020		Special Eye Evaluation	\$ 27.61
92025		Corneal Topography	\$ 33.61
92060		Special Eye Evaluation	\$ 41.73
92065		Orthoptic Training	\$ 42.40
92071		Contact Lens Fitting For Tx	\$ 31.07
92072		Fit Contac Lens For Managmnt	\$ 84.60
92081		Visual Field Examination(S)	\$ 33.12

Code	Required Modifier	Description	Fee
92082		Visual Field Examination(S)	\$ 46.61
92083		Visual Field Examination(S)	\$ 63.22
92100		Serial Tonometry Exam(S)	\$ 77.45
92132		Cmptr Opth Dx Img Ant Segmt	\$ 31.39
92133		Cmptr Opth Img Optic Nerve	\$ 36.92
92134		Cptr Opth Dx Img Post Segmt	\$ 40.73
92136		Ophthalmic Biometry	\$ 50.07
92145		Corneal Hysteresis Deter	\$ 12.35
92201		Opscopy Extnd Rta Draw Uni/Bi	\$ 24.72
92202		Opscopy Extnd On/Mac Draw	\$ 15.72
92228		Img Rta Detc/Mntr Ds Phy/Qhp	\$ 27.62
92230		Eye Exam With Photos	\$ 88.88
92235		Fluorescein Angrph Uni/Bi	\$ 134.28
92250		Visualization Of Retina	\$ 37.27
92260		Ophthalmoscopy/Dynamometry	\$ 17.87
92270		Electro-Oculography	\$ 99.05
92273		Full Field Erg W/I&R	\$ 128.40
92274		Multifocal Erg W/I&R	\$ 79.01
92283		Color Vision Examination	\$ 36.02
92284		Dark Adaptation Eye Exam	\$ 52.34
92285		External Ocular Photography	\$ 23.08
92286		Internal Eye Photography	\$ 39.35
92310		Contact Lens Fitting	\$ 29.48
92311		Contact Lens Fitting	\$ 97.08
92312		Contact Lens Fitting	\$ 87.10
92313		Contact Lens Fitting	\$ 67.46
92315		Rx Cntact Lens Aphakia 1 Eye	\$ 75.79
92316		Rx Cntact Lens Aphakia 2 Eye	\$ 93.55
92317		Rx Corneoscleral Cntact Lens	\$ 79.53
92326		Service Fee Replacement Contact Len	\$ 39.92
92370		Repair Refitting Spectables	\$ 29.66
92499		Eye Service Or Procedure	Price by Report
97530		Therapeutic Activities	\$ 27.17
97533		Sensory Integration	\$ 43.33
99070		Special Supplies Phys/Qhp	\$ 19.54
99202		Office O/P New Sf 15-29 Min	\$ 60.60
99203		Office O/P New Low 30-44 Min	\$ 90.08
99204		Office O/P New Mod 45-59 Min	\$ 127.92
99205		Office O/P New Hi 60-74 Min	\$ 163.16
99211		Off/Op Est May X Req Phy/Qhp	\$ 19.50
99212		Office O/P Est Sf 10-19 Min	\$ 36.87
99213		Office O/P Est Low 20-29 Min	\$ 59.26
99214		Office O/P Est Mod 30-39 Min	\$ 83.86
99215		Office O/P Est Hi 40-54 Min	\$ 117.69
99231		Subsequent Hospital Care	\$ 37.18
99232		Subsequent Hospital Care	\$ 59.76
99233		Subsequent Hospital Care	\$ 79.97
99241		Office Consultation	\$ 57.80
99242		Office Consultation	\$ 85.82
99243		Office Consultation	\$ 113.42
99244		Office Consultation	\$ 161.23
99245		Office Consultation	\$ 208.71
99251		Inpatient Consultation	\$ 54.71
99252		Inpatient Consultation	\$ 90.71
99253		Inpatient Consultation	\$ 118.48
99254		Inpatient Consultation	\$ 161.02
99255		Inpatient Consultation	\$ 199.08

Code	Required Modifier	Description	Fee
99281		Emergency Dept Visit	\$ 21.02
99282		Emergency Dept Visit	\$ 36.78
99283		Emergency Dept Visit	\$ 68.95
99284		Emergency Dept Visit	\$ 110.93
99285		Emergency Dept Visit	\$ 166.64
99307		Nursing Fac Care Subseq	\$ 37.43
99308		Nursing Fac Care Subseq	\$ 58.29
99309		Nursing Fac Care Subseq	\$ 79.91
99310		Nursing Fac Care Subseq	\$ 86.08
99324		Domicil/R-Home Visit New Pat	\$ 36.45
99325		Domicil/R-Home Visit New Pat	\$ 53.36
99326		Domicil/R-Home Visit New Pat	\$ 88.43
99327		Domicil/R-Home Visit New Pat	\$ 118.53
99328		Domicil/R-Home Visit New Pat	\$ 139.25
99334		Domicil/R-Home Visit Est Pat	\$ 40.64
99335		Domicil/R-Home Visit Est Pat	\$ 61.32
99336		Domicil/R-Home Visit Est Pat	\$ 86.76
99337		Domicil/R-Home Visit Est Pat	\$ 123.94
V2020		Frames, Complete	\$ 69.12
V2199		Not Otherwise Classified, Single Vision Lens	\$ 37.96
V2299		Specialty Bifocal (By Report)	\$ 56.96
V2399		Specialty Trifocal (By Report)	\$ 76.98
V2410		Variable Asphericity Lens, Single Vision, Full Field,	\$ 122.19
V2430		Variable Asphericity Lens, Bifocal, Full Field, Glass	\$ 125.71
V2499		Not Otherwise Classified, Variable Sphericity Lens	Price by Report
V2510		Contact Lens, Gas Permeable, Spherical, Per Lens	\$ 118.33
V2520		Contact Lens Hydrophilic, Spherical, Per Lens	\$ 99.62
V2521		Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	\$ 192.93
V2530		Contact Lens, Scleral, Per Lens (For Contact Lens Modif	\$ 204.77
V2531		Contact Lens Gas Permeable	\$ 541.87
V2599		Not Otherwise Classified, Contact Lens	\$ 24.63
V2623		Prosthetic Eye, Plastic, Custom	\$ 1,128.29
V2624		Polishing/Resurfacing Of Ocular Prosthesis	\$ 72.32
V2625		Enlargement Of Ocular Prosthesis	\$ 500.96
V2626		Reduction Of Ocular Prosthesis	\$ 231.14
V2627		Scleral Cover Shell	\$ 1,563.52
V2628		Fabrication And Fitting Of Ocular Conformer	\$ 378.82
V2710		Slab Off Prism, Glass Or Plastic. Per Lens	\$ 79.02
V2715		Prism, Per Lens	\$ 10.71
V2781		Progressive Lens Per Lens	\$ 74.63
V2784		Lens Polycarb Or Equal, And Index, Per Lens	\$ 34.31
V2799		Misc Vision Item Or Service	Price by Report