

**South Dakota Medicaid
Vision Services Fee Schedule**
Effective July 1, 2021

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.

Code	Description	Fee
A4263	Permanent, Long Term, Non-Dissolvable Lacrimal Duct Imp	\$ 35.36
A4550	Surgical Trays	\$ 34.29
G0117	Glaucoma Scrn Hgh Risk Direc	\$ 61.82
G0118	Glaucoma Scrn Hgh Risk Direc	\$ 44.26
V2020	Frames, Complete	\$ 65.21
V2199	Not Otherwise Classified, Single Vision Lens	\$ 35.81
V2299	Specialty Bifocal (By Report)	\$ 53.74
V2399	Specialty Trifocal (By Report)	\$ 72.62
V2410	Variable Asphericity Lens, Single Vision, Full Field,	\$ 115.27
V2430	Variable Asphericity Lens, Bifocal, Full Field, Glass	\$ 118.59
V2499	Variable Sphericity Lens, Other Type	Price By Report
V2510	Contact Lens, Gas Permeable, Spherical, Per Lens	\$ 111.63
V2520	Contact Lens Hydrophilic, Spherical, Per Lens	\$ 93.98
V2521	Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	\$ 182.01
V2524	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens	Price By Report
V2530	Contact Lens, Scleral, Per Lens (For Contact Lens Modif	\$ 193.18
V2531	Contact Lens Gas Permeable	\$ 511.20
V2599	Not Otherwise Classified, Contact Lens	\$ 23.24
V2710	Slab Off Prism, Glass Or Plastic. Per Lens	\$ 74.55
V2715	Prism, Per Lens	\$ 10.10
V2781	Progressive Lens Per Lens	\$ 70.41
V2784	Lens Polycarb Or Equal, And Index, Per Lens	\$ 32.37
V2799	Vision Item Or Service, Miscellaneous	Price By Report
11200	Removal Of Skin Tags <W/15	\$ 70.21
11201	Removal Of Skin Tags	\$ 17.98
17000	Destroy Benign/Premalg Lesion	\$ 66.00
17003	Destruct Premalg Les 2-14	\$ 8.25
17004	Destroy Premal Lesions 15/>	\$ 200.23
17110	Destruct B9 Lesion 1-14	\$ 86.31
17111	Destruct Lesion 15 Or More	\$ 105.61
17250	Chemical Cautery Tissue	\$ 65.41
65205	Remove Foreign Body From Eye	\$ 54.36
65210	Remove Foreign Body From Eye	\$ 46.92

Code	Description	Fee
65220	Remove Foreign Body From Eye	\$ 38.89
65222	Remove Foreign Body From Eye	\$ 73.15
65275	Repair Wound Of Eye	\$ 220.98
65430	Corneal Smear	\$ 68.12
65435	Curette/Treat Cornea	\$ 64.06
65600	Revision Of Cornea	\$ 218.52
67700	Drainage Of Eyelid Abscess	\$ 53.04
67820	Revise Eyelashes	\$ 48.96
67825	Revise Eyelashes	\$ 75.39
67840	Remove Eyelid Lesion	\$ 252.77
67850	Destruction Of Lesion Of Lid Margin	\$ 106.28
67938	Remove Foreign Body, Eyelid	\$ 97.94
68020	Incise/Drain Eyelid Lesion	\$ 55.74
68040	Treatment Of Eyelid Lesions	\$ 49.34
68135	Remove Eyelid Lining Lesion	\$ 96.92
68761	Closure Of The Lacrimal Punctum; By Plug, Each	\$ 129.03
68801	Dilate Tear Duct Opening	\$ 107.06
68810	Probe Nasolacrimal Duct	\$ 208.33
68840	Exploration Of Tear Ducts	\$ 50.10
76511	Ophth Us Quant A Only	\$ 82.08
76512	Ophth Us B W/Non-Quant A	\$ 67.98
76514	Echo Exam Of Eye Thickness	\$ 13.07
76516	Echo Exam Of Eye	\$ 167.88
76519	Echo Exam Of Eye	\$ 54.47
76529	Echo Eye Foreign Body Localzation	\$ 73.19
82785	Assay Of Gammaglobulin Ige	\$ 16.46
83520	Immunoassay, Analyte; Not Otherwise Specified	\$ 17.27
92002	Eye Exam New Patient	\$ 68.75
92004	Eye Exam New Patient	\$ 129.33
92012	Eye Exam Establish Patient	\$ 72.29
92014	Eye Exam&Tx Estab Pt 1/>Vst	\$ 105.34
92015	Determine Refractive State	\$ 11.94
92018	Eye Exam & Treatment	\$ 146.87
92020	Special Eye Evaluation	\$ 26.05
92060	Special Eye Evaluation	\$ 30.68
92065	Orthoptic And Or Pleoptic Training	\$ 40.00
92081	Special Eye Exam	\$ 49.21
92082	Special Eye Exam	\$ 64.14
92083	Special Eye Exam	\$ 73.71
92100	Serial Tonometry	\$ 40.71
92136	Ophthalmic Biometry	\$ 81.51
92145	Corneal Hysteresis Determination	\$ 15.32
92230	Visualization Of Retina	\$ 43.85
92235	Visualization Of Retina	\$ 126.68
92250	Visualization Of Retina	\$ 72.30
92260	Visualization Of Retina	\$ 32.06
92265	Eye Muscle Evaluation	\$ 38.37
92270	Special Eye Evaluation	\$ 55.58
92273	Special Eye Evaluation	\$ 129.99

Code	Description	Fee
92274	Special Eye Evaluation	\$ 65.71
92283	Color Vision Examination	\$ 18.50
92284	Special Eye Evaluation	\$ 27.66
92285	External Ocular Photography	\$ 43.27
92286	Specular Endothelial Microscopy	\$ 120.31
92287	Special Anterior Segment Photography With Medical Diagn	\$ 79.36
92310	Fitting Special Contact Lens	\$ 27.81
92311	Oph Contact Lens Corneal Aphakia One	\$ 67.67
92312	Fitting Special Contact Lens	\$ 82.17
92315	Rx Cntact Lens Aphakia 1 Eye	\$ 38.03
92316	Rx Cntact Lens Aphakia 2 Eye	\$ 55.47
92326	Service Fee Replacement Contact Len	\$ 53.37
92370	Repair Refitting Spectables	\$ 27.98
97530	Kinetic Activities Each 15 Min Increase Coord, Strength	\$ 16.33
97533	Sensory Integration	\$ 16.46
99070	Special Supplies	\$ 18.43
99202	Office/Outpatient Visit New	\$ 57.17
99203	Office/Outpatient Visit New	\$ 84.98
99204	Office/Outpatient Visit New	\$ 120.68
99205	Office/Outpatient Visit New	\$ 153.92
99211	Office/Outpatient Visit Est	\$ 18.40
99212	Office/Outpatient Visit Est	\$ 33.25
99213	Office/Outpatient Visit Est	\$ 46.49
99214	Office/Outpatient Visit Est	\$ 72.86
99215	Office/Outpatient Visit Est	\$ 106.32
99231	Subsequent Hospital Care, Per Day, For The Evaluation A	\$ 40.05
99232	Subsequent Hospital Care, Per Day, For The Evaluation A	\$ 56.38
99233	Subsequent Hospital Care, Per Day, For The Evaluation A	\$ 75.44
99241	Office Consultation For A New Or Established Patient, W	\$ 54.53
99242	Office Consultation For A New Or Established Patient, W	\$ 80.96
99243	Office Consultation For A New Or Established Patient, W	\$ 107.00
99244	Office Consultation For A New Or Established Patient, W	\$ 152.10
99245	Office Consultation For A New Or Established Patient, W	\$ 196.90
99251	Initial Inpatient Consultation For A New Or Established	\$ 51.61
99252	Initial Inpatient Consultation For A New Or Established	\$ 85.58
99253	Initial Inpatient Consultation	\$ 111.77
99254	Initial Inpatient Consultation For A New Or Established	\$ 151.91
99255	Initial Inpatient Consultation For A New Or Established	\$ 187.81
99281	Emergency Department Visit For The Evaluation And Manag	\$ 27.74
99282	Emergency Department Visit For The Evaluation And Manag	\$ 34.70
99283	Emergency Department Visit For The Evaluation And Manag	\$ 69.28
99284	Emergency Department Visit For The Evaluation And Manag	\$ 104.65
99285	Emergency Department Visit For The Evaluation And Manag	\$ 157.21
99307	Nursing Fac Care Subseq	\$ 35.31
99308	Nursing Fac Care Subseq	\$ 54.99
99309	Nursing Fac Care Subseq	\$ 75.39
99310	Nursing Fac Care Subseq	\$ 75.39
99324	Domicil/R-Home Visit New Pat	\$ 34.39
99325	Domicil/R-Home Visit New Pat	\$ 50.34

Code	Description	Fee
99326	Domicil/R-Home Visit New Pat	\$ 72.18
99327	Domicil/R-Home Visit New Pat	\$ 67.37
99328	Domicil/R-Home Visit New Pat	\$ 67.37
99334	Domicil/R-Home Visit Est Pat	\$ 38.34
99335	Domicil/R-Home Visit Est Pat	\$ 45.56
99336	Domicil/R-Home Visit Est Pat	\$ 45.89
99337	Domicil/R-Home Visit Est Pat	\$ 44.54
99341	Home Visit New Patient	\$ 52.26
99342	Home Visit New Patient	\$ 64.91
99343	Home Visit New Patient	\$ 80.02
99344	Home Visit New Patient	\$ 172.67
99345	Home Visit New Patient	\$ 207.85
99347	Home Visit Est Patient	\$ 38.56
99348	Home Visit Est Patient	\$ 52.33
99349	Home Visit Est Patient	\$ 84.30
99350	Home Visit Est Patient	\$ 167.65
99354	Prolong E&M/Psycytx Serv O/P	\$ 87.69
99355	Prolong E&M/Psycytx Serv O/P	\$ 84.55
99356	Prolonged Service Inpatient	\$ 99.86
99357	Prolonged Service Inpatient	\$ 81.83

The following codes are paid for postoperative management only.

The codes must contain the 55 modifier to receive payment.

Code	Description	Fee
15820	Removal Of Skin Furrows	\$ 413.25
15821	Removal Of Skin Furrows	\$ 474.14
15823	Rhytidectomy	\$ 531.30
65400	Removal Of Eye Lesion	\$ 441.86
65420	Removal Of Eye Lesion	\$ 302.32
65710	Corneal Transplant	\$ 1,648.73
65730	Corneal Transplant	\$ 1,830.00
65750	Corneal Transplant	\$ 1,858.85
65755	Keratoplasty (Corneal Transplant); Penetrating (In Pseu	\$ 1,922.02
65772	Corneal Relaxing Incision For Correction Of Surgically	\$ 602.77
65775	Corneal Wedge Resection For Correction Of Surgically In	\$ 516.39
65815	Drainage Of Eyeball	\$ 339.23
65820	Relieve Inner Eye Pressure	\$ 626.90
65850	Incision Of Eyeball	\$ 848.17
65855	Trabeculoplasty Laser Surg	\$ 620.51
65875	Relieve Inner Eye Adhesions	\$ 455.75
65930	Removal Blood Clot-Anterior Segm Eye	\$ 539.22
66170	Incision Of Eyeball	\$ 884.10
66761	Revision Of Iris	\$ 338.57
66821	Discission Of Secondary Membraneous Cataract (""After C	\$ 341.47
66825	Repositioning Of Intraocular Lens Prosthesis, Requiring	\$ 538.75
66840	Removal Lens Material-Aspiration Tec	\$ 627.06
66850	Removal Of Lens	\$ 857.20
66852	Removal Of Lens Material; Pars Plana Approach, With Or	\$ 899.65
66920	Extraction Of Lens	\$ 795.22

Code	Description	Fee
66930	Extraction Of Lens	\$ 741.73
66940	Extraction Of Lens	\$ 832.95
66982	Cataract Surgery Complex	\$ 955.87
66983	Cataract Surg W/lol 1 Stage	\$ 714.48
66984	Cataract Surg W/lol 1 Stage	\$ 686.68
66985	Insert Lens Prosthesis	\$ 827.04
66986	Exchange Of Intraocular Lens	\$ 907.44
67005	Partial Removal Of Eye Fluid	\$ 880.87
67010	Partial Removal Of Eye Fluid	\$ 968.29
67015	Release Of Eye Fluid	\$ 483.87
67025	Replace Eye Fluid	\$ 483.70
67027	Implant Eye Drug System	\$ 766.27
67311	Revise Eye Ball Muscle	\$ 705.24
67312	Revise 2 Eye Ball Muscles	\$ 645.17
67314	Strabismus Surgery, Recession Or Resection Procedure (P	\$ 776.80
67316	Strabismus Surgery, Recession Or Resection Procedure (P	\$ 696.67
67318	Strabismus Surgery, Any Procedure (Patient Not Previous	\$ 701.02
67343	Release Of Extensive Scar Tissue Without Detaching Extr	\$ 471.97
67345	Chemodeneration Of Extraocular Muscle	\$ 192.60
67800	Remove Eyelid Lesion	\$ 108.80
67801	Remove Eyelid Lesions	\$ 103.07
67805	Remove Eyelid Lesions	\$ 123.66
67808	Remove Eyelid Lesion(S)	\$ 175.97
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	\$ 306.01
67901	Repair Eyelid Defect	\$ 588.43
67902	Repair Eyelid Defect	\$ 708.12
67903	Repair Eyelid Defect	\$ 820.85
67904	Repair Blepharoptosis-Levator Reject	\$ 750.32
67906	Repair Eyelid Defect	\$ 447.01
67908	Repair Blepharoptosis:Conj-Tar Resec	\$ 556.06
67916	Repair Eyelid Defect	\$ 464.68
67917	Repair Eyelid Defect	\$ 489.12
67921	Repair Eyelid Defect	\$ 243.16
67922	Repair Eyelid Defect	\$ 155.00