

SDCL 28-6-1.2 Optometric Services Reimbursement Schedule Information

The following is an analysis of Medicaid's state fiscal year 2023 optometry reimbursement rates. The rates are compared to Medicaid's target reimbursement methodology, surrounding state Medicaid agency rates, and charges billed by Medicaid providers. The billed charges analysis only includes claims that were billed by optometrists or optical supply providers, were paid in state fiscal year 2022, and that Medicaid was the primary payer for. For codes that require a 55 modifier, South Dakota's modifier payment effect was applied to other payers rates when calculating the percent of target and percent of average surrounding state rates.

Definitions

"Target Reimbursement"

Information regarding the current methodology used to calculate reimbursement rates.

"Percent of Target"

A comparison of the Medicaid rate to the target reimbursement rate. This is arrived at by dividing the Medicaid rate by the target rate.

"Percent of Average Billed Charges"

A comparison of the Medicaid rate to the average amount billed by providers. This is arrived at by dividing the Medicaid rate by the average amount billed by providers.

"Percent of Surrounding State Rates"

A comparison of the Medicaid rate to state Medicaid agency rates for states that border South Dakota. The is arrived at by dividing the Medicaid rate by the average of surrounding state Medicaid agency rates. In order to be included at least three states must have rates.

CPT Code	Required Modifier	CPT Code Description	SFY23 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
65205	55	Remove Foreign Body From Eye	\$ 7.13	90% Medicare	111%	27%	58%	
65210	55	Remove Foreign Body From Eye	\$ 9.64	90% Medicare	111%	36%	66%	Less than 10 claims
65220	55	Remove Foreign Body From Eye	\$ 10.31	90% Medicare	77%	No Paid Claims	58%	
65222	55	Remove Foreign Body From Eye	\$ 16.85	90% Medicare	111%	46%	86%	
65400	55	Removal Of Eye Lesion	\$ 117.09	90% Medicare	76%	No Paid Claims	77%	
65420	55	Removal Of Eye Lesion	\$ 122.39	90% Medicare	100%	No Paid Claims	103%	
65430	55	Corneal Smear	\$ 18.72	90% Medicare	73%	No Paid Claims	71%	
65435	55	Curette/Treat Cornea	\$ 16.98	90% Medicare	93%	40%	90%	Less than 10 claims
65710	55	Corneal Transplant	\$ 253.07	90% Medicare	100%	No Paid Claims	99%	
65730	55	Corneal Transplant	\$ 307.89	90% Medicare	111%	No Paid Claims	109%	
65750	55	Corneal Transplant	\$ 279.20	90% Medicare	100%	No Paid Claims	97%	
65755	55	Corneal Transplant	\$ 277.88	90% Medicare	100%	No Paid Claims	97%	
65772	55	Correction Of Astigmatism	\$ 101.73	90% Medicare	100%	No Paid Claims	96%	
65775	55	Correction Of Astigmatism	\$ 127.37	90% Medicare	100%	No Paid Claims	96%	
65778	55	Cover Eye W/Membrane	\$ 352.88	90% Medicare	111%	51%	113%	Less than 10 claims
65815	55	Drainage Of Eye	\$ 106.45	90% Medicare	73%	No Paid Claims	75%	
65820	55	Relieve Inner Eye Pressure	\$ 166.13	90% Medicare	90%	No Paid Claims	91%	
65850	55	Incision Of Eyeball	\$ 186.24	90% Medicare	100%	No Paid Claims	96%	
65855	55	Trabeculectomy Laser Surg	\$ 60.82	90% Medicare	111%	No Paid Claims	91%	
65875	55	Incise Inner Eye Adhesions	\$ 120.78	90% Medicare	86%	No Paid Claims	86%	
65930	55	Remove Blood Clot From Eye	\$ 141.91	90% Medicare	100%	No Paid Claims	97%	
66170	55	Glaucoma Surgery	\$ 241.16	90% Medicare	100%	No Paid Claims	97%	
66761	55	Revision Of Iris	\$ 67.12	90% Medicare	100%	No Paid Claims	86%	
66821	55	After Cataract Laser Surgery	\$ 82.94	90% Medicare	111%	No Paid Claims	116%	
66825	55	Repositioning Of Intraocular Lens Prosthesis, Requiring	\$ 187.29	90% Medicare	100%	No Paid Claims	103%	
66840	55	Removal Of Lens Material	\$ 152.54	90% Medicare	100%	No Paid Claims	97%	
66850	55	Removal Of Lens Material	\$ 192.71	90% Medicare	111%	No Paid Claims	108%	
66852	55	Removal Of Lens Material; Pars Plana Approach, With Or	\$ 205.03	90% Medicare	111%	No Paid Claims	108%	
66920	55	Extraction Of Lens	\$ 164.66	90% Medicare	100%	No Paid Claims	97%	
66930	55	Extraction Of Lens	\$ 188.68	90% Medicare	100%	No Paid Claims	97%	
66940	55	Extraction Of Lens	\$ 172.81	90% Medicare	100%	No Paid Claims	97%	
66982	55	Xcapsl Ctrc Rmvl Cplx Wo Ecp	\$ 182.18	90% Medicare	111%	409%	93%	Less than 10 claims
66983	55	Cataract Surg W/Iol 1 Stage	\$ 189.34	100% Surrounding State Average	131%	No Paid Claims	131%	
66984	55	Xcapsl Ctrc Rmvl W/O Ecp	\$ 133.01	90% Medicare	111%	236%	92%	
66985	55	Insert Lens Prosthesis	\$ 188.32	90% Medicare	111%	No Paid Claims	110%	
66986	55	Exchange Lens Prosthesis	\$ 198.71	90% Medicare	100%	No Paid Claims	95%	
66988	55	Xcapsl Ctrc Rmvl W/Ecp	Price by Report	Price by Report	NA	NA	NA	
67005	55	Partial Removal Of Eye Fluid	\$ 116.21	90% Medicare	111%	No Paid Claims	109%	
67010	55	Partial Removal Of Eye Fluid	\$ 119.61	90% Medicare	100%	No Paid Claims	97%	
67015	55	Release Of Eye Fluid	\$ 128.23	90% Medicare	95%	No Paid Claims	94%	
67025	55	Replace Eye Fluid	\$ 165.81	90% Medicare	100%	No Paid Claims	98%	
67027	55	Implant Eye Drug System	\$ 186.35	90% Medicare	100%	No Paid Claims	93%	

CPT Code	Required Modifier	CPT Code Description	SFY23 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
67311	55	Revise Eye Muscle	\$ 118.46	90% Medicare	111%	28%	90%	Less than 10 claims
67312	55	Revise Two Eye Muscles	\$ 170.97	90% Medicare	117%	No Paid Claims	105%	
67314	55	Revise Eye Muscle	\$ 135.94	90% Medicare	111%	No Paid Claims	91%	
67316	55	Revise Two Eye Muscles	\$ 173.59	90% Medicare	111%	No Paid Claims	96%	
67318	55	Revise Eye Muscle(S)	\$ 151.21	90% Medicare	100%	No Paid Claims	96%	
67343	55	Release Eye Tissue	\$ 147.81	90% Medicare	100%	No Paid Claims	100%	
67345	55	Destroy Nerve Of Eye Muscle	\$ 53.25	90% Medicare	100%	No Paid Claims	96%	
67800	55	Remove Eyelid Lesion	\$ 28.83	90% Medicare	100%	No Paid Claims	89%	
67801	55	Remove Eyelid Lesions	\$ 36.28	90% Medicare	100%	No Paid Claims	90%	
67805	55	Remove Eyelid Lesions	\$ 33.21	90% Medicare	73%	No Paid Claims	68%	
67808	55	Remove Eyelid Lesion(S)	\$ 59.38	90% Medicare	73%	No Paid Claims	74%	
67820	55	Revise Eyelashes	\$ 4.73	90% Medicare	111%	21%	60%	
67900	55	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	\$ 145.78	90% Medicare	100%	No Paid Claims	101%	
67901	55	Repair Eyelid Defect	\$ 155.94	90% Medicare	87%	No Paid Claims	90%	
67902	55	Repair Eyelid Defect	\$ 159.91	90% Medicare	100%	No Paid Claims	99%	
67903	55	Repair Eyelid Defect	\$ 150.69	90% Medicare	111%	No Paid Claims	108%	
67904	55	Repair Blepharoptosis-Levator Reject	\$ 184.70	90% Medicare	111%	No Paid Claims	110%	
67906	55	Repair Eyelid Defect	\$ 110.96	90% Medicare	100%	No Paid Claims	93%	
67908	55	Repair Eyelid Defect	\$ 122.32	90% Medicare	100%	No Paid Claims	102%	
67916	55	Repair Eyelid Defect	\$ 138.70	90% Medicare	100%	No Paid Claims	100%	
67917	55	Repair Eyelid Defect	\$ 141.43	90% Medicare	100%	No Paid Claims	100%	
67921	55	Repair Eyelid Defect	\$ 109.37	90% Medicare	100%	No Paid Claims	104%	
67922	55	Repair Eyelid Defect	\$ 70.30	90% Medicare	100%	No Paid Claims	96%	
67938	55	Remove Foreign Body, Eyelid	\$ 46.49	90% Medicare	73%	32%	89%	Less than 10 claims
68020	55	Incise/Drain Eyelid Lining	\$ 19.84	90% Medicare	73%	No Paid Claims	65%	
68040	55	Treatment Of Eyelid Lesions	\$ 13.89	90% Medicare	100%	No Paid Claims	82%	
68530	55	Clearance Of Tear Duct	\$ 98.95	90% Medicare	100%	No Paid Claims	98%	
68761	55	Closure Of The Lacrimal Punctum; By Plug, Each	\$ 34.19	90% Medicare	103%	41%	99%	
68801	55	Dilate Tear Duct Opening	\$ 24.20	90% Medicare	111%	62%	98%	Less than 10 claims
68810	55	Probe Nasolacrimal Duct	\$ 40.39	90% Medicare	111%	No Paid Claims	96%	
68840	55	Explore/Irrigate Tear Ducts	\$ 21.90	90% Medicare	73%	No Paid Claims	65%	
76510		Oph Us Dx B-Scan&Quan A-Scan	\$ 63.44	90% Medicare	100%	No Paid Claims	66%	
76511		Oph Us Dx Quan A-Scan Only	\$ 51.61	90% Medicare	100%	No Paid Claims	69%	
76512		Oph Us Dx B-Scan	\$ 48.34	90% Medicare	111%	15%	67%	Less than 10 claims
76513		Oph Us Dx Ant Sgm Us Uni/Bi	\$ 77.07	90% Medicare	111%	No Paid Claims	91%	
76514		Echo Exam Of Eye Thickness	\$ 11.31	90% Medicare	111%	35%	109%	
76516		Echo Exam Of Eye	\$ 42.26	90% Medicare	100%	No Paid Claims	70%	
76519		Echo Exam Of Eye	\$ 57.74	90% Medicare	94%	No Paid Claims	81%	
76529		Echo Exam Of Eye	\$ 78.71	90% Medicare	100%	No Paid Claims	94%	
83861		Microfluid Analy Tears	\$ 22.48	100% Surrounding State Average	102%	43%	102%	
92002		Eye Exam New Patient	\$ 72.88	90% Medicare	93%	55%	101%	
92004		Eye Exam New Patient	\$ 137.09	90% Medicare	101%	78%	111%	
92012		Eye Exam Establish Patient	\$ 76.63	90% Medicare	95%	63%	110%	
92014		Eye Exam&Tx Estab Pt 1->Vst	\$ 111.66	90% Medicare	97%	72%	109%	
92015		Determine Refractive State	\$ 12.66	100% Surrounding State Average	70%	38%	70%	
92018		New Eye Exam & Treatment	\$ 136.86	90% Medicare	111%	56%	112%	
92020		Special Eye Evaluation	\$ 27.61	90% Medicare	109%	49%	93%	
92025		Corneal Topography	\$ 33.61	90% Medicare	103%	45%	107%	
92060		Special Eye Evaluation	\$ 41.73	90% Medicare	73%	34%	73%	
92065		Orthoptic Training	\$ 42.40	90% Medicare	89%	39%	97%	
92071		Contact Lens Fitting For Tx	\$ 31.07	90% Medicare	94%	50%	63%	
92072		Fit Contac Lens For Managmnt	\$ 84.60	90% Medicare	73%	30%	75%	Less than 10 claims
92081		Visual Field Examination(S)	\$ 33.12	90% Medicare	111%	42%	83%	Less than 10 claims
92082		Visual Field Examination(S)	\$ 46.61	90% Medicare	111%	43%	87%	
92083		Visual Field Examination(S)	\$ 63.22	90% Medicare	111%	49%	93%	
92100		Serial Tonometry Exam(S)	\$ 77.45	90% Medicare	100%	No Paid Claims	109%	
92132		Cmptr Ophth Dx Img Ant Segmt	\$ 31.39	90% Medicare	111%	40%	100%	Less than 10 claims
92133		Cmptr Ophth Img Optic Nerve	\$ 36.92	90% Medicare	111%	42%	98%	

CPT Code	Required Modifier	CPT Code Description	SFY23 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
92134		Cptr Opth Dx Img Post Segmt	\$ 40.73	90% Medicare	111%	47%	103%	
92136		Ophthalmic Biometry	\$ 50.07	90% Medicare	111%	No Paid Claims	75%	
92145		Corneal Hysteresis Deter	\$ 12.35	90% Medicare	111%	26%	91%	
92201		Opscopy Extnd Rta Draw Uni/Bi	\$ 24.72	90% Medicare	112%	No Paid Claims	82%	
92202		Opscopy Extnd On/Mac Draw	\$ 15.72	90% Medicare	111%	No Paid Claims	67%	
92228		Img Rta Detc/Mntr Ds Phy/Qhp	\$ 27.62	90% Medicare	100%	No Paid Claims	94%	
92230		Eye Exam With Photos	\$ 88.88	90% Medicare	100%	228%	114%	Less than 10 claims
92235		Fluorescein Angrph Uni/Bi	\$ 134.28	90% Medicare	117%	No Paid Claims	124%	
92250		Visualization Of Retina	\$ 37.27	90% Medicare	111%	35%	67%	
92260		Ophthalmoscopy/Dynamometry	\$ 17.87	90% Medicare	100%	No Paid Claims	75%	
92270		Electro-Oculography	\$ 99.05	90% Medicare	100%	No Paid Claims	107%	
92273		Full Field Erg W/I&R	\$ 128.40	90% Medicare	111%	86%	112%	Less than 10 claims
92274		Multifocal Erg W/I&R	\$ 79.01	90% Medicare	100%	No Paid Claims	97%	
92283		Color Vision Examination	\$ 36.02	90% Medicare	73%	51%	73%	Less than 10 claims
92284		Dark Adaptation Eye Exam	\$ 52.34	90% Medicare	100%	No Paid Claims	99%	
92285		External Ocular Photography	\$ 23.08	90% Medicare	111%	50%	80%	
92286		Internal Eye Photography	\$ 39.35	90% Medicare	111%	No Paid Claims	56%	
92310		Contact Lens Fitting	\$ 29.48	100% Surrounding State Average	31%	46%	31%	
92311		Contact Lens Fitting	\$ 97.08	90% Medicare	100%	No Paid Claims	99%	
92312		Contact Lens Fitting	\$ 87.10	90% Medicare	77%	37%	78%	Less than 10 claims
92313		Contact Lens Fitting	\$ 67.46	90% Medicare	73%	No Paid Claims	71%	
92315		Rx Cntact Lens Aphakia 1 Eye	\$ 75.79	90% Medicare	100%	No Paid Claims	109%	
92316		Rx Cntact Lens Aphakia 2 Eye	\$ 93.55	90% Medicare	100%	No Paid Claims	106%	
92317		Rx Corneoscleral Cntact Lens	\$ 79.53	90% Medicare	100%	No Paid Claims	110%	
92326		Service Fee Replacement Contact Len	\$ 39.92	90% Medicare	111%	No Paid Claims	112%	
92370		Repair Refitting Spectables	\$ 29.66	100% Surrounding State Average	130%	No Paid Claims	130%	
92499		Eye Service Or Procedure	Price by Report	Price by Report	NA	NA	NA	Reliable comparison rate data is unavailable
97530		Therapeutic Activities	\$ 27.17	90% Medicare	80%	53%	82%	
97533		Sensory Integration	\$ 43.33	90% Medicare	73%	63%	111%	
99070		Special Supplies Phys/Qhp	\$ 19.54	100% Surrounding State Average	NA	No Paid Claims	NA	
99202		Office O/P New Sf 15-29 Min	\$ 60.60	90% Medicare	93%	46%	94%	
99203		Office O/P New Low 30-44 Min	\$ 90.08	90% Medicare	91%	49%	93%	
99204		Office O/P New Mod 45-59 Min	\$ 127.92	90% Medicare	87%	50%	87%	
99205		Office O/P New Hi 60-74 Min	\$ 163.16	90% Medicare	84%	65%	85%	Less than 10 claims
99211		Off/Op Est May X Req Phy/Qhp	\$ 19.50	90% Medicare	93%	56%	92%	
99212		Office O/P Est Sf 10-19 Min	\$ 36.87	90% Medicare	73%	48%	83%	
99213		Office O/P Est Low 20-29 Min	\$ 59.26	90% Medicare	73%	48%	84%	
99214		Office O/P Est Mod 30-39 Min	\$ 83.86	90% Medicare	73%	50%	77%	
99215		Office O/P Est Hi 40-54 Min	\$ 117.69	90% Medicare	73%	51%	82%	Less than 10 claims
99231		Subsequent Hospital Care	\$ 37.18	90% Medicare	111%	No Paid Claims	104%	
99232		Subsequent Hospital Care	\$ 59.76	90% Medicare	96%	No Paid Claims	95%	
99233		Subsequent Hospital Care	\$ 79.97	90% Medicare	90%	No Paid Claims	87%	
99241		Office Consultation	\$ 57.80	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99242		Office Consultation	\$ 85.82	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99243		Office Consultation	\$ 113.42	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99244		Office Consultation	\$ 161.23	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99245		Office Consultation	\$ 208.71	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99251		Inpatient Consultation	\$ 54.71	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99252		Inpatient Consultation	\$ 90.71	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99253		Inpatient Consultation	\$ 118.48	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99254		Inpatient Consultation	\$ 161.02	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99255		Inpatient Consultation	\$ 199.08	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99281		Emergency Dept Visit	\$ 21.02	90% Medicare	111%	No Paid Claims	104%	
99282		Emergency Dept Visit	\$ 36.78	90% Medicare	101%	No Paid Claims	101%	
99283		Emergency Dept Visit	\$ 68.95	90% Medicare	111%	No Paid Claims	111%	
99284		Emergency Dept Visit	\$ 110.93	90% Medicare	105%	No Paid Claims	100%	
99285		Emergency Dept Visit	\$ 166.64	90% Medicare	109%	No Paid Claims	101%	
99307		Nursing Fac Care Subseq	\$ 37.43	90% Medicare	98%	No Paid Claims	104%	
99308		Nursing Fac Care Subseq	\$ 58.29	90% Medicare	97%	No Paid Claims	109%	
99309		Nursing Fac Care Subseq	\$ 79.91	90% Medicare	100%	No Paid Claims	97%	

CPT Code	Required Modifier	CPT Code Description	SFY23 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
99310		Nursing Fac Care Subseq	\$ 86.08	90% Medicare	73%	No Paid Claims	80%	
99324		Domicil/R-Home Visit New Pat	\$ 36.45	90% Medicare	77%	No Paid Claims	73%	
99325		Domicil/R-Home Visit New Pat	\$ 53.36	90% Medicare	77%	No Paid Claims	77%	
99326		Domicil/R-Home Visit New Pat	\$ 88.43	90% Medicare	73%	No Paid Claims	78%	
99327		Domicil/R-Home Visit New Pat	\$ 118.53	90% Medicare	73%	No Paid Claims	80%	
99328		Domicil/R-Home Visit New Pat	\$ 139.25	90% Medicare	73%	No Paid Claims	80%	
99334		Domicil/R-Home Visit Est Pat	\$ 40.64	90% Medicare	77%	No Paid Claims	77%	
99335		Domicil/R-Home Visit Est Pat	\$ 61.32	90% Medicare	73%	No Paid Claims	77%	
99336		Domicil/R-Home Visit Est Pat	\$ 86.76	90% Medicare	73%	No Paid Claims	80%	
99337		Domicil/R-Home Visit Est Pat	\$ 123.94	90% Medicare	73%	No Paid Claims	81%	
V2020		Frames, Complete	\$ 69.12	100% Surrounding State Average	193%	76%	193%	
V2199		Not Otherwise Classified, Single Vision Lens	\$ 37.96	100% Surrounding State Average	NA	97%	NA	Reliable comparison rate data is unavailable
V2299		Specialty Bifocal (By Report)	\$ 56.96	100% Surrounding State Average	NA	91%	NA	Reliable comparison rate data is unavailable
V2399		Specialty Trifocal (By Report)	\$ 76.98	100% Surrounding State Average	NA	92%	NA	Reliable comparison rate data is unavailable
V2410		Variable Asphericity Lens, Single Vision, Full Field,	\$ 122.19	100% Surrounding State Average	NA	130%	NA	Reliable comparison rate data is unavailable
V2430		Variable Asphericity Lens, Bifocal, Full Field, Glass	\$ 125.71	100% Surrounding State Average	257%	73%	257%	
V2499		Not Otherwise Classified, Variable Sphericity Lens	Price by Report	Price by Report	NA	NA	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2510		Contact Lens, Gas Permeable, Spherical, Per Lens	\$ 118.33	100% Surrounding State Average	NA	114%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2520		Contact Lens Hydrophilic, Spherical, Per Lens	\$ 99.62	100% Surrounding State Average	NA	5%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2521		Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	\$ 192.93	100% Surrounding State Average	NA	89%	NA	Reliable comparison rate data is unavailable
V2530		Contact Lens, Scleral, Per Lens (For Contact Lens Modif	\$ 204.77	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
V2531		Contact Lens Gas Permeable	\$ 541.87	100% Surrounding State Average	NA	127%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2599		Not Otherwise Classified, Contact Lens	\$ 24.63	100% Surrounding State Average	NA	82%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2623		Prosthetic Eye, Plastic, Custom	\$ 1,128.29	100% Surrounding State Average	120%	No Paid Claims	120%	
V2624		Polishing/Resurfacing Of Ocular Prosthesis	\$ 72.32	100% Surrounding State Average	118%	No Paid Claims	118%	
V2625		Enlargement Of Ocular Prosthesis	\$ 500.96	100% Surrounding State Average	114%	No Paid Claims	114%	
V2626		Reduction Of Ocular Prosthesis	\$ 231.14	100% Surrounding State Average	114%	No Paid Claims	114%	
V2627		Scleral Cover Shell	\$ 1,563.52	100% Surrounding State Average	112%	No Paid Claims	112%	
V2628		Fabrication And Fitting Of Ocular Conformer	\$ 378.82	100% Surrounding State Average	110%	No Paid Claims	110%	
V2710		Slab Off Prism, Glass Or Plastic. Per Lens	\$ 79.02	100% Surrounding State Average	143%	79%	143%	Less than 10 claims
V2715		Prism, Per Lens	\$ 10.71	100% Surrounding State Average	89%	115%	89%	
V2781		Progressive Lens Per Lens	\$ 74.63	100% Surrounding State Average	NA	80%	NA	Reliable comparison rate data is unavailable
V2784		Lens Polycarb Or Equal, And Index, Per Lens	\$ 34.31	100% Surrounding State Average	228%	128%	228%	
V2799		Misc Vision Item Or Service	Price by Report	Price by Report	NA	NA	NA	Less than 10 claims Reliable comparison rate data is unavailable