SDCL 28-6-1.2 Optometric Services Reimbursement Schedule Information

The following is an analysis of Medicaid's state fiscal year 2024 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 optometrsits or optical supply providers, were paid in calendar 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	SFY24 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	$ 7.49	90% Medicare	117%	25%	62%	
65210	55	Remove Foreign Body From Eye	$ 10.12	90% Medicare	117%	34%	72%	Less than 10 claims
65220	55	Remove Foreign Body From Eye	$ 10.82	90% Medicare	81%	No Paid Claims	63%	
65222	55	Remove Foreign Body From Eye	$ 17.69	90% Medicare	117%	48%	94%	
65400	55	Removal Of Eye Lesion	$ 122.95	90% Medicare	80%	No Paid Claims	88%	
65420	55	Removal Of Eye Lesion	$ 128.51	90% Medicare	105%	No Paid Claims	120%	
65430	55	Corneal Smear	$ 19.66	90% Medicare	77%	19%	79%	Less than 10 claims
65435	55	Curette/Treat Cornea	$ 17.83	90% Medicare	98%	40%	102%	Less than 10 claims
65710	55	Corneal Transplant	$ 265.73	100% Surrounding State Average	113%	No Paid Claims	113%	
65730	55	Corneal Transplant	$ 323.28	100% Surrounding State Average	123%	No Paid Claims	123%	
65750	55	Corneal Transplant	$ 293.17	100% Surrounding State Average	110%	No Paid Claims	110%	
65755	55	Corneal Transplant	$ 291.78	100% Surrounding State Average	110%	No Paid Claims	110%	
65772	55	Correction Of Astigmatism	$ 106.82	90% Medicare	105%	No Paid Claims	112%	
65775	55	Correction Of Astigmatism	$ 133.74	100% Surrounding State Average	110%	No Paid Claims	110%	
65778	55	Cover Eye W/Membrane	$ 370.52	90% Medicare	117%	102%	134%	Less than 10 claims
65815	55	Drainage Of Eye	$ 143.35	90% Medicare	99%	No Paid Claims	112%	
65820	55	Relieve Inner Eye Pressure	$ 174.44	100% Surrounding State Average	104%	No Paid Claims	104%	
65850	55	Incision Of Eyeball	$ 195.56	100% Surrounding State Average	108%	No Paid Claims	108%	
65855	55	Trabeculoplasty Laser Surg	$ 63.86	90% Medicare	117%	No Paid Claims	98%	
65875	55	Incise Inner Eye Adhesions	$ 126.82	100% Surrounding State Average	98%	No Paid Claims	98%	
65930	55	Remove Blood Clot From Eye	$ 149.01	100% Surrounding State Average	109%	No Paid Claims	109%	
66170	55	Glaucoma Surgery	$ 253.22	100% Surrounding State Average	109%	No Paid Claims	109%	
66761	55	Revision Of Iris	$ 70.48	90% Medicare	105%	No Paid Claims	94%	
66821	55	After Cataract Laser Surgery	$ 87.09	90% Medicare	117%	No Paid Claims	132%	
66825	55	Repositioning Of Intraocular Lens Prosthesis, Requiring	$ 196.65	100% Surrounding State Average	118%	No Paid Claims	118%	
66840	55	Removal Of Lens Material	$ 160.17	100% Surrounding State Average	111%	No Paid Claims	111%	
66850	55	Removal Of Lens Material	$ 202.34	100% Surrounding State Average	123%	No Paid Claims	123%	
66852	55	Removal Of Lens Material; Pars Plana Approach, With Or	$ 215.29	100% Surrounding State Average	122%	No Paid Claims	122%	
66920	55	Extraction Of Lens	$ 172.90	100% Surrounding State Average	110%	No Paid Claims	110%	
66930	55	Extraction Of Lens	$ 198.12	100% Surrounding State Average	110%	No Paid Claims	110%	
66940	55	Extraction Of Lens	$ 181.46	100% Surrounding State Average	110%	No Paid Claims	110%	
66982	55	Xcapsl Ctrc Rmvl Cplx Wo Ecp	$ 191.29	100% Surrounding State Average	104%	1568%	104%	Less than 10 claims
66983	55	Cataract Surg W/Iol 1 Stage	$ 198.81	100% Surrounding State Average	138%	No Paid Claims	138%	
66984	55	Xcapsl Ctrc Rmvl W/O Ecp	$ 139.67	100% Surrounding State Average	103%	260%	103%	
66985	55	Insert Lens Prosthesis	$ 197.74	100% Surrounding State Average	125%	No Paid Claims	125%	
66986	55	Exchange Lens Prosthesis	$ 208.65	100% Surrounding State Average	107%	No Paid Claims	107%	
66988	55	Xcapsl Ctrc Rmvl W/Ecp	Price By Report	Price by Report	NA	NA	NA	Reliable comparison rate data is unavailable
67005	55	Partial Removal Of Eye Fluid	$ 122.03	100% Surrounding State Average	123%	No Paid Claims	123%	
67010	55	Partial Removal Of Eye Fluid	$ 125.59	100% Surrounding State Average	109%	No Paid Claims	109%	
67015	55	Release Of Eye Fluid	$ 134.64	100% Surrounding State Average	106%	No Paid Claims	106%	
67025	55	Replace Eye Fluid	$ 174.11	90% Medicare	105%	No Paid Claims	111%	
67027	55	Implant Eye Drug System	$ 195.67	100% Surrounding State Average	104%	No Paid Claims	104%	

CPT Code	Required Modifier	CPT Code Description	SFY24 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
67311	55	Revise Eye Muscle	$ 124.39	100% Surrounding State Average	113%	119%	113%	Less than 10 claims
67312	55	Revise Two Eye Muscles	$ 179.52	100% Surrounding State Average	123%	No Paid Claims	123%	
67314	55	Revise Eye Muscle	$ 142.74	100% Surrounding State Average	122%	No Paid Claims	122%	
67316	55	Revise Two Eye Muscles	$ 182.27	100% Surrounding State Average	114%	No Paid Claims	114%	
67318	55	Revise Eye Muscle(S)	$ 158.78	100% Surrounding State Average	111%	No Paid Claims	111%	
67343	55	Release Eye Tissue	$ 155.20	100% Surrounding State Average	113%	No Paid Claims	113%	
67345	55	Destroy Nerve Of Eye Muscle	$ 55.91	90% Medicare	105%	No Paid Claims	109%	
67800	55	Remove Eyelid Lesion	$ 30.28	90% Medicare	105%	No Paid Claims	98%	
67801	55	Remove Eyelid Lesions	$ 38.09	90% Medicare	105%	No Paid Claims	99%	
67805	55	Remove Eyelid Lesions	$ 34.87	90% Medicare	77%	No Paid Claims	76%	
67808	55	Remove Eyelid Lesion(S)	$ 62.35	100% Surrounding State Average	85%	No Paid Claims	85%	
67820	55	Revise Eyelashes	$ 4.97	90% Medicare	117%	19%	66%	
67900	55	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Co	$ 153.07	90% Medicare	105%	No Paid Claims	116%	
67901	55	Repair Eyelid Defect	$ 163.74	90% Medicare	91%	No Paid Claims	104%	
67902	55	Repair Eyelid Defect	$ 167.91	100% Surrounding State Average	113%	No Paid Claims	113%	
67903	55	Repair Eyelid Defect	$ 158.23	90% Medicare	117%	No Paid Claims	123%	
67904	55	Repair Blepharoptosis-Levator Reject	$ 193.94	90% Medicare	117%	No Paid Claims	127%	
67906	55	Repair Eyelid Defect	$ 116.51	100% Surrounding State Average	104%	No Paid Claims	104%	
67908	55	Repair Eyelid Defect	$ 128.43	90% Medicare	105%	No Paid Claims	115%	
67916	55	Repair Eyelid Defect	$ 145.64	90% Medicare	105%	No Paid Claims	114%	
67917	55	Repair Eyelid Defect	$ 148.50	90% Medicare	105%	No Paid Claims	115%	
67921	55	Repair Eyelid Defect	$ 114.84	90% Medicare	105%	No Paid Claims	122%	
67922	55	Repair Eyelid Defect	$ 73.82	90% Medicare	105%	No Paid Claims	108%	
67938	55	Remove Foreign Body, Eyelid	$ 48.82	90% Medicare	77%	No Paid Claims	102%	
68020	55	Incise/Drain Eyelid Lining	$ 26.97	90% Medicare	100%	72%	93%	Less than 10 claims
68040	55	Treatment Of Eyelid Lesions	$ 14.59	90% Medicare	105%	No Paid Claims	87%	
68530	55	Clearance Of Tear Duct	$ 103.90	90% Medicare	105%	No Paid Claims	112%	
68761	55	Closure Of The Lacrimal Punctum; By Plug, Each	$ 35.91	90% Medicare	108%	60%	110%	
68801	55	Dilate Tear Duct Opening	$ 25.42	90% Medicare	117%	No Paid Claims	108%	
68810	55	Probe Nasolacrimal Duct	$ 42.41	90% Medicare	117%	No Paid Claims	106%	
68840	55	Explore/Irrigate Tear Ducts	$ 22.99	90% Medicare	77%	No Paid Claims	73%	
76510		Oph Us Dx B-Scan&Quan A-Scan	$ 66.61	90% Medicare	105%	No Paid Claims	75%	
76511		Oph Us Dx Quan A-Scan Only	$ 54.19	90% Medicare	105%	No Paid Claims	75%	
76512		Oph Us Dx B-Scan	$ 50.76	90% Medicare	117%	15%	73%	Less than 10 claims
76513		Oph Us Dx Ant Sgm Us Uni/Bi	$ 80.92	90% Medicare	117%	No Paid Claims	97%	
76514		Echo Exam Of Eye Thickness	$ 11.88	90% Medicare	117%	34%	122%	
76516		Echo Exam Of Eye	$ 44.37	90% Medicare	105%	No Paid Claims	75%	
76519		Echo Exam Of Eye	$ 60.63	90% Medicare	99%	No Paid Claims	88%	
76529		Echo Exam Of Eye	$ 82.65	90% Medicare	105%	No Paid Claims	103%	
83861		Microfluid Analy Tears	$ 22.48	100% Surrounding State Average	102%	39%	102%	
92002		Eye Exam New Patient	$ 76.52	90% Medicare	98%	56%	113%	
92004		Eye Exam New Patient	$ 143.94	90% Medicare	106%	79%	124%	
92012		Eye Exam Establish Patient	$ 80.46	90% Medicare	100%	62%	124%	
92014		Eye Exam&Tx Estab Pt 1/>Vst	$ 117.24	90% Medicare	102%	73%	122%	
92015		Determine Refractive State	$ 13.29	100% Surrounding State Average	78%	38%	78%	
92018		New Eye Exam & Treatment	$ 143.70	100% Surrounding State Average	129%	59%	129%	Less than 10 claims
92020		Special Eye Evaluation	$ 28.99	90% Medicare	114%	49%	101%	
92025		Corneal Topography	$ 35.29	90% Medicare	108%	50%	120%	
92060		Special Eye Evaluation	$ 43.82	90% Medicare	77%	30%	81%	
92065		Orthoptic Training	$ 44.52	90% Medicare	93%	41%	109%	
92071		Contact Lens Fitting For Tx	$ 32.62	90% Medicare	99%	47%	68%	
92072		Fit Contac Lens For Managmnt	$ 88.83	90% Medicare	77%	21%	84%	
92081		Visual Field Examination(S)	$ 34.78	90% Medicare	117%	41%	91%	Less than 10 claims
92082		Visual Field Examination(S)	$ 48.94	90% Medicare	117%	50%	95%	
92083		Visual Field Examination(S)	$ 66.38	90% Medicare	117%	52%	102%	
92100		Serial Tonometry Exam(S)	$ 81.32	90% Medicare	105%	No Paid Claims	121%	
92132		Cmptr Ophth Dx Img Ant Segmt	$ 32.96	90% Medicare	117%	53%	110%	Less than 10 claims
92133		Cmptr Ophth Img Optic Nerve	$ 38.77	90% Medicare	117%	44%	108%	
92134		Cptr Ophth Dx Img Post Segmt	$ 42.77	90% Medicare	117%	62%	114%	

CPT Code	Required Modifier	CPT Code Description	SFY24 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
92136		Ophthalmic Biometry	$ 52.57	90% Medicare	117%	No Paid Claims	85%	
92145		Corneal Hysteresis Deter	$ 12.97	90% Medicare	117%	26%	104%	
92201		Opscpy Extnd Rta Draw Uni/Bi	$ 25.96	90% Medicare	118%	59%	90%	Less than 10 claims
92202		Opscpy Extnd On/Mac Draw	$ 16.51	90% Medicare	117%	No Paid Claims	72%	
92228		Img Rta Detc/Mntr Ds Phy/Qhp	$ 29.00	90% Medicare	105%	No Paid Claims	110%	
92230		Eye Exam With Photos	$ 93.32	90% Medicare	105%	239%	116%	Less than 10 claims
92235		Fluorescein Angrph Uni/Bi	$ 140.99	90% Medicare	123%	No Paid Claims	129%	
92250		Visualization Of Retina	$ 39.13	90% Medicare	117%	37%	73%	
92260		Ophthalmoscopy/Dynamometry	$ 18.76	90% Medicare	105%	No Paid Claims	81%	
92270		Electro-Oculography	$ 104.00	90% Medicare	105%	No Paid Claims	117%	
92273		Full Field Erg W/I&R	$ 134.82	90% Medicare	117%	90%	131%	Less than 10 claims
92274		Multifocal Erg W/I&R	$ 82.96	90% Medicare	105%	No Paid Claims	109%	
92283		Color Vision Examination	$ 37.82	90% Medicare	77%	45%	81%	Less than 10 claims
92284		Dark Adaptation Eye Exam	$ 54.96	90% Medicare	105%	No Paid Claims	118%	
92285		External Ocular Photography	$ 24.23	90% Medicare	117%	55%	87%	
92286		Internal Eye Photography	$ 41.32	90% Medicare	117%	No Paid Claims	59%	
92310		Contact Lens Fitting	$ 30.95	100% Surrounding State Average	34%	46%	34%	
92311		Contact Lens Fitting	$ 101.93	90% Medicare	105%	No Paid Claims	110%	
92312		Contact Lens Fitting	$ 91.46	90% Medicare	81%	No Paid Claims	86%	
92313		Contact Lens Fitting	$ 90.39	90% Medicare	98%	23%	100%	
92315		Rx Cntact Lens Aphakia 1 Eye	$ 79.58	90% Medicare	105%	No Paid Claims	123%	
92316		Rx Cntact Lens Aphakia 2 Eye	$ 98.23	90% Medicare	105%	No Paid Claims	120%	
92317		Rx Corneoscleral Cntact Lens	$ 83.51	90% Medicare	105%	No Paid Claims	125%	
92326		Service Fee Replacement Contact Lens	$ 41.92	90% Medicare	117%	No Paid Claims	124%	
92370		Repair Refitting Spectables	$ 31.14	100% Surrounding State Average	136%	97%	136%	
92499		Eye Service Or Procedure	Price By Report	Price by Report	NA	NA	NA	Reliable comparison rate data is unavailable
97530		Therapeutic Activities	$ 28.53	90% Medicare	84%	19%	97%	
97533		Sensory Integration	$ 45.50	90% Medicare	77%	No Paid Claims	NA	
99070		Special Supplies Phys/Qhp	$ 0.01	100% Surrounding State Average	NA	No Paid Claims	NA	Reliable comparison rate data is unavailable
99202		Office O/P New Sf 15-29 Min	$ 63.63	90% Medicare	98%	49%	104%	
99203		Office O/P New Low 30-44 Min	$ 94.58	90% Medicare	96%	52%	104%	
99204		Office O/P New Mod 45-59 Min	$ 134.32	90% Medicare	91%	53%	100%	
99205		Office O/P New Hi 60-74 Min	$ 171.32	90% Medicare	88%	50%	98%	Less than 10 claims
99211		Off/Op Est May X Req Phy/Qhp	$ 20.48	90% Medicare	98%	58%	105%	
99212		Office O/P Est Sf 10-19 Min	$ 38.71	90% Medicare	77%	48%	92%	
99213		Office O/P Est Low 20-29 Min	$ 62.22	90% Medicare	77%	48%	95%	
99214		Office O/P Est Mod 30-39 Min	$ 88.05	90% Medicare	77%	50%	93%	
99215		Office O/P Est Hi 40-54 Min	$ 123.57	90% Medicare	77%	36%	92%	Less than 10 claims
99231		Subsequent Hospital Care	$ 39.04	100% Surrounding State Average	105%	No Paid Claims	105%	
99232		Subsequent Hospital Care	$ 62.75	100% Surrounding State Average	101%	No Paid Claims	101%	
99233		Subsequent Hospital Care	$ 83.97	100% Surrounding State Average	91%	No Paid Claims	91%	
99242		Office Consultation	$ 90.11	100% Surrounding State Average	121%	No Paid Claims	121%	
99243		Office Consultation	$ 119.09	100% Surrounding State Average	116%	No Paid Claims	116%	
99244		Office Consultation	$ 169.29	100% Surrounding State Average	118%	No Paid Claims	118%	
99245		Office Consultation	$ 219.15	100% Surrounding State Average	119%	No Paid Claims	119%	
99252		Inpatient Consultation	$ 95.25	100% Surrounding State Average	137%	No Paid Claims	137%	
99253		Inpatient Consultation	$ 124.40	100% Surrounding State Average	128%	No Paid Claims	128%	
99254		Inpatient Consultation	$ 169.07	100% Surrounding State Average	126%	No Paid Claims	126%	
99255		Inpatient Consultation	$ 209.03	100% Surrounding State Average	121%	No Paid Claims	121%	
99281		Emergency Dept Visit	$ 22.07	100% Surrounding State Average	126%	No Paid Claims	126%	
99282		Emergency Dept Visit	$ 38.62	100% Surrounding State Average	104%	No Paid Claims	104%	
99283		Emergency Dept Visit	$ 72.40	100% Surrounding State Average	115%	No Paid Claims	115%	
99284		Emergency Dept Visit	$ 116.48	100% Surrounding State Average	111%	No Paid Claims	111%	
99285		Emergency Dept Visit	$ 174.97	100% Surrounding State Average	112%	No Paid Claims	112%	
99307		Nursing Fac Care Subseq	$ 39.30	90% Medicare	103%	No Paid Claims	112%	
99308		Nursing Fac Care Subseq	$ 61.20	90% Medicare	102%	No Paid Claims	109%	
99309		Nursing Fac Care Subseq	$ 83.91	90% Medicare	105%	No Paid Claims	100%	
99310		Nursing Fac Care Subseq	$ 90.38	90% Medicare	77%	No Paid Claims	87%	
V2020		Frames, Complete	$ 72.58	90% Medicare	96%	80%	199%	
V2199		Not Otherwise Classified, Single Vision Lens	$ 39.86	100% Surrounding State Average	NA	51%	NA	Reliable comparison rate data is unavailable

CPT Code	Required Modifier	CPT Code Description	SFY24 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
V2299		Specialty Bifocal (By Report)	$ 59.81	100% Surrounding State Average	NA	49%	NA	Reliable comparison rate data is unavailable
V2399		Specialty Trifocal (By Report)	$ 80.83	100% Surrounding State Average	NA	49%	NA	Reliable comparison rate data is unavailable
V2410		Variable Asphericity Lens, Single Vision, Full Field,	$ 128.30	90% Medicare	104%	54%	NA	Reliable comparison rate data is unavailable
V2430		Variable Asphericity Lens, Bifocal, Full Field, Glass	$ 132.00	90% Medicare	104%	46%	267%	
V2499		Not Otherwise Classified, Variable Spericity Lens	Price By Report	Price by Report	NA	NA	NA	Reliable comparison rate data is unavailable
V2510		Contact Lens, Gas Permeable, Spherical, Per Lens	$ 124.25	90% Medicare	98%	40%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2520		Contact Lens Hydrophilic, Sperical, Per Lens	$ 104.60	90% Medicare	98%	4%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2521		Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	$ 202.58	90% Medicare	98%	89%	NA	Reliable comparison rate data is unavailable
V2530		Contact Lens, Scleral, Per Lens (For Contact Lens Modif	$ 249.56	90% Medicare	100%	No Paid Claims	NA	Reliable comparison rate data is unavailable
V2531		Contact Lens Gas Permeable	$ 568.96	90% Medicare	101%	80%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2599		Not Otherwise Classified, Contact Lens	$ 25.86	100% Surrounding State Average	NA	86%	NA	Less than 10 claims Reliable comparison rate data is unavailable
V2623		Prosthetic Eye, Plastic, Custom	$ 1,184.70	90% Medicare	121%	No Paid Claims	124%	
V2624		Polishing/Resurfacing Of Ocular Prosthesis	$ 75.94	90% Medicare	95%	No Paid Claims	123%	
V2625		Enlargement Of Ocular Prosthesis	$ 526.01	90% Medicare	105%	No Paid Claims	118%	
V2626		Reduction Of Ocular Prosthesis	$ 242.70	90% Medicare	118%	No Paid Claims	118%	
V2627		Scleral Cover Shell	$ 1,641.70	90% Medicare	95%	No Paid Claims	116%	
V2628		Fabrication And Fitting Of Ocular Conformer	$ 397.76	90% Medicare	95%	No Paid Claims	114%	
V2710		Slab Off Prism, Glass Or Plastic. Per Lens	$ 82.97	90% Medicare	104%	83%	146%	Less than 10 claims
V2715		Prism, Per Lens	$ 11.25	90% Medicare	94%	61%	90%	
V2781		Progressive Lens Per Lens	$ 78.36	100% Surrounding State Average	NA	42%	NA	Reliable comparison rate data is unavailable
V2784		Lens Polycarb Or Equal, And Index, Per Lens	$ 36.03	90% Medicare	73%	70%	237%	
V2799		Misc Vision Item Or Service	Price By Report	Price by Report	NA	NA	NA	Reliable comparison rate data is unavailable