Provider Type 25 Optometrist
Reimbursement Rates

Updated: October 21, 2010

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Note:

Procedure codes with a rate of $0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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Modifier List

Proc Code	Description	Mod	Rate
65205	REMOVE FOREIGN BODY FROM EYE		34.75
65210	REMOVE FOREIGN BODY FROM EYE		43.80
65220	REMOVE FOREIGN BODY FROM EYE		35.11
65222	REMOVE FOREIGN BODY FROM EYE		46.33
65430	CORNEAL SMEAR		82.89
65435	CURETTE/TREAT CORNEA		50.68
65436	CURETTE/TREAT CORNEA		348.96
65450	TREATMENT OF CORNEAL LESION		380.46
65600	REVISION OF CORNEA		187.87
67820	REVISE EYELASHES		48.87
67840	REMOVE EYELID LESION		115.11
67938	REMOVE EYELID FOREIGN BODY		70.95
68020	INCISE/DRAIN EYELID LINING		76.74
68040	TREATMENT OF EYELID LESIONS		47.78
68761	CLOSE TEAR DUCT OPENING		90.86
68801	DILATE TEAR DUCT OPENING		57.55
68810	PROBE NASOLACRIMAL DUCT		106.79
68840	EXPLORE/IRRIGATE TEAR DUCTS		85.43
76510	OPHTH US, B & QUANT A		167.97
76510	OPHTH US, B & QUANT A	TC	84.86
76510	OPHTH US, B & QUANT A	26	83.12
76511	OPHTH US, QUANT A ONLY		126.70
76511	OPHTH US, QUANT A ONLY	TC	74.93
76511	OPHTH US, QUANT A ONLY	26	52.12
76512	OPHTH US, B W/NON-QUANT A		121.63
76512	OPHTH US, B W/NON-QUANT A	TC	85.43
76512	OPHTH US, B W/NON-QUANT A	26	36.20

Proc Code	Description	Mod	Rate
76513	ECHO EXAM OF EYE, WATER BATH		137.19
76513	ECHO EXAM OF EYE, WATER BATH	TC	100.63
76513	ECHO EXAM OF EYE, WATER BATH	26	36.56
76514	ECHO EXAM OF EYE, THICKNESS		12.66
76514	ECHO EXAM OF EYE, THICKNESS	TC	2.75
76514	ECHO EXAM OF EYE, THICKNESS	26	9.91
76516	ECHO EXAM OF EYE		99.55
76516	ECHO EXAM OF EYE	TC	69.50
76516	ECHO EXAM OF EYE	26	29.68
76519	ECHO EXAM OF EYE		94.48
76519	ECHO EXAM OF EYE	TC	64.79
76519	ECHO EXAM OF EYE	26	29.68
76529	ECHO EXAM OF EYE		125.61
76529	ECHO EXAM OF EYE	TC	94.48
76529	ECHO EXAM OF EYE	26	31.49
92002	EYE EXAM, NEW PATIENT		58.77
92004	EYE EXAM, NEW PATIENT		107.39
92012	EYE EXAM ESTABLISHED PAT		53.23
92014	EYE EXAM & TREATMENT		79.39
92015	REFRACTION		60.31
92018	NEW EYE EXAM & TREATMENT		114.77
92019	EYE EXAM & TREATMENT		61.23
92020	SPECIAL EYE EVALUATION		42.15
92025	CORNEAL TOPOGRAPHY		24.36
92025	CORNEAL TOPOGRAPHY	TC	10.61
92025	CORNEAL TOPOGRAPHY	26	13.75
92060	SPECIAL EYE EVALUATION		45.85
92065	ORTHOPTIC/PLEOPTIC TRAINING		50.16
92070	FITTING OF CONTACT LENS		57.85
92081	VISUAL FIELD EXAMINATION(S)		70.77
92082	VISUAL FIELD EXAMINATION(S)		41.54
92083	VISUAL FIELD EXAMINATION(S)		64.62
92100	SERIAL TONOMETRY EXAM(S)		53.23
92120	TONOGRAPHY & EYE EVALUATION		51.69
92130	WATER PROVOCATION TONOGRAPHY		55.08
92135	OPHTH DX IMAGING POST SEG		58.77
92136	OPHTHALMIC BIOMETRY		81.54
92140	GLAUCOMA PROVOCATIVE TESTS		48.00
92225	SPECIAL EYE EXAM, INITIAL		19.39
92226	SPECIAL EYE EXAM, SUBSEQUENT		17.54
92230	EYE EXAM WITH PHOTOS		74.46
92235	EYE EXAM WITH PHOTOS		111.39
92240	ICG ANGIOGRAPHY		204.01
92250	EYE EXAM WITH PHOTOS		58.16
92260	OPHTHALMOSCOPY/DYNAMOMETRY		14.15
92265	EYE MUSCLE EVALUATION		65.85

Proc Code	Description	Mod	Rate
92270	ELECTRO-OCULOGRAPHY		63.69
92275	ELECTRORETINOGRAPHY		72.62
92283	COLOR VISION EXAMINATION		29.54
92284	DARK ADAPTATION EYE EXAM		64.00
92285	EYE PHOTOGRAPHY		32.62
92286	INTERNAL EYE PHOTOGRAPHY		117.54
92287	INTERNAL EYE PHOTOGRAPHY		126.77
92310	CONTACT LENS FITTING		72.62
92311	CONTACT LENS FITTING		72.00
92312	CONTACT LENS FITTING		77.54
92313	CONTACT LENS FITTING		68.00
92314	PRESCRIPTION OF CONTACT LENS		50.77
92315	PRESCRIPTION OF CONTACT LENS		44.62
92316	PRESCRIPTION OF CONTACT LENS		54.46
92317	PRESCRIPTION OF CONTACT LENS		45.23
92325	MODIFICATION OF CONTACT LENS		12.62
92326	REPLACEMENT OF CONTACT LENS		51.39
92340	FITTING OF SPECTACLES		33.54
92341	FITTING OF SPECTACLES		37.85
92342	FITTING OF SPECTACLES		40.31
92352	SPECIAL SPECTACLES FITTING		33.54
92353	SPECIAL SPECTACLES FITTING		39.69
92354	SPECIAL SPECTACLES FITTING		271.70
92355	SPECIAL SPECTACLES FITTING		131.70
92358	EYE PROSTHESIS SERVICE		30.77
92370	REPAIR & ADJUST SPECTACLES		28.00
92371	REPAIR & ADJUST SPECTACLES		19.69
99201	OFFICE/OUTPATIENT VISIT, NEW		29.54
99202	OFFICE/OUTPATIENT VISIT, NEW		53.54
99203	OFFICE/OUTPATIENT VISIT, NEW		80.31
99204	OFFICE/OUTPATIENT VISIT, NEW		113.85
99205	OFFICE/OUTPATIENT VISIT, NEW		144.62
99211	OFFICE/OUTPATIENT VISIT, EST		17.85
99212	OFFICE/OUTPATIENT VISIT, EST		31.69
99213	OFFICE/OUTPATIENT VISIT, EST		44.00
99214	OFFICE/OUTPATIENT VISIT, EST		68.62
99215	OFFICE/OUTPATIENT VISIT, EST		100.93
V2020	VISION SVCS FRAMES PURCHASES		67.05
V2100	LENS SPHER SINGLE PLANO 4.00		31.41
V2101	SINGLE VISN SPHERE 4.12-7.00		42.10
V2102	SINGL VISN SPHERE 7.12-20.00		51.06
V2103	SPHEROCYLINDR 4.00D/12-2.00D		29.99
V2104	SPHEROCYLINDR 4.00D/2.12-4D		31.73
V2105	SPHEROCYLINDER 4.00D/4.25-6D		34.80
V2106	SPHEROCYLINDER 4.00D/>6.00D		41.65
V2107	SPHEROCYLINDER 4.25D/12-2D		44.81

Proc Code	Description	Mod	Rate
V2108	SPHEROCYLINDER 4.25D/2.12-4D		42.61
V2109	SPHEROCYLINDER 4.25D/4.25-6D		47.88
V2110	SPHEROCYLINDER 4.25D/OVER 6D		41.01
V2111	SPHEROCYLINDR 7.25D/.25-2.25		48.35
V2112	SPHEROCYLINDR 7.25D/2.25-4D		50.73
V2113	SPHEROCYLINDR 7.25D/4.25-6D		50.32
V2114	SPHEROCYLINDER OVER 12.00D		54.51
V2115	LENS LENTICULAR BIFOCAL		75.95
V2118	LENS ANISEIKONIC SINGLE		75.83
V2121	LENTICULAR LENS, SINGLE		80.96
V2199	LENS SINGLE VISION NOT OTH C		0.00
V2200	LENS SPHER BIFOC PLANO 4.00D		46.95
V2201	LENS SPHERE BIFOCAL 4.12-7.0		57.14
V2202	LENS SPHERE BIFOCAL 7.12-20.		52.73
V2203	LENS SPHCYL BIFOCAL 4.00D/.1		51.06
V2204	LENS SPHCY BIFOCAL 4.00D/2.1		51.82
V2205	LENS SPHCY BIFOCAL 4.00D/4.2		51.18
V2206	LENS SPHCY BIFOCAL 4.00D/OVE		57.49
V2207	LENS SPHCY BIFOCAL 4.25-7D/.		55.83
V2208	LENS SPHCY BIFOCAL 4.25-7/2.		61.50
V2209	LENS SPHCY BIFOCAL 4.25-7/4.		57.70
V2210	LENS SPHCY BIFOCAL 4.25-7/OV		61.54
V2211	LENS SPHCY BIFO 7.25-12/.25-		74.75
V2212	LENS SPHCYL BIFO 7.25-12/2.2		70.16
V2213	LENS SPHCYL BIFO 7.25-12/4.2		65.35
V2214	LENS SPHCYL BIFOCAL OVER 12.		73.91
V2215	LENS LENTICULAR BIFOCAL		90.89
V2218	LENS ANISEIKONIC BIFOCAL		87.26
V2219	LENS BIFOCAL SEG WIDTH OVER		35.71
V2220	LENS BIFOCAL ADD OVER 3.25D		33.75
V2221	LENTICULAR LENS, BIFOCAL		94.45
V2299	LENS BIFOCAL SPECIALITY		0.00
V2300	LENS SPHERE TRIFOCAL 4.00D		58.10
V2301	LENS SPHERE TRIFOCAL 4.12-7.		71.51
V2302	LENS SPHERE TRIFOCAL 7.12-20		65.76
V2303	LENS SPHCY TRIFOCAL 4.0/.12-		62.65
V2304	LENS SPHCY TRIFOCAL 4.0/2.25		65.01
V2305	LENS SPHCY TRIFOCAL 4.0/4.25		65.19
V2306	LENS SPHCYL TRIFOCAL 4.00/>6		65.73
V2307	LENS SPHCY TRIFOCAL 4.25-7/.		70.40
V2308	LENS SPHC TRIFOCAL 4.25-7/2.		68.68
V2309	LENS SPHC TRIFOCAL 4.25-7/4.		83.14
V2310	LENS SPHC TRIFOCAL 4.25-7/>6		70.23
V2311	LENS SPHC TRIFO 7.25-12/.25-		85.98
V2312	LENS SPHC TRIFO 7.25-12/2.25		95.82
V2313	LENS SPHC TRIFO 7.25-12/4.25		107.01

Proc Code	Description	Mod	Rate
V2314	LENS SPHCYL TRIFOCAL OVER 12		99.33
V2315	LENS LENTICULAR TRIFOCAL		123.23
V2318	LENS ANISEIKONIC TRIFOCAL		156.85
V2319	LENS TRIFOCAL SEG WIDTH > 28		39.82
V2320	LENS TRIFOCAL ADD OVER 3.25D		42.02
V2321	LENTICULAR LENS, TRIFOCAL		116.92
V2399	LENS TRIFOCAL SPECIALITY		0.00
V2410	LENS VARIAB ASPHERICITY SING		95.88
V2430	LENS VARIABLE ASPHERICITY BI		115.55
V2499	VARIABLE ASPHERICITY LENS		0.00
V2500	CONTACT LENS PMMA SPHERICAL		70.52
V2501	CNTCT LENS PMMA-TORIC/PRISM		110.91
V2502	CONTACT LENS PMMA BIFOCAL		162.28
V2503	CNTCT LENS PMMA COLOR VISION		112.65
V2510	CNTCT GAS PERMEABLE SPHERICL		94.80
V2511	CNTCT TORIC PRISM BALLAST		153.22
V2512	CNTCT LENS GAS PERMBL BIFOCL		177.88
V2513	CONTACT LENS EXTENDED WEAR		163.20
V2520	CONTACT LENS HYDROPHILIC		83.64
V2521	CNTCT LENS HYDROPHILIC TORIC		145.61
V2522	CNTCT LENS HYDROPHIL BIFOCL		188.95
V2523	CNTCT LENS HYDROPHIL EXTEND		120.76
V2530	CONTACT LENS GAS IMPERMEABLE		178.86
V2531	CONTACT LENS GAS PERMEABLE		426.30
V2599	CONTACT LENS/ES OTHER TYPE		0.00
V2600	HAND HELD LOW VISION AIDS		0.00
V2610	SINGLE LENS SPECTACLE MOUNT		0.00
V2630	ANTER CHAMBER INTRAOCUL LENS		0.00
V2632	POST CHMBR INTRAOCULAR LENS		0.00
V2700	BALANCE LENS		46.85
V2710	GLASS/PLASTIC SLAB OFF PRISM		64.93
V2715	PRISM LENS/ES		12.43
V2718	FRESNELL PRISM PRESS-ON LENS		30.53
V2730	SPECIAL BASE CURVE		21.91
V2744	TINT PHOTOCHROMATIC LENS/ES		13.16
V2745	TINT, ANY COLOR/SOLID/GRAD		8.52
V2750	ANTI-REFLECTIVE COATING		19.16
V2755	UV LENS/ES		13.32
V2760	SCRATCH RESISTANT COATING		17.13
V2762	POLARIZATION, ANY LENS		46.92
V2770	OCCLUDER LENS/ES		20.87
V2780	OVERSIZE LENS/ES		13.40
V2781	PROGRESSIVE LENS PER LENS		0.00
V2782	LENS, 1.54-1.65 P/1.60-1.79G		50.68
V2783	LENS, >= 1.66 P/>=1.80 G		57.14
V2784	LENS POLYCARB OR EQUAL		37.16

Proc Code	Description	Mod	Rate
V2785	CORNEAL TISSUE PROCESSING		0.00
V2786	OCCUPATIONAL MULTIFOCAL LENS		0.00
V2790	AMNIOTIC MEMBRANE		0.00
V2797	VIS ITEM/SVC IN OTHER CODE		0.00
V2799	MISCELLANEOUS VISION SERVICE		0.00