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HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
65205		Remove Foreign Body From Eye		$27.33	$20.40		
65220		Remove Foreign Body From Eye		$27.72	$20.59		
65222		Remove Foreign Body From Eye		$36.85	$26.75		
65430		Corneal Smear		$56.05	$49.92		
65435		Curette/Treat Cornea		$38.82	$33.08		
66183		Insert ant drainage device	A	NA	$602.55		
66821	55	After Cataract Laser Surgery		$129.94	$120.63		
66840	55	Removal Of Lens Material		NA	$300.49		
66850	55	Removal Of Lens Material		NA	$340.89		
66852	55	Removal Of Lens Material		NA	$367.83		
66920	55	Extraction Of Lens		NA	$329.01		
66930	55	Extraction Of Lens		NA	$372.58		
66940	55	Extraction Of Lens		NA	$336.14		
66983	55	Cataract Surg W/Iol, 1 Stage		NA	$302.07		
66984	55	Cataract Surg W/Iol, I Stage		NA	$357.32		
66985	55	Insert Lens Prosthesis		NA	$321.08		
66986	55	Exchange Lens Prosthesis		NA	$436.95		
67820		Revise Eyelashes		$30.30	$29.52		
67938		Remove Eyelid Foreign Body		$134.49	$52.49		
68761		Close Tear Duct Opening		$73.28	$54.27		
68801		Dilate Tear Duct Opening		$58.24	$48.92		
76510		Ophth US B & Quant A		$89.54	NA		
76510	TC	Ophth US B & Quant A		$44.77	NA		
76510	26	Ophth US B & Quant A		$44.76	$44.76		
76511		Ophth Us Quant A Only		$68.92	NA		
76511	TC	Ophth Us Quant A Only		$41.79	NA		
76511	26	Ophth Us Quant A Only		$27.14	$27.14		
76512		Ophth Us B W/Non-Quant A		$65.37	NA		
76512	TC	Ophth Us B W/Non-Quant A		$38.03	NA		
76512	26	Ophth Us B W/Non-Quant A		$27.33	$27.33		
76513		Echo Exam Of Eye Water Bath		$51.30	NA		
76513	TC	Echo Exam Of Eye Water Bath		$32.09	NA		
76513	26	Echo Exam Of Eye Water Bath		$19.20	$19.20		
76514		Echo Exam Of Eye Thickness		$6.33	NA		
76514	TC	Echo Exam Of Eye Thickness		$1.19	NA		
76514	26	Echo Exam Of Eye Thickness		$5.16	$5.16		
76516		Echo Exam Of Eye		$41.20	NA		
76516	TC	Echo Exam Of Eye		$25.55	NA		
76516	26	Echo Exam Of Eye		$15.65	$15.65		
76519		Echo Exam Of Eye		$42.98	NA		
76519	TC	Echo Exam Of Eye		$27.33	NA		
76519	26	Echo Exam Of Eye		$15.65	$15.65		
76529		Echo Exam Of Eye		$40.40	NA		
76529	TC	Echo Exam Of Eye		$23.97	NA		
76529	26	Echo Exam Of Eye		$16.44	$16.44		
92002		Eye Exam, New Patient		$37.04	$24.56		
92004		Eye Exam, New Patient		$67.54	$47.34		

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92012		Eye Exam Establish Patient		$34.07	$19.42		
92014		Eye Exam & Tx Estab Pt 1/>vst		$50.31	$31.69		
92015		Determine Refractive State		$37.24	$10.69		
92020		Special Eye Evaluation		$14.26	$10.69		
92025		Corneal Topography		$16.04	NA		
92025	TC	Corneal Topography		$6.54	NA		
92025	26	Corneal Topography		$9.51	$9.51		
92060		Special Eye Evaluation		$28.72	NA		
92060	TC	Special Eye Evaluation		$8.91	NA		
92060	26	Special Eye Evaluation		$19.81	$19.81		
92065		Orthoptic/Pleoptic Training		$18.23	NA	Y	PA required for beneficiaries age 21 and over.
92065	TC	Orthoptic/Pleoptic Training		$7.73	NA	Y	PA required for beneficiaries age 21 and over.
92065	26	Orthoptic/Pleoptic Training		$10.49	$10.49	Y	PA required for beneficiaries age 21 and over.
92071		Contact lens fitting for Tx		$21.79	$19.41		
92072		Fitting Of Contact Lens		$69.53	$55.66		
92081		Visual Field Examination(S)		$26.14	NA		
92081	TC	Visual Field Examination(S)		$15.84	NA		
92081	26	Visual Field Examination(S)		$10.30	$10.30		
92082		Visual Field Examination(S)		$33.47	NA		
92082	TC	Visual Field Examination(S)		$20.80	NA		
92082	26	Visual Field Examination(S)		$12.68	$12.68		
92083		Visual Field Examination(S)		$38.62	NA		
92083	TC	Visual Field Examination(S)		$24.16	NA		
92083	26	Visual Field Examination(S)		$14.46	$14.46		
92100		Serial Tonometry Exam(S)		$45.36	$25.75		
92132		Cmptr Ophth Img Optic Segmt		$21.19	NA		
92132	TC	Cmptr Ophth Img Optic Segmt		$8.91	NA		
92132	26	Cmptr Ophth Img Optic Segmt		$12.28	$12.28		
92133		Cmptr Ophth Img Optic Nerve		$25.95	NA		
92133	TC	Cmptr Ophth Img Optic Nerve		$8.91	NA		
92133	26	Cmptr Ophth Img Optic Nerve		$17.03	$17.03		
92134		Cptr Ophth Dx Img Post Segmt		$25.95	NA		
92134	TC	Cptr Ophth Dx Img Post Segmt		$8.91	NA		
92134	26	Cptr Ophth Dx Img Post Segmt		$17.03	$17.03		
92136		Ophthalmic Biometry		$44.96	NA		
92136	TC	Ophthalmic Biometry		$29.31	NA		
92136	26	Ophthalmic Biometry		$15.65	$15.65		
92225		Special Eye Exam, Initial		$12.07	$10.90		
92226		Special Eye Exam, Subsequent		$10.90	$9.51		
92227		Remote Dx Retinal Imaging		$6.73	NA		
92228		Remote Retinal Imaging Mgmt		$17.43	NA		
92228	TC	Remote Retinal Imaging Mgmt		$7.33	NA		
92228	26	Remote Retinal Imaging Mgmt		$10.10	$10.10		

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92250		Eye Exam With Photos		$39.42	NA		
92250	TC	Eye Exam With Photos		$26.74	NA		
92250	26	Eye Exam With Photos		$12.68	$12.68		
92260		Ophthalmoscopy/Dynamometry		$9.31	$5.94		
92270		Electro-oculography		$47.34	NA		
92270	TC	Electro-oculography		$24.17	NA		
92270	26	Electro-oculography		$23.17	$23.17		
92275		Electroretinography		$59.43	NA		
92275	TC	Electroretinography		$30.30	NA		
92275	26	Electroretinography		$29.11	$29.11		
92283		Color Vision Examination		$20.40	NA		
92283	TC	Color Vision Examination		$15.46	NA		
92283	26	Color Vision Examination		$4.94	$4.94		
92284		Dark Adaptation Eye Exam		$42.59	NA		
92284	TC	Dark Adaptation Eye Exam		$36.05	NA		
92284	26	Dark Adaptation Eye Exam		$6.54	$6.54		
92285		Eye Photography		$21.00	NA		
92285	TC	Eye Photography		$15.25	NA		
92285	26	Eye Photography		$5.74	$5.74		
92286		Internal Eye Photography		$59.82	NA		
92286	TC	Internal Eye Photography		$41.40	NA		
92286	26	Internal Eye Photography		$18.42	$18.42		
92287		Internal Eye Photography		$56.66	$22.58		
92310		Contact Lens Fitting		$46.14	$32.88	Y	
92311		Contact Lens Fitting		$43.58	$28.91		
92312		Contact Lens Fitting		$46.95	$35.46		
92313		Contact Lens Fitting		$39.62	$24.36	Y	
92326		Replacement Of Contact Lens		M	NA	Y	
92340		Fit Spectacles Monofocal		$21.39	NA		
92341		Fit Spectacles Bifocal		$24.17	NA		
92342		Fit Spectacles Multifocal		$25.75	NA		
92352		Fit Aphakia Spect Cl Monofocl		$21.00	NA		
92353		Fit Aphakia Spect Cl Multifoc		$24.75	NA		
92370		Repair & Adjust Spectacles		$17.62	NA		
92371		Repair & Adjust Spectacles		$12.68	NA		
92499		Eye Service Or Procedure		M	NA	Y	
92499	TC	Eye Service Or Procedure		M	NA	Y	
92499	26	Eye Service Or Procedure		M	M	Y	
92540		Basic Vestibular Evaluation		$52.09	NA		
92540	TC	Basic Vestibular Evaluation		$9.11	NA		
92540	26	Basic Vestibular Evaluation		$42.98	$42.98		
95060		Eye Allergy Tests		$7.33	$7.33		
95930		Vision Evoked Potential Test		$52.09	NA		
95930	TC	Vision Evoked Potential Test		$41.79	NA		
95930	26	Vision Evoked Potential Test		$10.30	$10.30		
97112		Neuromuscular Reeducation		$15.26	$15.26		
97530		Therapeutic Activities		$15.26	$15.26		

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99201		Office/Outpatient Visit, New		$19.20	$12.48		
99202		Office/Outpatient Visit, New		$34.07	$24.56		
99203		Office/Outpatient Visit, New		$50.71	$37.83		
99204		Office/Outpatient Visit, New		$71.70	$56.05		
99205		Office/Outpatient Visit, New		$91.12	$74.67		
99211		Office/Outpatient Visit, Est		$11.29	$4.75		
99212		Office/Outpatient Visit, Est		$20.20	$12.68		
99213		Office/Outpatient Visit, Est		$28.19	$19.07		
99214		Office/Outpatient Visit, Est		$43.18	$30.91		
99215		Office/Outpatient Visit, Est		$62.79	$49.52		
99221		Initial Hospital Care		NA	$35.65		
99222		Initial Hospital Care		NA	$59.02		
99223		Initial Hospital Care		NA	$82.21		
99231		Subsequent Hospital Care		NA	$17.82		
99232		Subsequent Hospital Care		NA	$29.11		
99233		Subsequent Hospital Care		NA	$41.40		
99241		Office Consultation		$26.33	$18.03		
99242		Office Consultation		$48.14	$36.65		
99243		Office Consultation		$64.18	$49.11		
99244		Office Consultation		$90.51	$72.50		
99245		Office Consultation		$117.06	$96.47		
99251		Initial Inpatient Consult		NA	$18.81		
99252		Initial Inpatient Consult		NA	$37.83		
99253		Initial Inpatient Consult		NA	$51.69		
99254		Initial Inpatient Consult		NA	$74.28		
99255		Initial Inpatient Consult		NA	$102.41		
99281		Emergency Dept Visit		NA	$8.71		
99282		Emergency Dept Visit		NA	$14.46		
99283		Emergency Dept Visit		NA	$32.49		
99284		Emergency Dept Visit		NA	$50.71		
99285		Emergency Dept Visit		NA	$79.44		
99307		Nursing Fac Care, Subseq		$17.82	$17.82		
99308		Nursing Fac Care, Subseq		$29.52	$29.52		
99309		Nursing Fac Care, Subseq		$41.59	$41.59		
99310		Nursing Fac Care, Subseq		$52.09	$52.09		
99324		Domicil/R-Home Visit-New Patient		$30.70	NA		
99325		Domicil/R-Home Visit-New Patient		$44.96	NA		
99326		Domicil/R-Home Visit-New Patient		$65.17	NA		
99327		Domicil/R-Home Visit-New Patient		$85.76	NA		
99328		Domicil/R-Home Visit-New Patient		$106.16	NA		
99334		Domicil/R-Home Visit-Est Patient		$23.78	NA		
99335		Domicil/R-Home Visit-Est Patient		$37.63	NA		
99336		Domicil/R-Home Visit-Est Patient		$58.04	NA		
99337		Domicil/R-Home Visit-Est Patient		$85.37	NA		
99341		Home Visit, New Patient		$30.50	NA		
99342		Home Visit, New Patient		$44.96	NA		
99343		Home Visit, New Patient		$65.56	NA		

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HCPCS Code	Mod	Short Description	HCPCS Action Code	Non-Fac Fee	Fac Fee	PA	Comments
99344		Home Visit, New Patient		$85.96	NA		
99345		Home Visit, New Patient		$106.37	NA		
99347		Home Visit, Est Patient		$23.78	NA		
99348		Home Visit, Est Patient		$37.63	NA		
99349		Home Visit, Est Patient		$58.24	NA		
99350		Home Visit, Est Patient		$85.96	NA		
G0117		Glaucoma Scrn High Risk Direc		$23.37	$12.87		
G0118		Glaucoma Scrn High Risk Direc		$14.07	$4.75		
S0581		Non-Standard Lens (Indus Thick)		$2.00	NA		
S0592		Comp. Contact Lenses Eval.		$28.72	NA		
S0620		Routine Ophthalmological Exa		$33.00	$33.00		
S0621		Routine Ophthalmological Exa		$31.35	$31.35		
V2020		Vision Svcs Frames Purchases		$19.00	NA		
V2100		Lens Spher Single Plano 4.00		$5.00	NA		
V2100	U1	Single Vision		$9.00	NA		
V2101		Single Visn Sphere 4.12-7.00		$5.80	NA		
V2101	U1	Single Vision		$10.13	NA		
V2102		Singl Visn Sphere 7.12-20.00		$8.76	NA		
V2102	U1	Single Vision		$10.69	NA		
V2102	U2	Single Vision		$14.06	NA		
V2103		Spherocylindr 4.00d/12-2.00d		$5.11	NA		
V2103	U1	Single Vision		$9.22	NA		
V2104		Spherocylindr 4.00d/2.12-4d		$7.36	NA		
V2104	U1	Single Vision		$10.54	NA		
V2105		Spherocylinder 4.00d/4.25-6d		$8.28	NA		
V2105	U1	Single Vision		$10.69	NA		
V2106		Spherocylinder 4.00d/>6.00d		$8.45	NA		
V2106	U1	Single Vision		$11.26	NA		
V2107		Spherocylinder 4.25d/12-2d		$5.83	NA		
V2107	U1	Single Vision		$10.16	NA		
V2108		Spherocylinder 4.25d/2.12-4d		$7.81	NA		
V2108	U1	Single Vision		$11.05	NA		
V2109		Spherocylinder 4.25d/4.25-6d		$8.48	NA		
V2109	U1	Single Vision		$9.86	NA		
V2110		Spherocylinder 4.25d/Over 6d		$8.46	NA		
V2110	U1	Single Vision		$11.69	NA		
V2111		Spherocylindr 7.25d/.25-2.25		$8.43	NA		
V2111	U1	Single Vision		$11.11	NA		
V2111	U2	Single Vision		$14.39	NA		
V2112		Spherocylindr 7.25d/2.25-4d		$8.71	NA		
V2112	U1	Single Vision		$10.61	NA		
V2112	U2	Single Vision		$14.39	NA		
V2113		Spherocylindr 7.25d/4.25-6d		$9.11	NA		
V2113	U1	Single Vision		$10.69	NA		
V2113	U2	Single Vision		$16.46	NA		
V2114		Spherocylinder Over 12.00d		$17.76	NA		
V2114	U1	Single Vision		$11.43	NA		

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V2114	U2	Single Vision		$7.30	NA		
V2115		Lens Lenticular Bifocal		$15.30	NA		
V2121		Lens Lenticular Single		$20.77	NA		
V2199		Lens Single Vision Not Oth C		M	NA	Y	
V2200		Lens Spher Bifoc Plano 4.00d		$7.01	NA		
V2200	U1	Bifocal		$12.26	NA		
V2201		Lens Sphere Bifocal 4.12-7.0		$8.13	NA		
V2201	U1	Bifocal		$12.22	NA		
V2202		Lens Sphere Bifocal 7.12-20.		$9.56	NA		
V2202	U1	Bifocal		$15.14	NA		
V2202	U2	Bifocal		$20.37	NA		
V2203		Lens Sphcyl Bifocal 4.00d/.1		$8.05	NA		
V2203	U1	Bifocal		$11.98	NA		
V2204		Lens Sphcy Bifocal 4.00d/2.1		$8.15	NA		
V2204	U1	Bifocal		$11.55	NA		
V2205		Lens Sphcy Bifocal 4.00d/4.2		$8.31	NA		
V2205	U1	Bifocal		$12.12	NA		
V2206		Lens Sphcy Bifocal 4.00d/Ove		$8.30	NA		
V2206	U1	Bifocal		$12.12	NA		
V2207		Lens Sphcy Bifocal 4.25-7d/.		$8.12	NA		
V2207	U1	Bifocal		$12.28	NA		
V2208		Lens Sphcy Bifocal 4.25-7/2.		$8.22	NA		
V2208	U1	Bifocal		$11.34	NA		
V2209		Lens Sphcy Bifocal 4.25-7/4.		$8.16	NA		
V2209	U1	Bifocal		$8.99	NA		
V2210		Lens Sphcy Bifocal 4.25-7/Ov		$8.02	NA		
V2210	U1	Bifocal		$8.99	NA		
V2211		Lens Sphcy Bifo 7.25-12/.25-		$8.20	NA		
V2211	U1	Bifocal		$16.75	NA		
V2211	U2	Bifocal		$21.15	NA		
V2212		Lens Sphcyl Bifo 7.25-12/2.2		$8.36	NA		
V2212	U1	Bifocal		$12.12	NA		
V2212	U2	Bifocal		$26.18	NA		
V2213		Lens Sphcyl Bifo 7.25-12/4.2		$8.05	NA		
V2213	U1	Bifocal		$13.69	NA		
V2213	U2	Bifocal		$33.87	NA		
V2214		Lens Sphcyl Bifocal Over 12.		$35.84	NA		
V2214	U1	Bifocal		$8.99	NA		
V2214	U2	Bifocal		$35.84	NA		
V2219		Lens Bifocal Seg Width Over		$3.00	NA		
V2220		Lens Bifocal Add Over 3.25d		$3.00	NA		
V2221		Lens Lenticular Bifocal		$15.63	NA		
V2299		Lens Bifocal Speciality		M	NA	Y	
V2300		Lens Sphere Trifocal 4.00d		$9.71	NA		
V2301		Lens Sphere Trifocal 4.12-7.		$9.34	NA		
V2302		Lens Sphere Trifocal 7.12-20		$6.87	NA		
V2303		Lens Sphcy Trifocal 4.0/.12-		$9.54	NA		

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V2304		Lens Sphcy Trifocal 4.0/2.25		$9.54	NA		
V2305		Lens Sphcy Trifocal 4.0/4.25		$9.27	NA		
V2306		Lens Sphcyl Trifocal 4.00/>6		$9.62	NA		
V2307		Lens Sphcy Trifocal 4.25-7/.		$9.62	NA		
V2308		Lens Sphc Trifocal 4.25-7/2.		$9.94	NA		
V2309		Lens Sphc Trifocal 4.25-7/4.		$6.87	NA		
V2310		Lens Sphc Trifocal 4.25-7/>6		M	NA		
V2311		Lens Sphc Trifo 7.25-12/.25-		$11.22	NA		
V2312		Lens Sphc Trifo 7.25-12/2.25		$11.47	NA		
V2313		Lens Sphc Trifo 7.25-12/4.25		$6.87	NA		
V2314		Lens Sphcyl Trifocal Over 12		$6.87	NA		
V2320		Lens Trifocal Add Over 3.25d		$3.00	NA		
V2399		Lens Trifocal Speciality		M	NA	Y	
V2410		Lens Variab Asphericity Sing		$17.09	NA		
V2430		Lens Variable Asphericity Bi		$19.06	NA		
V2499		Variable Asphericity Lens		M	NA	Y	
V2500		Contact Lens Pmma Spherical		M	NA	Y	
V2501		Cntct Lens Pmma-Toric/Prism		M	NA	Y	
V2510		Cntct Gas Permeable Sphericl		M	NA	Y	
V2511		Cntct Toric Prism Ballast		M	NA	Y	
V2520		Contact Lens Hydrophilic		M	NA	Y	
V2521		Cntct Lens Hydrophilic Toric		M	NA	Y	
V2531		Contact Lens Gas Permeable		M	NA	Y	
V2599		Contact Lens/Es Other Type		M	NA	Y	
V2600		Hand Held Low Vision Aids		M	NA	Y	
V2610		Single Lens Spectacle Mount		M	NA	Y	
V2615		Telescop/Othr Compound Lens		M	NA	Y	
V2623		Plastic Eye Prosth Custom		$468.44	NA		
V2624		Polishing Artifical Eye		$13.80	NA		
V2625		Enlargemnt Of Eye Prosthesis		$414.00	NA	Y	
V2626		Reduction Of Eye Prosthesis		$414.00	NA	Y	
V2627		Scleral Cover Shell		$496.55	NA		
V2628		Fabrication & Fitting		$207.00	NA		
V2629		Prosthetic Eye Other Type		M	NA	Y	
V2700		Balance Lens		$35.84	NA		
V2710		Glass/Plastic Slab Off Prism		$46.66	NA		
V2715		Prism Lens/Es		$2.66	NA		
V2718		Fresnell Prism Press-On Lens		$2.66	NA		
V2744		Tint Photochromatic Lens/Es		$6.67	NA	Y	
V2745		Tint, Any Color/Solid/Grad		$1.50	NA	Y	
V2755		Uv Lens/Es		$4.00	NA	Y	
V2756		Eyeglass Case		$0.28	NA		
V2799		Miscellaneous Vision Service		M	NA	Y	