VISION MAXIMUM ALLOWABLE FEE SCHEDULE

THIS IS YOUR WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE, WHICH IS IN EFFECT AS OF THE DATE OF THIS REPORT. WISCONSIN MEDICAID CERTIFIED PROVIDERS WILL BE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR USUAL AND CUSTOMARY CHARGE, OR THE MAXIMUM ALLOWABLE FEE.

SERVICES REIMBURSED BASED ON PROVIDER SPECIFIC (CONTRACTED RATES) AND REGIONAL OR SPECIALTY BASED RATES ARE NOT INCLUDED IN THIS FEE SCHEDULE.

NOTE: BADGERCARE PLUS BENCHMARK PLAN MEMBERS WILL ONLY BE COVERED FOR ONE FULL INTERMEDIATE OR COMPREHENSIVE EYE EXAM (INCLUDING DETERMINATION OF REFRACTIVE STATE) CONDUCTED BY A CERTIFIED OPTOMETRIST EVERY TWO YEARS. NO OTHER VISION RELATED SERVICES ARE COVERED UNDER THE BADGERCARE PLUS BENCHMARK PLAN. BENCHMARK MEMBERS ARE RESPONSIBLE FOR A $15.00 CO-PAYMENT PER EXAM.

THIS REPORT HAS BEEN MODIFIED TO INCLUDE A BENCHMARK COLUMN TO INDICATE WHICH SERVICES ARE COVERED BENFITS FOR BENCHMARK PLAN MEMBERS.

ALTHOUGH THE FEE SCHEDULE DOES NOT ADDRESS THE VARIOUS COVERAGE LIMITATIONS ROUTINELY APPLIED BY WISCONSIN MEDICAID BEFORE FINAL PAYMENT IS DETERMINED (E.G., RECIPIENT AND PROVIDER ELIGIBILITY, BILLING INSTRUCTIONS, FREQUENCY OF SERVICES, THIRD PARTY LIABILITY, COPAYMENT, AGE RESTRICTIONS, PRIOR AUTHORIZATION, ETC.), IT DOES CONTAIN THE FOLLOWING INFORMATION:

PROC/M1/M2/TM

PROC - THE PROCEDURE CODE RECOGNIZED BY WISCONSIN MEDICAID TO IDENTIFY THE SERVICE PROVIDED.

M1/M2 - ONE OR TWO APPLICABLE MODIFIER(S) AFFECTING REIMBURSEMENT AMOUNT.

TM - DESCRIPTIVE MODIFIER USED TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS.
NOTE: IN CERTAIN INSTANCES THE MODIFIER LISTED IS BEING USED BOTH TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS AND TO AFFECT THE REIMBURSEMENT AMOUNT. IN THESE INSTANCES THE MODIFIER WILL BE DISPLAYED TWICE, ONCE IN THE M1 OR M2 COLUMN AND ONCE IN THE TM COLUMN, EVEN THOUGH IT WILL ONLY BE BILLED ONCE ON THE CLAIM DETAIL.

DESCRIPTION - AN ABBREVIATED DESCRIPTION OF THE PROCEDURE CODE.

PROVIDER TYPE - ALL APPLICABLE PERFORMING PROVIDER TYPES FOR THE PROCEDURE CODE. SEE TABLE I FOR A LISTING OF PROVIDER TYPES APPLICABLE TO THIS SCHEDULE.

PAC - THE PRICING ACTION CODE IDENTIFIES NON-COVERED SERVICES OR THE SOURCE AND METHOD OF PRICING THE PROCEDURE (REFER TO TABLE II).

EFFECT DATE - THE EFFECTIVE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

MAX FEE - MAXIMUM ALLOWABLE FEES FOR THE PROCEDURE CODES LISTED. IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 220 INDICATES SERVICE NOT COVERED; PAC 21J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

BENCHMARK - INDICATES IF A PROCEDURE CODE IS A COVERED BENEFIT FOR BADGERCARE PLUS MEMBERS ENROLLED IN THE BENCHMARK PLAN.

THIS INFORMATION IS INTENDED TO HELP YOU UNDERSTAND THE WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE. IF YOU HAVE QUESTIONS, PLEASE CONTACT WISCONSIN MEDICAID PROVIDER SERVICES AT:
(608) 221-9883 OR (800) 947-9627*

*WHEN REQUESTING INFORMATION, PLEASE BE SPECIFIC AS TO WHICH PROVIDER TYPE YOU ARE REFERRING (I.E., OPTOMETRISTS ARE PROVIDER TYPE 28 AND OPTICIANS ARE PROVIDER TYPE 29).

TABLE I
PROVIDER TYPES

28 - OPTOMETRIST
29 - OPTICIAN

TABLE II
PRICING ACTION CODES (PAC)

11J, 21J - INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT
120, 220 - NON-COVERED SERVICE, NOT A WISCONSIN MEDICAID BENEFIT
170, 270 - PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM ALLOWABLE FEE ACCORDING TO PROVIDER TYPE

TABLE III
MODIFIERS

MODIFIER	DESCRIPTION
50	BILATERAL PROCEDURE
55	POSTOPERATIVE MANAGEMENT ONLY
RP	REPLACEMENT AND REPAIR
U1	TRANSITION SINGLE
U2	TRANSITION MULTIFOCAL
U3	HIGH INDEX SINGLE
U4	HIGH INDEX MULTIFOCAL
U7	FRAME REPLACEMENT, DISPENSING FEE
U8	TEMPLE REPLACEMENT, DISPENSING FEE
U9	LENS REPLACEMENT, CHANGED PRESCRIPTION

PROC DESCRIPTION

PROC	M1	M2	TM	PROVIDER TYPE	PAC	EFFECT DATE	MAX FEE	BENCH MARK
64612	CHEMODENERVATION OF MUSCLE; MUSCLE INNERVATED BY FACIAL NERVE (BLEPHAROSPASM, HEMIFACIAL							
64612				28 29	120	01/01/07		N
65101	ENUCLEATION EYE;							
65101				28 29	120	01/01/06		N
65205	REMOVAL OF FOREIGN BODY, EXTERNAL, CONJUNTIVAL SUPERFICIAL							
65205				28	170	07/01/08	34.54	N
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CONJUCTIVAL EMBEDDED (INC CONCRETION) SUB OR SCL							
65210				28	170	07/01/08	47.59	N
65220	REMOVAL OF FOREIGN BODY, EXTERNAL, CORNEAL, WITHOUT SLIT LAMP							
65220				28	170	07/01/08	46.10	N
65222	REMOVAL OF FOREIGN BODY, EXTERNAL, CORNEAL, WITH SLIT LAMP							
65222				28	170	07/01/08	47.18	N
65285	REPAIR LACERATION;							
65285				28 29	120	01/01/07		N
65426	EXCISION OR TRANSPOSITION PTERYGIUM;							
65426				28 29	120	01/01/07		N
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR OR CULTURE							
65430				28	170	07/01/08	24.14	N
65435	REMOVAL OF CORNEAL EPITHELIUM, WITH OR WITHOUT CHEMOCAUTERIZATION							
65435				28	170	07/01/08	59.10	N
65436	REMOVAL OF CORNEAL EPITHELIUM WITH/WITHOUT CHEMOCAUTERIZATION, WITH APP OF CHELATING AGT							
65436				28	170	07/01/08	60.27	N
65730	KERATOPLASTY, PENETRATING (EXCEPT IN APHAKIA), INCLUDES AUTOGRAFTS, FRESH OR PRESERVED H							
65730				28 29	120	01/01/04		N
65855	TRABECULOPLASTY BY LASER SURGERY/ ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)							

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65855             28 29                    120  01/01/04              N
66170  FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREV SURG
66170             28 29                    120  01/01/04              N
66172  FISTULIZATION OF SCLERA FOR GLAUCOMA;TRABECULECTOMY AB EXTERNO W SCARRING FROM PRE OCULA
66172             28 29                    120  01/01/07              N
66180  AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET,
66180             28 29                    120  01/01/04              N
66185  REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR
66185             28 29                    120  01/01/06              N
66682  SUTURE OF IRIS CILIARY BODY (SEPARATE PROC) WITH RETRIEVAL OF SUTURE THROUGH SML INCISON
66682             28 29                    120  01/01/07              N
66710  CILIARY BODY DESTRUCTION, CYCLOPHOTOCOAGULATION, TRANSSCLERAL
66710             28 29                    120  01/01/04              N
66761  IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, GLAUCOMA) (ONE OR MORE SESSIONS)
66761             28 29                    120  01/01/04              N
66820  DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (AFTER CATARACT); INCISIONAL TECHNIQUE
66820             28                       170  07/01/08     123.29   N
66821  DISCISSION OF SECONDARY MEMBRANOUS CATARACT AND/OR ANTERIOR HYALOID; LASER SURGERY (YAG
66821             28                       170  07/01/08     123.29   N
66830  REMOVAL OF SECONDARY MEMBRANOUS CATARACT WITH COMEO-SCLERAL SECTION, W/W OUT IRIDECTOMY
66830             28                       170  07/01/08     215.08   N
66840  REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES
66840             28                       170  07/01/08     215.08   N
66850  REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL/ULTRASONIC) W/ASPIRAT
66850             28                       170  07/01/08     220.07   N
66852  REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY
66852             28                       170  07/01/08     215.02   N
66920  INTRACAPSULAR
66920             28                       170  07/01/08     215.08   N
66930  INTRACAPSULAR FOR DISLOCATED LENS
66930             28                       170  07/01/08     215.08   N
66940  EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
66940             28                       170  07/01/08     215.08   N
66982  EXTRACAPSULAR CATARACT REMOVAL W/INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROC)
66982             28                       170  07/01/08     294.81   N
66983  INTRACAPSULAR CATARACT REMOVAL W/ INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PR
66983             28                       170  07/01/08     276.06   N
66984  EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PR
66984             28                       170  07/01/08     276.06   N
66985  INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) NOT ASSOC W/CONCURRENT SURG
66985             28 29                    120  01/01/08              N
66986  EXCHANGE OF INTROACULAR LENS
66986             28 29                    120  01/01/06              N
66999  UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE
66999             28 29                    120  01/01/06              N
67005  REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE
67005             28 29                    120  01/01/04              N
67031  SEVERING OF VITREOUS STRANDS/ VITREOUS FACE ADHESIONS/ LASER SURGERY (ONE OR MORE STAGES
67031             28 29                    120  01/01/04              N
67036  VITRECTOMY/ MECHANICAL/ PARS PLANA APPROACH
67036             28 29                    120  01/01/04              N
67108  REPAIR OF RETINAL DETACH; W/ VITRECTOMY, W/OR W/O AIR OR GAS TAMPONADE, FOCAL ENDOLASER
67108             28 29                    120  01/01/04              N
67210  DESTRUCTION OF LOCALIZED LESION OF RETINA, ONE OR MORE SESSIONS; PHOTOCOAGULATION
67210             28 29                    120  01/01/04              N
67221  DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG,CHOROIDAL NEOVASCULARIZATION);PHOTODYNAMI
67221             28                       170  07/01/08     281.06   N
67221  50         28                       170  07/01/08     154.79   N
67228  TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY; 1 OR MORE SESSIONS; PHOTOCOAGULATION
67228             28 29                    120  01/01/04              N
67255  SCLERAL REINFORCEMENT (SEPARATE PROCEDURE)
67255             28 29                    120  01/01/05              N
67500  RETROBULBAR INJECTION;
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67500             28 29                    120  01/01/07              N
67515  INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON S CAPSULE
67515             28 29                    120  01/01/05              N
67800  EXCISION CHALAZION;
67800             28 29                    120  01/01/04              N
67805  EXCISION CHALAZION;
67805             28 29                    120  01/01/07              N
67808  EXCISION CHALAZION;
67808             28 29                    120  01/01/07              N
67810  BIOPSY EYELID
67810             28 29                    120  01/01/08              N
67820  CORRECTION OF TRICHIASIS; EPILATION, BY   FORCEPS ONLY
67820             28                       170  07/01/08      24.10   N
67825  CORRECT OF TRICHIASIS; EPILATION BY OTH THAN FORCEPS (EG ELECTROSURG, CRYOTHERA, LASER S
67825             28                       170  07/01/08      60.27   N
67840  EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE
67840             28 29                    120  01/01/04              N
67875  TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)
67875             28 29                    120  01/01/04              N
67880  CONSTRUCTION INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY,
67880             28 29                    120  01/01/07              N
67900  REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)
67900             28 29                    120  01/01/04              N
67904  REPAIR BLEPHAROPTOSIS;
67904             28 29                    120  01/01/04              N
67908  REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVE-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION
67908             28 29                    120  01/01/05              N
67916  REPAIR OF ECTROPION; EXCISION TARSAL WEDGE
67916             28 29                    120  01/01/06              N
67917  REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)
67917             28 29                    120  01/01/04              N
67921  REPAIR ENTROPION;
67921             28 29                    120  01/01/05              N
67923  REPAIR OF ENTROPION; EXCISION TARSAL WEDGE
67923             28 29                    120  01/01/04              N
67924  REPAIR OF ENTROPION; EXTENSIVE (EG,TARSAL STRIP/CAPSULOPLPBRL FASCIA REPAIRS OPERATION)
67924             28 29                    120  01/01/04              N
67938  REMOVAL EMBEDDED FOREIGN BODY, EYELID
67938             28                       170  07/01/08      64.71   N
67966  EXCISION AND REPAIR EYELID, INVOLVING LID MARGIN, TARSUS,
67966             28 29                    120  01/01/08              N
68020  INCISION CONJUNCTIVA, DRAINAGE CYST
68020             28 29                    120  01/01/05              N
68040  EXPRESSION CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA
68040             28 29                    120  01/01/07              N
68110  EXCISION LESION CONJUNCTIVA;
68110             28 29                    120  01/01/05              N
68200  SUBCONJUNCTIVAL INJECTION
68200             28 29                    120  01/01/06              N
68340  REPAIR SYMBLEPHARON;
68340             28 29                    120  01/01/06              N
68362  CONJUNCTIVAL FLAP;
68362             28 29                    120  01/01/08              N
68440  SNIP INCISION LACRIMAL PUNCTUM
68440             28 29                    120  01/01/08              N
68760  CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY
68760             28 29                    120  01/01/05              N
68761  CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH
68761             28                       170  07/01/08      95.46   N
68761  50         28                       170  07/01/08     143.19   N
68800  DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERAL
68800             28                       120  04/01/97              N
68801  DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION
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68801             28 29                    120  01/01/04              N
68810  PROBING OF NASCLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;
68810             28 29                    120  01/01/04              N
68815  PROBING OF NASCLACRIMAL DUCT, WITH/WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT
68815             28 29                    120  01/01/04              N
68820  PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERAL
68820             28                       120  04/01/97              N
68840  PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION
68840             28                       170  07/01/08      63.84   N
76510  OPHTHALMIC ULTRASND, DIAG;B-SCAN & QUANTITATIVE A-SCAN PERFMD DURING SME PATIENT ENCNTER
76510             28                       270  07/01/08     147.15   N
76511  OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY
76511             28                       170  07/01/08     120.68   N
76512  OPHTHALMIC ULTRASOUND,DIAGNOSTIC;B-SCAN (W/ OR W/O SUPERIMPOSED NON-QUANTITATIVE A-SCAN)
76512             28                       170  07/01/08     120.68   N
76514  OPHTHALMIC ULTRASOUND, ECHO, DIAG CORNEAL PACHMETRY, UNI/BILATERAL (CORNEAL THICKNESS)
76514             28                       270  07/01/08      11.97   N
76516  OPTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY A-MODE
76516             28                       170  07/01/08     107.94   N
76519  OPTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY WITH INTRAOCULAR LENS POWER CALCULATION
76519             28                       170  07/01/08     118.74   N
76529  OPTHALMIC ULTRASOUND FOREIGN BODY LOCALIZATION
76529             28                       170  07/01/08     132.08   N
92002  OPTHALAMOLOGICAL SERVICES; MEDICAL EXAMINAION AND EVALUTATION; INTERMEDIATE, NEW PATIENT
92002             28                       170  07/01/08      36.97   Y
92004  OPTHALMOLOGICAL SVCS; MEDICAL EXAM & EVAL; COMPREHENSIVE, NEW PATIENT, ONE OR MORE VISIT
92004             28                       170  07/01/08      44.33   Y
92012  OPTHALAMOLOGICAL SVCS; MEDICAL EXAMINATION AND EVAL; INTERMEDIATE, ESTABLISHED PATIENT
92012             28                       170  07/01/08      29.99   Y
92014  OPTHALMOLOGICAL SVCS; MEDICAL EXAM & EVAL; COMPREHENSIVE, ESTABLISHED PATIENT, ONE OR MO
92014             28                       170  07/01/08      44.54   Y
92015  DETERMINATION OF REFRACTIVE STATE
92015             28                       170  07/01/08       9.97   Y
92020  GONIOSCOPY (SEPARATE PROCEDURE)
92020             28                       170  07/01/08      13.45   N
92025  COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION & REPORT
92025             28                       170  07/01/08      23.92   N
92060  SENSORIMOTOR EXAM W/ MULT MEASURES OF OCULAR DEVIATION W/ INTERPRET AND REPORT (SEP PROC
92060             28                       170  07/01/08      47.82   N
92065  ORTHOPTIC AND/OR PLEOPTIC TRAINING WITH CONTINUING M
92065             28                       170  07/01/08      26.35   N
92070  FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS
92070             28 29                    170  07/01/08      58.72   N
92081  VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVA
92081             28                       170  07/01/08      42.86   N
92082  VISUAL FIELD EXAM WITH MEDICAL DIAGNOSTIC EVALUATION; INTERMEDIATE EXAM
92082             28                       170  07/01/08      54.88   N
92083  VISUAL FIELD EXAM W/ MEDICAL DIAGNOSTIC EVALUATION; EXTENDED EXAM
92083             28                       170  07/01/08      29.93   N
92100  SERIAL TONOMETRY W/ MULT MEASURES OF INTRAOCULAR PRESS OVER AN EXTENDED TIME PERIOD W/IN
92100             28                       170  07/01/08       8.08   N
92120  TONOGRAPHY W/INTER & REPORT, RECORDING IDENTATION TONOMETER METHOD OR PERILIMBAL SUCT ME
92120             28                       170  07/01/08      18.87   N
92130  TONOGRAPHY WITH WATER PROVOCATION
92130             28                       170  07/01/08      18.87   N
92135  SCANNING COMPUTERIZED OPHTHALMIC DIAG IMAGING,POSTERIOR SEGMNT W/INTERP & REPORT,UNILAT
92135             28                       170  07/01/08      26.90   N
92136  OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY W/INTRAOCULAR LENS POWER
92136             28                       170  07/01/08      74.20   N
92140  PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT TONOGRAPHY
92140             28                       170  07/01/08      18.87   N
92225  OPHTHALMOSCOPY, EXTENDED, W/ RETINAL DRAWING, W/ INTERPRETATION AND REPORT; INITIAL
92225             28                       170  07/01/08      24.91   N
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92226  OPHTHALMOSCOPY, EXTENDED SUBSEQUENT.
92226              28                        170  07/01/08      18.67   N
92235  FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W/ INTERPRETATION AND REPORT
92235              28 29                     120  01/01/04              N
92240  INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING)WITH INTERPRETATION AND REPOR
92240              28                        170  07/01/08      98.18   N
92250  FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92250              28                        170  07/01/08      24.85   N
92260  OPHTHALMODYNAMOMETRY
92260              28                        170  07/01/08      71.10   N
92265  NEEDLE OCULOELECTROMYOGRAPHY,1 OR MORE EXTRAOCULAR MUSCLES,1 OR BOTH EYES,W MED DIAG EVA
92265              28                        170  07/01/08      76.96   N
92270  ELECTRO OCULOGRAPHY, WITH MEDICAL DIAGNOSTICE EVALUATION
92270              28                        170  07/01/08      52.33   N
92283  COLOR VISION EXAM EXTENDED
92283              28                        170  07/01/08      16.20   N
92284  DARK ADAPTATION EXAM.
92284              28                        170  07/01/08     104.66   N
92285  EXTERN OCULAR PHOTOGRAPHY W/INTERPRET & REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS
92285              28                        170  07/01/08      16.20   N
92286  SPECL ANTER SEGM PHTGRPHY W/INTERPRET & REPORT; W/SPECULAR ENDOTHELIAL MCRSCPY & CELL CT
92286              28                        170  07/01/08     123.82   N
92310  PRESCRIPTION AND FITTING OF CONTACT LENS W MED. SUPE
92310              28 29                     170  07/01/08     252.58   N
92311  PRESCRIP & FITTING OF CONTACT LENS W APHAKIA 1 EYE
92311              28 29                     170  07/01/08     198.44   N
92312  PRESCRIP & FIT OF CONTACT LENS W APHAKIA BOTH EYES
92312              28 29                     170  07/01/08     264.61   N
92326  REPLACEMENT OF CONTACT LENS
92326              28 29                     170  07/01/08      52.56   N
92340  FITTING OF SPECTACLES, EXCEPT FOR APHAKIA
92340              28 29                     170  07/01/08      21.85   N
92340  RP          28 29                     170  07/01/08      16.01   N
92340  U9          28 29                     170  07/01/08      16.01   N
92341  FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL
92341              28 29                     170  07/01/08      29.14   N
92341  RP          28 29                     170  07/01/08      16.01   N
92341  U9          28 29                     170  07/01/08      16.01   N
92342  FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL
92342              28 29                     170  07/01/08      29.14   N
92342  RP          28 29                     170  07/01/08      16.01   N
92342  U9          28 29                     170  07/01/08      16.01   N
92352  FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL
92352              28 29                     170  07/01/08      21.63   N
92352  RP          28 29                     170  07/01/08      16.01   N
92352  U9          28 29                     170  07/01/08      16.01   N
92353  FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL
92353              28 29                     170  07/01/08      28.85   N
92353  RP          28 29                     170  07/01/08      16.01   N
92353  U9          28 29                     170  07/01/08      16.01   N
92354  FITTING OF SPECTACLE MOUNTED LOW VISION AID
92354              28 29                     170  07/01/08      37.62   N
92355  FITTING OF SPECTACLE MOUNTED LOW VISION AID
92355              28 29                     170  07/01/08      49.77   N
92370  REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA
92370              28 29                     170  07/01/08       8.91   N
92371  REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA
92371              28 29                     170  07/01/08       8.91   N
92499  UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE
92499              28                        11J  07/01/92              N
92531  SPONTANEOUS NYSTAGUMS
92531              28                        170  07/01/08      57.90   N
92532  POSITIONAL NYSTAGMUS TEST
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92532 28 170 07/01/08 37.49 N
92533 CALORIC VESTIBULAR TEST.
92533 28 170 07/01/08 24.46 N
92534 OPTOKINETIC NYSTAGMUS TEST
92534 28 170 07/01/08 42.48 N
99000 HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE OPTOMETRISTS OFFICE TO LAB
99000 28 170 07/01/08 3.92 N
99201 OFFICE/OP VISIT-NEW PATIENT: PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION (10 MIN)
99201 28 170 07/01/08 22.00 N
99202 OFFICE/OP VISIT-NEW PATIENT:EXPAND PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION(20MIN)
99202 28 170 07/01/08 37.01 N
99203 OFFICE/OP VISIT-NEW PATIENT: DETAILED HISTEXAM & MED DECISION-LOW COMPLEXITY (30 MIN)
99203 28 170 07/01/08 55.33 N
99204 OFFICE/OP VISIT-NEW PATIENT: COMPREHENSIVE HIST/EXAM, MED DECISION-MOD COMPLEX 45 MIN
99204 28 170 07/01/08 79.16 N
99205 OFFICE/OP VISIT-NEW PATIENT:COMPREHENSIVE HIST/EXAM, MED DECISION-HIGH-COMPLEXITY(60MIN)
99205 28 170 07/01/08 96.67 N
99211 OFFICE/OP VISIT-ESTABLISHED PATIENT: MINIMAL PRESENTING PROBLEM (5 MIN)
99211 28 170 07/01/08 12.19 N
99212 OFFICE/OP VISIT-ESTABLISHED PATIENT:PROB-FOCUSED HIST/EXAM, STRAIGHT MED DECISION(10MIN)
99212 28 170 07/01/08 21.96 N
99213 OFFICE/OP VISIT-ESTABLISHED PAT:EXPAND PROB-FOCUS HIST/EXAM,MED DECISION-LOW COMP(15MIN)
99213 28 170 07/01/08 30.30 N
99214 OFFICE/OP VISIT-ESTBLISHED PATIENT DETAILED HIST/EXAM, MED DECISION MOD COMPLEX-25 MIN
99214 28 170 07/01/08 47.65 N
99215 OFFICE/OP VISIT-ESTABLISHED PAT:COMPREHENSIVE HIST/EXAM,MED DECISN HIGH COMPLEXITY-40MIN
99215 28 170 07/01/08 69.83 N
99221 INITIAL HOSP CARE/DAY: COMPREHENSIVE HIST/EXAM, STRAIGHTFORWARD/LOW COMPLEX MED DECISION
99221 28 170 07/01/08 60.63 N
99222 INITIAL HOSP CARE/DAY: COMPREHENSIVE HIST/EXAM & MED DECISION-MOD COMPLEXITY (50 MIN)
99222 28 170 07/01/08 66.79 N
99223 INITIAL HOSP CARE/DAY:COMPREHENSIVE HIST/EXAM & MED DECISION-HIGHCOMPLEXITY (70MIN)
99223 28 170 07/01/08 76.46 N
99231 SUBSEQUENT HOSP CARE/DAY:PROB FOCUS INTERVENTION HIST EXAM,STRAIGHT MED DECISION (15MIN)
99231 28 170 07/01/08 20.62 N
99232 SUBSEQUENT HOSP CARE/DAY: EXPAND PROB-FOCUS INTRL HIST/EXAM, MED DECISION-MON/COMP 25MIN
99232 28 170 07/01/08 25.82 N
99233 SUBSEQUENT HOSP CARE/DAY:DETAILED INTERVAL HIST/EXAM, MED DECISION-HIGH COMPLEXITY-35MIN
99233 28 170 07/01/08 40.42 N
99241 OFFICE CONSULT-NEW/ESTABL PAT; PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION (15 MIN)
99241 28 170 07/01/08 47.56 N
99242 OFFICE CONSULT-NEW/ESTBLHD PAT; PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION (15 MIN)
99242 28 170 07/01/08 58.11 N
99243 OFFICE CONSULT-NEW/ESTABLD PAT; DETAILED HIST/EXAM & MED DECISION-LOW COMPLEX (40 MIN)
99243 28 170 07/01/08 79.27 N
99244 OFFICE CONSULT-NEW/ESTBLSHD PAT; COMPREHENSIVE HIST/EXAM, MED DECISION-MOD COMP(60 MIN)
99244 28 170 07/01/08 99.07 N
99245 OFFICE CONSULT-NEW/ESTBLH PAT;COMPREHENSIVE HIST/EXAM, MED DECISION-HIGH COMPLEXTY-80MIN
99245 28 170 07/01/08 100.07 N
99251 INPT CONSULT-NEW/ESTBLH PAT; PROB FOCUSED HIST/EXAM, STRAIGHT MED DECISION (20 MIN)
99251 28 170 07/01/08 47.56 N
99252 INPT CONSULT-NEW/ESTBLH PAT;EXPAND PROB-FOCUS HIST/EXAM, STRAIGHT MED DECISION (40 MIN)
99252 28 170 07/01/08 58.11 N
99253 INPT CONSULT-NEW/ESTBLH PAT;DETAILED HIST/EXAM & MED DECISION - LOW COMPLEXITY (55 MIN)
99253 28 170 07/01/08 79.27 N
99254 INPT CONSULT-NEW/ESTBLH PAT;COMPREHENSIVE HIST/EXAM,MED DECISION-MOD COMPLEXITY (80 MIN)
99254 28 170 07/01/08 88.72 N
99255 INPT CONSULT-NEW/ESTBLH PAT;COMPREHENSIVE HIST/EXAM,MED DECISION-HIGH COMP (110 MIN)
99255 28 170 07/01/08 99.68 N
99281 EMERGENCY DEPT VISIT: PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION
99281 28 170 07/01/08 20.21 N
99282 EMERGENCY DEPART VISIT; EXPANDED PROB; FOCUSE HIST/EXAM & MED DECISION-LOW COMPLEXITY
99282 28 170 07/01/08 22.13 N

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99283  EMERGENCY DEPART VISIT:EXPANDED PROB-FOCUSED HIST/EXAM & MED DECISION MODERATE COMPLEXTY
99283              28                        170  07/01/08      22.98   N
99284  EMERGENCY DEPART VISIT: DETAILED HIST/EXAM& MED DECISION- MOD COMPLEXITY
99284              28                        170  07/01/08      27.26   N
99285  EMERGENCY DEPART VISIT;COMPREHENSIVE HIST/EXAM & MED DECISION-HIGH COMPLEXITY
99285              28                        170  07/01/08      37.77   N
99304  INITIAL NURSING FACILITY CARE,PER DAY,EVAL/MGMT OF PAT; MED DECISION OF LOW COMPLEXITY
99304              28                        170  07/01/08      53.53   N
99305  INITIAL NURSING FACILITY CARE,PER DAY,EVAL/MGMT OF PAT; 3 KEY COMPONENTS: MOD COMPLEXITY
99305              28                        170  07/01/08      73.78   N
99306  INITIAL NURSING FACILITY CARE,PER DAY,EVAL/MGMT OF PAT;3 KEY COMPONENTS: HIGH COMPLEXITY
99306              28                        170  07/01/08      91.08   N
99307  SUBSEQUENT NURSING FACILITY CARE, PER DAY, E/M OF PAT; STRAIGHTFORWARD MED DEC MAKING
99307              28                        170  07/01/08      28.66   N
99308  SUBSEQUENT NURSING FACILITY CARE, PER DAY, E/M OF PAT;MED DEC MAKING OF LOW COMPLEXITY
99308              28                        170  07/01/08      47.50   N
99309  SUBSEQUENT NURSING FACILITY CARE,PER DAY,E/M OF PAT;MED DEC MAKING OF MODERATE COMPLEX
99309              28                        170  07/01/08      66.97   N
99310  SUBSEQUENT NURSING FACILITY CARE,PER DAY,E/M OF PAT;MED DEC MAKING OF HIGH COMPLEXITY
99310              28                        170  07/01/08      83.83   N
99318  E/M OF PAT INVOLVING ANNUAL NURSING FACILITY ASSESSMENT,MED DEC MAKING LOW TO MODERATE
99318              28                        170  07/01/08      55.55   N
99324  DOMICILIARY OR REST HOME VISIT FOR E & M OF A NEW PATIENT,WHICH REQ 3 KEY COMPONENTS
99324              28                        170  07/01/08      49.31   N
99325  DOMICILIARY OR REST HOME VISIT FOR E & M OF A NEW PATIENT,WHICH REQ 3 KEY COMPONENTS
99325              28                        170  07/01/08      72.33   N
99326  DOMICILIARY OR REST HOME VISIT FOR E & M OF A NEW PATIENT,WHICH REQ 3 KEY COMPONENTS
99326              28                        170  07/01/08     104.43   N
99327  DOMICILIARY OR REST HOME VISIT FOR E & M OF A NEW PATIENT,WHICH REQ 3 KEY COMPONENTS
99327              28                        170  07/01/08     138.34   N
99328  DOMICILIARY OR REST HOME VISIT FOR E & M OF A NEW PATIENT,WHICH REQ 3 KEY COMPONENTS
99328              28                        170  07/01/08     171.33   N
99334  DOMICILIARY OR REST HOME VISIT FOR E & M OF AN ESTABLISHED PATIENT,REQ 2 OF 3 COMPONENTS
99334              28                        170  07/01/08      38.11   N
99335  DOMICILIARY OR REST HOME VISIT FOR E & M OF AN ESTABLISHED PATIENT,REQ 2 OF 3 COMPONENTS
99335              28                        170  07/01/08      60.50   N
99336  DOMICILIARY OR REST HOME VISIT FOR E & M OF AN ESTABLISHED PATIENT,REQ 2 OF 3 COMPONENTS
99336              28                        170  07/01/08      93.52   N
99337  DOMICILIARY OR REST HOME VISIT FOR E & M OF AN ESTABLISHED PATIENT,REQ 2 OF 3 COMPONENTS
99337              28                        170  07/01/08     137.73   N
99341  HOME VISIT-NEW PATIENT PROB FOCUSE HIST/EXAM & STRAIGHTFORWARD MEDICAL DECISION MAKING
99341              28                        170  07/01/08      23.56   N
99342  HOME VISIT-NEW PATIENT EXPANDED PROB-FOCUS HIST, EXAM & LOW COMPLEX MED DECISION
99342              28                        170  07/01/08      33.69   N
99343  HOME VISIT-NEW PATIENT:DETAILED HIST/EXAM & MOD COMPLEXITY MED DECISION MAKING
99343              28                        170  07/01/08      47.18   N
A4263  PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH
A4263              28                        170  01/01/03      37.80   N
G0117  GLAUCOMA SCREENING FOR HIGH RISK PATIENTS BY AN OPTOMETRIST OR OPHTHALMOLOGIST
G0117              28                        270  07/01/08      49.77   N
G0118  GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED UNDER THE DIRECT SUP OF OPTH OR OPTO
G0118              28                        270  07/01/08      34.98   N
S0504  SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC OR SUNGLASS), PER LENS
S0504              28 29                     120  10/01/03              N
S0506  BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC OR SUNGLASS), PER LENS
S0506              28 29                     120  10/01/03              N
S0508  TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC OR SUNGLASS), PER LENS
S0508              28 29                     120  10/01/03              N
S0510  NON-PRESCRIPTION LENS (SAFETY, ATHLETIC OR SUNGLASS), PER LENS
S0510              28 29                     120  10/01/03              N
S0516  SAFETY EYEGLASS FRAMES
S0516              28 29                     120  10/01/03              N
S0580  POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)
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S0580             28 29                    120  04/01/04              N
S0595  DISPENSING NEW SPECTACLE LENSES FOR PATIENT SUPPLIED FRAME
S0595             29                       120  04/01/05              N
S0625  RTNL TELESCREENING/DGTL IMGNG MULTI DIFF FUND US AREAS TO SCREEN VSN-THREATENING CONDITI
S0625             29                       120  04/01/05              N
V2020  FRAMES, PURCHASES
V2020             28 29                    11J  04/01/04              N
V2020  U7         28 29                    11J  10/01/03              N
V2020  U8         28 29                    11J  10/01/03              N
V2025  DELUXE FRAME
V2025             28 29                    120  07/01/77              N
V2100  SPHERE, SINGLE VISION; PLANO TO PLUS OR MINUS 4.00, PER LENS
V2100             28 29                    11J  04/01/04              N
V2101  SPHERE, SINGLE VISION; PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
V2101             28 29                    11J  04/01/04              N
V2102  SPHERE, SINGLE VISION; PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS
V2102             28 29                    11J  04/01/04              N
V2103  SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDE
V2103             28 29                    11J  04/01/04              N
V2104  SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00D CYLIND
V2104             28 29                    11J  04/01/04              N
V2105  SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLIND
V2105             28 29                    11J  04/01/04              N
V2106  SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER
V2106             28 29                    11J  04/01/04              N
V2107  SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; .12 TO
V2107             28 29                    11J  04/01/04              N
V2108  SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 2.12 T
V2108             28 29                    11J  04/01/04              N
V2109  SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; 4.25 T
V2109             28 29                    11J  04/01/04              N
V2110  SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE; OVER 6
V2110             28 29                    11J  04/01/04              N
V2111  SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; .25 TO
V2111             28 29                    11J  04/01/04              N
V2112  SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; 2.25D
V2112             28 29                    11J  04/01/04              N
V2113  SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; 4.25 T
V2113             28 29                    11J  04/01/04              N
V2114  SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D PER LENS
V2114             28 29                    11J  04/01/04              N
V2115  LENTICULAR, (MYODISC), PER LENS, SINGLE VISION
V2115             28 29                    11J  04/01/04              N
V2118  ANISEIKONIC LENS, SINGLE VISION
V2118             28 29                    11J  10/01/03              N
V2121  LENTICULAR LENS, PER LENS, SINGLE
V2121             28 29                    170  01/01/04      20.21   N
V2199  NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS
V2199             28 29                    11J  10/01/03              N
V2200  SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
V2200             28 29                    11J  04/01/04              N
V2201  SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS
V2201             28 29                    11J  04/01/04              N
V2202  SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS
V2202             28 29                    11J  04/01/04              N
V2203  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PER
V2203             28 29                    11J  04/01/04              N
V2204  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.12 TO 4.00D CYLINDER, PE
V2204             28 29                    11J  04/01/04              N
V2205  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, PE
V2205             28 29                    11J  04/01/04              N
V2206  SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER L
V2206             28 29                    11J  04/01/04              N
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V2207  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D; .12 TO 2.00D CYLINDE
V2207              28 29                    11J  04/01/04              N
V2208  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00D
V2208              28 29                    11J  04/01/04              N
V2209  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00D
V2209              28 29                    11J  04/01/04              N
V2210  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D CY
V2210              28 29                    11J  04/01/04              N
V2211  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25D
V2211              28 29                    11J  04/01/04              N
V2212  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; 2.25 TO 4.00
V2212              28 29                    11J  04/01/04              N
V2213  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00
V2213              28 29                    11J  04/01/04              N
V2214  SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.00
V2214              28 29                    11J  04/01/04              N
V2215  LENTICULAR (MYODISC), PER LENS, BIFOCAL
V2215              28 29                    11J  04/01/04              N
V2218  ANISEIKONIC, PER LENS, BIFOCAL
V2218              28 29                    11J  10/01/03              N
V2219  BIFOCAL SEG WIDTH OVER 28MM
V2219              28 29                    11J  04/01/04              N
V2220  BIFOCAL ADD OVER 3.25 D
V2220              28 29                    170  07/01/08      48.50   N
V2220  U4          28 29                    170  10/01/03      85.52   N
V2221  LENTICULAR LENS, PER LENS, BIFOCAL
V2221              28 29                    170  01/01/04      25.27   N
V2299  SPECIALTY BIFOCAL (BY REPORT)
V2299              28 29                    11J  10/01/03              N
V2300  SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS
V2300              28 29                    11J  04/01/04              N
V2301  SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS
V2301              28 29                    11J  04/01/04              N
V2302  SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS
V2302              28 29                    11J  04/01/04              N
V2303  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; .12 TO 2.00D CYLINDER, PE
V2303              28 29                    11J  04/01/04              N
V2304  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 2.25 TO 4.00D CYLINDER, P
V2304              28 29                    11J  04/01/04              N
V2305  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; 4.25 TO 6.00D CYLINDER, P
V2305              28 29                    11J  04/01/04              N
V2306  SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE; OVER 6.00D CYLINDER, PER
V2306              28 29                    11J  04/01/04              N
V2307  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; .12 TO 2.00D
V2307              28 29                    11J  04/01/04              N
V2308  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; 2.12 TO 4.00
V2308              28 29                    11J  04/01/04              N
V2309  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; 4.25 TO 6.00
V2309              28 29                    11J  04/01/04              N
V2310  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE; OVER 6.00D C
V2310              28 29                    11J  04/01/04              N
V2311  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; .25 TO 2.25
V2311              28 29                    11J  04/01/04              N
V2312  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; 2.25 TO 4.0
V2312              28 29                    11J  04/01/04              N
V2313  SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE; 4.25 TO 6.0
V2313              28 29                    11J  04/01/04              N
V2314  SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS
V2314              28 29                    11J  04/01/04              N
V2315  LENTICULAR, (MYODISC), PER LENS, TRIFOCAL
V2315              28 29                    11J  04/01/04              N
V2318  ANISEIKONIC LENS, TRIFOCAL
V2318              28 29                    11J  10/01/03              N
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V2319  TRIFOCAL SEG WIDTH OVER 28 MM
V2319             28 29                    11J  10/01/03              N
V2320  TRIFOCAL ADD OVER 3.25D
V2320             28 29                    11J  10/01/03              N
V2321  LENTICULAR LENS, PER LENS, TRIFOCAL
V2321             28 29                    11J  01/01/04              N
V2399  SPECIALTY TRIFOCAL (BY REPORT)
V2399             28 29                    11J  10/01/03              N
V2410  VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS
V2410             28 29                    11J  04/01/04              N
V2430  VARIABLE SPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS
V2430             28 29                    11J  04/01/04              N
V2499  NOT OTHERWISE CLASSIFIED, VARIABLE SPHERICITY LENS
V2499             28 29                    11J  07/01/77              N
V2500  CONTACT LENS, PMMA, SPHERICAL, PER LENS
V2500             28 29                    11J  07/01/77              N
V2501  CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS
V2501             28 29                    11J  07/01/77              N
V2502  CONTACT LENS PMMA, BIFOCAL, PER LENS
V2502             28 29                    11J  07/01/77              N
V2503  CONTACT LENS PMMA, COLOR VISION DEFICIENCY, PER LENS
V2503             28 29                    11J  07/01/77              N
V2510  CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS
V2510             28 29                    11J  07/01/77              N
V2511  CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS
V2511             28 29                    11J  07/01/77              N
V2512  CONTACT LENS, GAS PERMEABLE, BIFOCAL,PER LENS
V2512             28 29                    11J  07/01/77              N
V2513  CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS
V2513             28 29                    11J  01/01/04              N
V2520  CONTACT LENS HYDROPHILIC, SPHERICAL, PER LENS
V2520             28 29                    11J  01/01/04              N
V2521  CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS
V2521             28 29                    11J  07/01/77              N
V2522   CONTACT LENS HYDROPHILLIC, BIFOCAL, PER LENS
V2522             28 29                    11J  07/01/77              N
V2523  CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS
V2523             28 29                    11J  01/01/04              N
V2530  CONTACT LENS, SCLERAL, PER LENS
V2530             28 29                    11J  07/01/77              N
V2531  CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (LOR CONTACT LENS MODIFICATION, SEE 92325
V2531             28 29                    11J  01/01/96              N
V2599  NOT OTHERWISE CLASSIFIED, CONTACT LENS
V2599             28 29                    11J  07/01/77              N
V2600  HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOU
V2600             28 29                    11J  07/01/89              N
V2610  SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS
V2610             28 29                    11J  07/01/77              N
V2615  TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE
V2615             28 29                    11J  07/01/77              N
V2623  PROSTHETIC EYE, PLASTIC, CUSTOM
V2623             28 29                    11J  07/01/77              N
V2624  POLISHING/RESURFACING OF OCULAR PROSTHESIS
V2624             28 29                    170  07/01/08      26.58   N
V2625  ENLARGEMENT OF OCULAR PROSTHESIS
V2625             28 29                    11J  01/01/93              N
V2626  REDUCTION OF OCULAR PROSTHESIS
V2626             28 29                    11J  01/01/93              N
V2627  SCLERAL COVER SHELL
V2627             28 29                    11J  01/01/93              N
V2628  FABRICATION AND FITTING OF OCULAR CONFORMER
V2628             28 29                    11J  01/01/93              N
V2629  NOT OTHERWISE CLASSIFIED, PROSTHETIC EYE
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V2629             28 29                    11J  07/01/77              N
V2630  ANTERIOR CHAMBER INTRAOCULAR LENS
V2630             28 29                    11J  07/01/77              N
V2631  IRIS SUPPORTED INTRAOCULAR LENS
V2631             28 29                    11J  07/01/77              N
V2632  POSTERIOR CHAMBER INTRAOCULAR LENS
V2632             28 29                    12O  07/01/77              N
V2700  BALANCE LENS PER LENS
V2700             28 29                    11J  04/01/04              N
V2702  DELUXE LENS FEATURE
V2702             28 29                    12O  01/01/05              N
V2710  SLAB OFF PRISM, GLASS OR PLASTIC. PER LENS
V2710             28 29                    11J  04/01/04              N
V2715  PRISM PER LENS.
V2715             28 29                    11J  04/01/01              N
V2718  PRESS-ON LENS, FRESNELL PRISM, PER LENS
V2718             28 29                    11J  07/01/77              N
V2730  SPECIAL BASE CURVE, GLASS OR PLASTIC,PER LENS
V2730             28 29                    11J  04/01/04              N
V2744  TINT, PHOTOCHROMATIC, PER LENS
V2744             28 29                    11J  04/01/04              N
V2745  ADDTN TO LENS;TINT,ANY COLOR,SOLID,GRADIENT/EQUAL,EXCL PHOTOCHROMATIC,ANY LENS MATERIAL
V2745             28 29                    11J  01/01/04              N
V2750  ANTI-REFLECTIVE COATING, PER LENS
V2750             28 29                    11J  07/01/77              N
V2755  U-V LENS, PER LENS
V2755             28 29                    11J  04/01/04              N
V2756  EYE GLASS CASE
V2756             28 29                    12O  01/01/04              N
V2760  SCRATCH RESISTANT COATING PER LENS
V2760             28 29                    12O  07/01/77              N
V2761  MIRROR COATING, ANY TYPE, SOLD, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS
V2761             28 29                    12O  01/01/04              N
V2762  POLARIZATION, ANY LENS MATERIAL, PER LENS
V2762             28 29                    11J  01/01/04              N
V2770  OCCLUDER LENS, PER LENS
V2770             28 29                    11J  07/01/77              N
V2780  OVERSIZE LENS, PER LENS
V2780             28 29                    11J  04/01/04              N
V2781  PROGRESSIVE LENS, PER LENS
V2781             28 29                    11J  10/01/03              N
V2782  LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS
V2782             28 29                    11J  04/01/04              N
V2783  LENS, INDEX > THAN OR EQUAL TO 1.66 PLASTIC OR > THAN OR EQUAL TO 1.80 GLASS, EXCLUDE PO
V2783             28 29                    11J  04/01/04              N
V2784  LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS
V2784             28 29                    11J  01/01/04              N
V2786  SPECIALTY OCCUPATIONAL MULTIFOCAL LENS,PER LENS
V2786             28 29                    11J  01/01/04              N
V2787  ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS
V2787             28 29                    11J  01/01/08              N
V2787  50         28 29                    11J  01/01/08              N
V2788  PRESBYOPIA CORRECTING FUNCTION OF INTRACULAR LENS
V2788             28 29                    11J  01/01/06              N
V2797  VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE
V2797             28 29                    11J  01/01/04              N
V2799  NOT OTHERWISE CLASSIFIED
V2799             28 29                    11J  10/01/03              N
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END OF REPORT