Montana Medicaid - Fee Schedule
Optometric
July 1, 2016

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination
Fee Sched: Medicaid fee; not determined using RBRVS payment schedule
Medicare: Medicare-prevailing fee.
RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Allied conversion factor for fiscal year 2017 is $25.38
MSRP: Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)
***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate.
Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates.
Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of $0.00.
Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.
Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.
000: Same day as procedure
010: Same day and ten days following procedure
090: One day prior to and ninety days following procedure
MMM: In maternity cases, the global period is per the CPT-4 code description
ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code
Space: Global concept does not apply to this code

PA – Prior Authorization
Y: Prior authorization is required
Space - this indicator does not apply to this code

Indicators
Mult - Multiple surgery guidelines do apply
Bilat - Bilateral. The procedure can be done bilaterally
Assist - Assistant. An assistant is allowed for this procedure
Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure
Team - A team of surgeons is allowed for this procedure
Related - The procedure code listed is separately billable
Y - indicator is applicable to this code
Space - this indicator does not apply to this code
Policy Adjust - F = Family Planning M = Maternity

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A4262		TEMPORARY TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00								
A4263		PERMANENT TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00								
A6410		STERILE EYE PAD	1/1/2015	MEDICARE	$0.43	$0.00								
A6411		NON-STERILE EYE PAD	10/1/2007	MSRP	$0.00	$0.00								
A6412		OCCLUSIVE EYE PATCH	10/1/2007	MSRP	$0.00	$0.00								
E1399		MISC SUPP & EQUIP. NOC (OR WHEELCH	7/1/1996	MSRP	$0.00	$0.00								
G0117		GLAUCOMA SCRN HGH RISK DIREC	9/1/2011	RBRVS	$0.00	$0.00								
G0118		GLAUCOMA SCRN HGH RISK DIREC	9/1/2011	RBRVS	$0.00	$0.00								
V2500		CONTACT LENS PMMA SPHERICAL	7/1/2016	FEE SCHED	$25.02	$0.00		Y						
V2501		CNTCT LENS PMMA-TORIC/PRISM	7/1/2016	FEE SCHED	$80.43	$0.00		Y						
V2502		CONTACT LENS PMMA BIFOCAL	7/1/2016	FEE SCHED	$135.81	$0.00		Y						
V2503		CNTCT LENS PMMA COLOR VISION	7/1/2016	FEE SCHED	$25.02	$0.00		Y						
V2510		CNTCT GAS PERMEABLE SPHERICL	7/1/2016	FEE SCHED	$25.02	$0.00		Y						
V2511		CNTCT TORIC PRISM BALLAST	7/1/2016	FEE SCHED	$80.43	$0.00		Y						
V2512		CNTCT LENS GAS PERMBL BIFOCL	7/1/2016	FEE SCHED	$135.81	$0.00		Y						
V2513		CONTACT LENS EXTENDED WEAR	7/1/2016	FEE SCHED	$25.02	$0.00		Y						
V2520		CONTACT LENS HYDROPHILIC	7/1/2016	FEE SCHED	$25.02	$0.00		Y						
V2521		CNTCT LENS HYDROPHILIC TORIC	7/1/2016	FEE SCHED	$80.43	$0.00		Y						
V2522		CNTCT LENS HYDROPHIL BIFOCL	7/1/2016	FEE SCHED	$135.81	$0.00		Y						
V2523		CNTCT LENS HYDROPHIL EXTEND	7/1/2016	FEE SCHED	$25.02	$0.00		Y						
V2599		CONTACT LENS/ES OTHER TYPE	10/1/2007	MSRP	$0.00	$0.00								
V2623		PLASTIC EYE PROSTH CUSTOM	1/1/2016	MEDICARE	$901.99	$0.00								
V2624		POLISHING ARTIFICAL EYE	1/1/2016	MEDICARE	$73.53	$0.00								
V2625		ENLARGEMNT OF EYE PROSTHESIS	1/1/2016	MEDICARE	$463.48	$0.00								
V2626		REDUCTION OF EYE PROSTHESIS	1/1/2016	MEDICARE	$189.47	$0.00								
V2627		SCLERAL COVER SHELL	1/1/2016	MEDICARE	$1,590.08	$0.00		Y						
V2628		FABRICATION & FITTING	1/1/2016	MEDICARE	$385.25	$0.00								
65205		REMOVE FOREIGN BODY FROM EYE	7/1/2016	RBRVS	$45.16	$35.78	000			Y	Y			
65210		REMOVE FOREIGN BODY FROM EYE	7/1/2016	RBRVS	$55.46	$43.23	000			Y	Y			
65220		REMOVE FOREIGN BODY FROM EYE	7/1/2016	RBRVS	$47.12	$34.61	000			Y	Y			
65222		REMOVE FOREIGN BODY FROM EYE	7/1/2016	RBRVS	$53.74	$42.38	000			Y	Y			
65435		CURETTE/TREAT CORNEA	7/1/2016	RBRVS	$64.35	$56.39	000			Y	Y			
66821		AFTER CATARACT LASER SURGERY	7/1/2016	RBRVS	$266.82	$252.04	090			Y	Y			
66984		CATARACT SURG W/IOL 1 STAGE	7/1/2016	RBRVS	$518.70	$518.70	090			Y	Y			
67820		REVISE EYELASHES	7/1/2016	RBRVS	$40.33	$43.17	000			Y	Y			
67916		REPAIR EYELID DEFECT	7/1/2016	RBRVS	$477.80	$350.17	090	Y		Y	Y			
67938		REMOVE EYELID FOREIGN BODY	7/1/2016	RBRVS	$194.43	$93.80	010			Y	Y			
68530		CLEARANCE OF TEAR DUCT	7/1/2016	RBRVS	$344.89	$209.58	010			Y	Y			
68760		CLOSE TEAR DUCT OPENING	7/1/2016	RBRVS	$162.27	$118.50	010			Y	Y			
68761		CLOSE TEAR DUCT OPENING	7/1/2016	RBRVS	$119.10	$96.36	010			Y	Y			
68801		DILATE TEAR DUCT OPENING	7/1/2016	RBRVS	$81.04	$70.23	010			Y	Y			
68810		PROBE NASOLACRIMAL DUCT	7/1/2016	RBRVS	$157.33	$122.94	010			Y	Y			
68840		EXPLORE/IRRIGATE TEAR DUCTS	7/1/2016	RBRVS	$103.18	$94.66	010			Y	Y			
76510		OPHTH US B & QUANT A	7/1/2016	RBRVS	$136.93	$136.93					Y			
76510	TC	OPHTH US B & QUANT A	7/1/2016	RBRVS	$58.17	$58.17					Y			
76510	26	OPHTH US B & QUANT A	7/1/2016	RBRVS	$64.08	$64.08					Y			

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76511		OPHTH US QUANT A ONLY	7/1/2016	RBRVS	$81.43	$81.43					Y			
76511	TC	OPHTH US QUANT A ONLY	7/1/2016	RBRVS	$34.57	$34.57					Y			
76511	26	OPHTH US QUANT A ONLY	7/1/2016	RBRVS	$38.12	$38.12					Y			
76512		OPHTH US B W/NON-QUANT A	7/1/2016	RBRVS	$74.61	$74.61					Y			
76512	TC	OPHTH US B W/NON-QUANT A	7/1/2016	RBRVS	$28.48	$28.48					Y			
76512	26	OPHTH US B W/NON-QUANT A	7/1/2016	RBRVS	$38.12	$38.12					Y			
76514		ECHO EXAM OF EYE THICKNESS	7/1/2016	RBRVS	$12.36	$12.36								
76514	TC	ECHO EXAM OF EYE THICKNESS	7/1/2016	RBRVS	$3.86	$3.86								
76514	26	ECHO EXAM OF EYE THICKNESS	7/1/2016	RBRVS	$7.16	$7.16								
76516		ECHO EXAM OF EYE	7/1/2016	RBRVS	$63.24	$63.24								
76516	TC	ECHO EXAM OF EYE	7/1/2016	RBRVS	$34.06	$34.06								
76516	26	ECHO EXAM OF EYE	7/1/2016	RBRVS	$22.39	$22.39								
76519		ECHO EXAM OF EYE	7/1/2016	RBRVS	$67.51	$67.51								
76519	TC	ECHO EXAM OF EYE	7/1/2016	RBRVS	$37.87	$37.87								
76519	26	ECHO EXAM OF EYE	7/1/2016	RBRVS	$22.39	$22.39					Y			
87809	QW	ADENOVIRUS ASSAY W/OPTIC	1/1/2016	MEDICARE	$27.22	$0.00								
92002		EYE EXAM NEW PATIENT	7/1/2016	RBRVS	$65.00	$38.57								
92004		EYE EXAM NEW PATIENT	7/1/2016	RBRVS	$119.26	$80.61								
92012		EYE EXAM ESTABLISH PATIENT	7/1/2016	RBRVS	$68.47	$42.60								
92014		EYE EXAM&TX ESTAB PT 1/>VST	7/1/2016	RBRVS	$99.32	$64.63								
92015		DETERMINE REFRACTIVE STATE	7/1/2016	RBRVS	$16.06	$15.78								
92020		SPECIAL EYE EVALUATION	7/1/2016	RBRVS	$21.38	$16.82								
92025		CORNEAL TOPOGRAPHY	7/1/2016	RBRVS	$30.55	$30.55								
92025	TC	CORNEAL TOPOGRAPHY	7/1/2016	RBRVS	$12.74	$12.74								
92025	26	CORNEAL TOPOGRAPHY	7/1/2016	RBRVS	$14.52	$14.52								
92060		SPECIAL EYE EVALUATION	7/1/2016	RBRVS	$52.15	$52.15								
92060	TC	SPECIAL EYE EVALUATION	7/1/2016	RBRVS	$19.09	$19.09								
92060	26	SPECIAL EYE EVALUATION	7/1/2016	RBRVS	$27.46	$27.46								
92065		ORTHOPTIC/PLEOPTIC TRAINING	7/1/2016	RBRVS	$42.78	$42.78								
92065	TC	ORTHOPTIC/PLEOPTIC TRAINING	7/1/2016	RBRVS	$25.18	$25.18								
92065	26	ORTHOPTIC/PLEOPTIC TRAINING	7/1/2016	RBRVS	$12.99	$12.99								
92071		CONTACT LENS FITTING FOR TX	7/1/2016	RBRVS	$30.55	$27.14		Y			Y			
92072		FIT CONTAC LENS FOR MANAGMNT	7/1/2016	RBRVS	$108.75	$83.46		Y						
92081		VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$27.14	$27.14								
92081	TC	VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$12.49	$12.49								
92081	26	VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$11.73	$11.73								
92082		VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$38.51	$38.51								
92082	TC	VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$18.83	$18.83								
92082	26	VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$15.53	$15.53								
92083		VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$51.58	$51.58								
92083	TC	VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$25.94	$25.94								
92083	26	VISUAL FIELD EXAMINATION(S)	7/1/2016	RBRVS	$20.10	$20.10								
92100		SERIAL TONOMETRY EXAM(S)	7/1/2016	RBRVS	$64.09	$27.42								
92132		CMPTR OPHTH DX IMG ANT SEGMT	7/1/2016	RBRVS	$25.00	$25.00								
92132	TC	CMPTR OPHTH DX IMG ANT SEGMT	7/1/2016	RBRVS	$11.22	$11.22								
92132	26	CMPTR OPHTH DX IMG ANT SEGMT	7/1/2016	RBRVS	$13.76	$13.76								

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92133		CMPTR OPHTH IMG OPTIC NERVE	7/1/2016	RBRVS	$31.60	$31.60								
92133	TC	CMPTR OPHTH IMG OPTIC NERVE	7/1/2016	RBRVS	$11.47	$11.47								
92133	26	CMPTR OPHTH IMG OPTIC NERVE	7/1/2016	RBRVS	$20.10	$20.10								
92134		CPTR OPHTH DX IMG POST SEGMT	7/1/2016	RBRVS	$32.36	$32.36								
92134	TC	CPTR OPHTH DX IMG POST SEGMT	7/1/2016	RBRVS	$11.73	$11.73								
92134	26	CPTR OPHTH DX IMG POST SEGMT	7/1/2016	RBRVS	$20.61	$20.61								
92136		OPHTHALMIC BIOMETRY	7/1/2016	RBRVS	$72.34	$72.34								
92136	TC	OPHTHALMIC BIOMETRY	7/1/2016	RBRVS	$42.18	$42.18								
92136	26	OPHTHALMIC BIOMETRY	7/1/2016	RBRVS	$22.39	$22.39					Y			
92140		GLAUCOMA PROVOCATIVE TESTS	7/1/2016	RBRVS	$50.79	$21.80								
92145		CORNEAL HYSTERESIS DETER	7/1/2016	RBRVS	$12.36	$12.36								
92145	TC	CORNEAL HYSTERESIS DETER	7/1/2016	RBRVS	$4.87	$4.87								
92145	26	CORNEAL HYSTERESIS DETER	7/1/2016	RBRVS	$6.14	$6.14								
92225		SPECIAL EYE EXAM INITIAL	7/1/2016	RBRVS	$21.66	$17.11					Y			
92226		SPECIAL EYE EXAM SUBSEQUENT	7/1/2016	RBRVS	$19.95	$15.41					Y			
92227		REMOTE DX RETINAL IMAGING	7/1/2016	RBRVS	$11.71	$11.71								
92228		REMOTE RETINAL IMAGING MGMT	7/1/2016	RBRVS	$27.72	$27.72								
92228	TC	REMOTE RETINAL IMAGING MGMT	7/1/2016	RBRVS	$9.70	$9.70								
92228	26	REMOTE RETINAL IMAGING MGMT	7/1/2016	RBRVS	$15.02	$15.02								
92230		EYE EXAM WITH PHOTOS	7/1/2016	RBRVS	$46.81	$27.20					Y			
92235		EYE EXAM WITH PHOTOS	7/1/2016	RBRVS	$87.97	$87.97					Y			
92235	TC	EYE EXAM WITH PHOTOS	7/1/2016	RBRVS	$44.72	$44.72					Y			
92235	26	EYE EXAM WITH PHOTOS	7/1/2016	RBRVS	$37.86	$37.86					Y			
92250		EYE EXAM WITH PHOTOS	7/1/2016	RBRVS	$63.24	$63.24								
92250	TC	EYE EXAM WITH PHOTOS	7/1/2016	RBRVS	$39.14	$39.14								
92250	26	EYE EXAM WITH PHOTOS	7/1/2016	RBRVS	$17.31	$17.31								
92260		OPHTHALMOSCOPY/DYNAMOMETRY	7/1/2016	RBRVS	$14.84	$8.87								
92265		EYE MUSCLE EVALUATION	7/1/2016	RBRVS	$63.64	$63.64								
92265	TC	EYE MUSCLE EVALUATION	7/1/2016	RBRVS	$25.68	$25.68								
92265	26	EYE MUSCLE EVALUATION	7/1/2016	RBRVS	$31.14	$31.14								
92283		COLOR VISION EXAMINATION	7/1/2016	RBRVS	$44.48	$44.48								
92283	TC	COLOR VISION EXAMINATION	7/1/2016	RBRVS	$33.04	$33.04								
92283	26	COLOR VISION EXAMINATION	7/1/2016	RBRVS	$6.65	$6.65								
92284		DARK ADAPTATION EYE EXAM	7/1/2016	RBRVS	$49.31	$49.31								
92284	TC	DARK ADAPTATION EYE EXAM	7/1/2016	RBRVS	$35.08	$35.08								
92284	26	DARK ADAPTATION EYE EXAM	7/1/2016	RBRVS	$8.93	$8.93								
92285		EYE PHOTOGRAPHY	7/1/2016	RBRVS	$16.63	$16.63								
92285	TC	EYE PHOTOGRAPHY	7/1/2016	RBRVS	$12.49	$12.49								
92285	26	EYE PHOTOGRAPHY	7/1/2016	RBRVS	$2.33	$2.33								
92286		INTERNAL EYE PHOTOGRAPHY	7/1/2016	RBRVS	$30.84	$30.84								
92286	TC	INTERNAL EYE PHOTOGRAPHY	7/1/2016	RBRVS	$11.47	$11.47								
92286	26	INTERNAL EYE PHOTOGRAPHY	7/1/2016	RBRVS	$16.04	$16.04								
92310		CONTACT LENS FITTING	7/1/2016	RBRVS	$77.20	$48.49		Y						
92311		CONTACT LENS FITTING	7/1/2016	RBRVS	$81.26	$45.16		Y						
92312		CONTACT LENS FITTING	7/1/2016	RBRVS	$93.48	$51.41		Y						
92313		CONTACT LENS FITTING	7/1/2016	RBRVS	$77.80	$38.29		Y						

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92314		PRESCRIPTION OF CONTACT LENS	7/1/2016	RBRVS	$63.92	$28.39		Y						
92315		RX CNTACT LENS APHAKIA 1 EYE	7/1/2016	RBRVS	$58.41	$17.76		Y						
92316		RX CNTACT LENS APHAKIA 2 EYE	7/1/2016	RBRVS	$73.48	$26.57		Y						
92317		RX CORNEOSCLERAL CNTACT LENS	7/1/2016	RBRVS	$60.97	$18.05		Y						
92325		MODIFICATION OF CONTACT LENS	7/1/2016	RBRVS	$33.60	$33.60		Y						
92326		REPLACEMENT OF CONTACT LENS	7/1/2016	RBRVS	$28.20	$28.20		Y						
92340		FIT SPECTACLES MONOFOCAL	7/1/2016	RBRVS	$28.57	$15.20								
92341		FIT SPECTACLES BIFOCAL	7/1/2016	RBRVS	$32.60	$19.53								
92342		FIT SPECTACLES MULTIFOCAL	7/1/2016	RBRVS	$35.16	$21.80								
92352		FIT APHAKIA SPECTCL MONOFOCL	9/1/2011	RBRVS	$0.00	$0.00								
92353		FIT APHAKIA SPECTCL MULTIFOC	9/1/2011	RBRVS	$0.00	$0.00								
92370		REPAIR & ADJUST SPECTACLES	7/1/2016	FEE SCHED	$16.74	$0.00								
96110		DEVELOPMENTAL SCREEN W/SCORE	7/1/2016	RBRVS	$7.16	$7.16								
96111		DEVELOPMENTAL TEST EXTEND	7/1/2016	RBRVS	$104.57	$99.45								
96116		NEUROBEHAVIORAL STATUS EXAM	7/1/2016	RBRVS	$75.12	$70.58								
99050		MEDICAL SERVICES AFTER HRS	7/1/2003	RBRVS	$0.00	$0.00			Y					
99051		MED SERV EVE/WKEND/HOLIDAY	1/1/2006	RBRVS	$0.00	$0.00			Y					
99053		MED SERV 10PM-8AM 24 HR FAC	1/1/2006	RBRVS	$0.00	$0.00			Y					
99056		MED SERVICE OUT OF OFFICE	7/1/2003	RBRVS	$0.00	$0.00			Y					
99060		OUT OF OFFICE EMERG MED SERV	1/1/2006	RBRVS	$0.00	$0.00			Y					
99070		SPECIAL SUPPLIES	7/1/2003	RBRVS	$0.00	$0.00			Y					
99173		VISUAL ACUITY SCREEN	7/1/2016	RBRVS	$2.60	$2.60			Y					
99201		OFFICE/OUTPATIENT VISIT NEW	7/1/2016	RBRVS	$35.28	$21.62			Y					
99202		OFFICE/OUTPATIENT VISIT NEW	7/1/2016	RBRVS	$60.20	$40.88			Y					
99203		OFFICE/OUTPATIENT VISIT NEW	7/1/2016	RBRVS	$87.38	$62.65			Y					
99204		OFFICE/OUTPATIENT VISIT NEW	7/1/2016	RBRVS	$133.31	$105.73			Y					
99205		OFFICE/OUTPATIENT VISIT NEW	7/1/2016	RBRVS	$167.31	$137.46			Y					
99211		OFFICE/OUTPATIENT VISIT EST	7/1/2016	RBRVS	$15.97	$7.44			Y					
99212		OFFICE/OUTPATIENT VISIT EST	7/1/2016	RBRVS	$34.93	$20.44			Y					
99213		OFFICE/OUTPATIENT VISIT EST	7/1/2016	RBRVS	$58.73	$41.38			Y					
99214		OFFICE/OUTPATIENT VISIT EST	7/1/2016	RBRVS	$86.49	$63.47			Y					
99215		OFFICE/OUTPATIENT VISIT EST	7/1/2016	RBRVS	$116.65	$89.93			Y					
99231		SUBSEQUENT HOSPITAL CARE	7/1/2016	RBRVS	$31.95	$31.95			Y					
99232		SUBSEQUENT HOSPITAL CARE	7/1/2016	RBRVS	$58.27	$58.27			Y					
99233		SUBSEQUENT HOSPITAL CARE	7/1/2016	RBRVS	$84.20	$84.20			Y					
99281		EMERGENCY DEPT VISIT	7/1/2016	RBRVS	$17.31	$17.31								
99282		EMERGENCY DEPT VISIT	7/1/2016	RBRVS	$33.76	$33.76								
99283		EMERGENCY DEPT VISIT	7/1/2016	RBRVS	$50.51	$50.51								
99307		NURSING FAC CARE SUBSEQ	7/1/2016	RBRVS	$36.13	$36.13								
99308		NURSING FAC CARE SUBSEQ	7/1/2016	RBRVS	$55.94	$55.94								
99347		HOME VISIT EST PATIENT	7/1/2016	RBRVS	$44.80	$44.80			Y					
99348		HOME VISIT EST PATIENT	7/1/2016	RBRVS	$68.08	$68.08			Y					