

Department for Medicaid Services Vision Fee Schedule
Effective January 1, 2014

Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
List of Services that will use the P4I and P4O Rate Types based on Place of Service					
10060	10060 - DRAINAGE OF SKIN ABSCESS		P4I - ProfProc InptRate4	\$ 39.74	
10060	10060 - DRAINAGE OF SKIN ABSCESS		P4O - ProfProc Out Rate4	\$ 45.64	
10061	10061 - DRAINAGE OF SKIN ABSCESS		P4I - ProfProc InptRate4	\$ 82.81	
10061	10061 - DRAINAGE OF SKIN ABSCESS		P4O - ProfProc Out Rate4	\$ 91.40	
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION		P4I - ProfProc InptRate4	\$51.08	
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION		P4O - ProfProc Out Rate4	\$57.52	
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST		P4I - ProfProc InptRate4	\$40.06	
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST		P4O - ProfProc Out Rate4	\$45.15	
11000	11000 - DEBRIDE INFECTED SKIN		P4I - ProfProc InptRate4	\$ 33.04	
11000	11000 - DEBRIDE INFECTED SKIN		P4O - ProfProc Out Rate4	\$ 38.40	

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11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BOD		P4I - ProfProc InptRate4	\$33.04	
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BOD		P4O - ProfProc Out Rate4	\$38.40	
11100	Biopsy of Skin Lesions		P4I - ProfProc InptRate4	\$38.72	
11100	Biopsy of Skin Lesions		P4O - ProfProc Out Rate4	\$76.75	
11101	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL		P4I - ProfProc InptRate4	\$19.52	
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL		P4O - ProfProc Out Rate4	\$24.96	
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AN		P4I - ProfProc InptRate4	\$26.99	

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11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AN		P4O - ProfProc Out Rate4	\$32.75	
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH		P4I - ProfProc InptRate4	\$10.40	
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH		P4O - ProfProc Out Rate4	\$12.68	
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4I - ProfProc InptRate4	\$32.13	
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4O - ProfProc Out Rate4	\$41.39	
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4I - ProfProc InptRate4	\$44.15	

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11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4O - ProfProc Out Rate4	\$55.55	
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4I - ProfProc InptRate4	\$52.91	
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4O - ProfProc Out Rate4	\$67.93	
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4I - ProfProc InptRate4	\$71.16	
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYEL		P4O - ProfProc Out Rate4	\$91.15	
11440	11440 - EXC FACE-MM B9+MARG 0.5 CM/<		P4I - ProfProc InptRate4	\$ 42.99	

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11440	11440 - EXC FACE-MM B9+MARG 0.5 CM/<		P4O - ProfProc Out Rate4	\$ 52.24	
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		P4I - ProfProc InptRate4	\$59.12	
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		P4O - ProfProc Out Rate4	\$70.52	
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		P4I - ProfProc InptRate4	\$71.10	
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLE		P4O - ProfProc Out Rate4	\$86.12	
15851	15851 - REMOVE SUTURES DIFF SURGEON		P4I - ProfProc InptRate4	\$ 29.99	
15851	15851 - REMOVE SUTURES DIFF SURGEON		P4O - ProfProc Out Rate4	\$ 34.01	
17000	17000 - DESTRUCT PREMALG LESION		P4I - ProfProc InptRate4	\$ 43.54	

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17000	17000 - DESTRUCT PREMALG LESION		P4O - ProfProc Out Rate4	\$ 43.54	
17110	17110 - DESTRUCT B9 LESION 1-14		P4I - ProfProc InptRate4	\$ 22.23	
17110	17110 - DESTRUCT B9 LESION 1-14		P4O - ProfProc Out Rate4	\$ 27.60	
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS		P4I - ProfProc InptRate4	\$24.80	
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS		P4O - ProfProc Out Rate4	\$41.61	
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS		P4I - ProfProc InptRate4	\$38.68	
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS		P4O - ProfProc Out Rate4	\$53.17	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		P4I - ProfProc InptRate4	\$45.19	
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS		P4O - ProfProc Out Rate4	\$83.23	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		P4I - ProfProc InptRate4	\$7.92	
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURG		P4O - ProfProc Out Rate4	\$7.92	
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E		P4I - ProfProc InptRate4	\$79.62	
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (E		P4O - ProfProc Out Rate4	\$99.07	
65205	65205 - REMOVE FOREIGN BODY FROM EYE		P4I - ProfProc InptRate4	\$ 28.34	
65205	65205 - REMOVE FOREIGN BODY FROM EYE		P4O - ProfProc Out Rate4	\$ 33.30	
65210	65210 - REMOVE FOREIGN BODY FROM EYE		P4I - ProfProc InptRate4	\$ 31.55	
65210	65210 - REMOVE FOREIGN BODY FROM EYE		P4O - ProfProc Out Rate4	\$ 37.72	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
65220	65220 - REMOVE FOREIGN BODY FROM EYE		P4I - ProfProc InptRate4	\$ 28.78	
65220	65220 - REMOVE FOREIGN BODY FROM EYE		P4O - ProfProc Out Rate4	\$ 35.75	
65222	65222 - REMOVE FOREIGN BODY FROM EYE		P4I - ProfProc InptRate4	\$ 35.66	
65222	65222 - REMOVE FOREIGN BODY FROM EYE		P4O - ProfProc Out Rate4	\$ 43.31	
65286	65286 - REPAIR OF EYE WOUND		P4I - ProfProc InptRate4	\$ 221.73	
65286	65286 - REPAIR OF EYE WOUND		P4O - ProfProc Out Rate4	\$ 285.96	
65430	65430 - CORNEAL SMEAR		P4I - ProfProc InptRate4	\$ 33.50	
65430	65430 - CORNEAL SMEAR		P4O - ProfProc Out Rate4	\$ 40.74	
65435	65435 - CURETTE/TREAT CORNEA		P4I - ProfProc InptRate4	\$ 38.29	
65435	65435 - CURETTE/TREAT CORNEA		P4O - ProfProc Out Rate4	\$ 48.62	
65436	65436 - CURETTE/TREAT CORNEA		P4I - ProfProc InptRate4	\$ 139.54	
65436	65436 - CURETTE/TREAT CORNEA		P4O - ProfProc Out Rate4	\$ 160.06	
65600	65600 - REVISION OF CORNEA		P4I - ProfProc InptRate4	\$ 130.97	
65600	65600 - REVISION OF CORNEA		P4O - ProfProc Out Rate4	\$ 166.11	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATM		P4I - ProfProc InptRate4	\$229.68	
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATM		P4O - ProfProc Out Rate4	\$310.28	
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W		P4I - ProfProc InptRate4	\$389.03	
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (W		P4O - ProfProc Out Rate4	\$389.03	
66030	MEDICATION			\$126.82	
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE		P4I - ProfProc InptRate4	\$190.44	
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE		P4O - ProfProc Out Rate4	\$258.84	

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66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV		P4I - ProfProc InptRate4	\$219.81	
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROV		P4O - ProfProc Out Rate4	\$299.21	
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS		P4I - ProfProc InptRate4	\$192.76	
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS		P4O - ProfProc Out Rate4	\$192.76	
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS		P4I - ProfProc InptRate4	\$652.61	
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS		P4O - ProfProc Out Rate4	\$652.61	

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67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE		P4I - ProfProc InptRate4	\$26.14	
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE		P4O - ProfProc Out Rate4	\$33.65	
67700	67700 - DRAINAGE OF EYELID ABSCESS		P4I - ProfProc InptRate4	\$ 45.45	
67700	67700 - DRAINAGE OF EYELID ABSCESS		P4O - ProfProc Out Rate4	\$ 52.02	
67710	67710 - INCISION OF EYELID		P4I - ProfProc InptRate4	\$ 43.47	
67710	67710 - INCISION OF EYELID		P4O - ProfProc Out Rate4	\$ 57.01	
67800	EXCISION OF CHALAZION; SINGLE		P4I - ProfProc InptRate4	\$53.44	
67800	EXCISION OF CHALAZION; SINGLE		P4O - ProfProc Out Rate4	\$66.04	
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID		P4I - ProfProc InptRate4	\$74.87	
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID		P4O - ProfProc Out Rate4	\$93.51	
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS		P4I - ProfProc InptRate4	\$84.13	

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67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS		P4O - ProfProc Out Rate4	\$102.63	
67810	BIOPSY OF EYELID		P4I - ProfProc InptRate4	\$55.51	
67810	BIOPSY OF EYELID		P4O - ProfProc Out Rate4	\$66.37	
67820	67820 - REVISE EYELASHES		P4I - ProfProc InptRate4	\$ 31.70	
67820	67820 - REVISE EYELASHES		P4O - ProfProc Out Rate4	\$ 36.79	
67825	67825 - REVISE EYELASHES		P4I - ProfProc InptRate4	\$ 52.31	
67825	67825 - REVISE EYELASHES		P4O - ProfProc Out Rate4	\$ 64.38	
67840	67840 - REMOVE EYELID LESION		P4I - ProfProc InptRate4	\$ 76.46	
67840	67840 - REMOVE EYELID LESION		P4O - ProfProc Out Rate4	\$ 92.82	
67850	67850 - TREAT EYELID LESION		P4I - ProfProc InptRate4	\$ 60.34	
67850	67850 - TREAT EYELID LESION		P4O - ProfProc Out Rate4	\$ 71.33	
67914	REPAIR OF ECTROPION; SUTURE		P4I - ProfProc InptRate4	\$238.76	
67914	REPAIR OF ECTROPION; SUTURE		P4O - ProfProc Out Rate4	\$238.76	
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION		P4I - ProfProc InptRate4	\$109.43	

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67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION		P4O - ProfProc Out Rate4	\$126.19	
67921	REPAIR OF ENTROPION; SUTURE		P4I - ProfProc InptRate4	\$204.74	
67921	REPAIR OF ENTROPION; SUTURE		P4O - ProfProc Out Rate4	\$204.74	
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION		P4I - ProfProc InptRate4	\$105.10	
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION		P4O - ProfProc Out Rate4	\$121.06	
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR		P4I - ProfProc InptRate4	\$123.44	
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR		P4O - ProfProc Out Rate4	\$140.47	
67938	67938 - REMOVE EYELID FOREIGN BODY		P4I - ProfProc InptRate4	\$ 45.26	
67938	67938 - REMOVE EYELID FOREIGN BODY		P4O - ProfProc Out Rate4	\$ 52.24	
68020	68020 - INCISE/DRAIN EYELID LINING		P4I - ProfProc InptRate4	\$ 46.30	

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68020	68020 - INCISE/DRAIN EYELID LINING		P4O - ProfProc Out Rate4	\$ 53.14	
68040	68040 - TREATMENT OF EYELID LESIONS		P4I - ProfProc InptRate4	\$ 31.46	
68040	68040 - TREATMENT OF EYELID LESIONS		P4O - ProfProc Out Rate4	\$ 37.50	
68100	BIOPSY OF CONJUNCTIVA		P4I - ProfProc InptRate4	\$54.35	
68100	BIOPSY OF CONJUNCTIVA		P4O - ProfProc Out Rate4	\$67.63	
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM		P4I - ProfProc InptRate4	\$68.80	
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM		P4O - ProfProc Out Rate4	\$85.43	
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM		P4I - ProfProc InptRate4	\$122.22	
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM		P4O - ProfProc Out Rate4	\$122.22	
68135	68135 - REMOVE EYELID LINING LESION		P4I - ProfProc InptRate4	\$ 63.42	
68135	68135 - REMOVE EYELID LINING LESION		P4O - ProfProc Out Rate4	\$ 73.35	
68200	SUBCONJUNCTIVAL INJECTION		P4I - ProfProc InptRate4	\$22.08	

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68200	SUBCONJUNCTIVAL INJECTION		P4O - ProfProc Out Rate4	\$29.05	
68440	SNIP INCISION OF LACRIMAL PUNCTUM		P4I - ProfProc InptRate4	\$37.28	
68440	SNIP INCISION OF LACRIMAL PUNCTUM		P4O - ProfProc Out Rate4	\$47.47	
68530	68530 - CLEARANCE OF TEAR DUCT		P4I - ProfProc InptRate4	\$ 148.28	
68530	68530 - CLEARANCE OF TEAR DUCT		P4O - ProfProc Out Rate4	\$ 186.50	
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY		P4I - ProfProc InptRate4	\$73.87	
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY		P4O - ProfProc Out Rate4	\$87.55	
68760	68760 - CLOSE TEAR DUCT OPENING		P4I - ProfProc InptRate4	\$ 62.61	
68760	68760 - CLOSE TEAR DUCT OPENING		P4O - ProfProc Out Rate4	\$ 74.95	
68761	68761 - CLOSE TEAR DUCT OPENING		P4I - ProfProc InptRate4	\$ 51.75	
68761	68761 - CLOSE TEAR DUCT OPENING		P4O - ProfProc Out Rate4	\$ 64.09	
68801	68801 - DILATE TEAR DUCT OPENING		P4I - ProfProc InptRate4	\$ 36.96	

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68801	68801 - DILATE TEAR DUCT OPENING		P4O - ProfProc Out Rate4	\$ 36.96	
68810	68810 - PROBE NASOLACRIMAL DUCT		P4I - ProfProc InptRate4	\$ 51.50	
68810	68810 - PROBE NASOLACRIMAL DUCT		P4O - ProfProc Out Rate4	\$ 51.50	
68840	68840 - EXPLORE/IRRIGATE TEAR DUCTS		P4I - ProfProc InptRate4	\$ 43.10	
68840	68840 - EXPLORE/IRRIGATE TEAR DUCTS		P4O - ProfProc Out Rate4	\$ 49.67	
76511	76511 - OPHTH US QUANT A ONLY		P4I - ProfProc InptRate4	\$ 69.12	
76511	76511 - OPHTH US QUANT A ONLY		P4O - ProfProc Out Rate4	\$ 69.12	
76512	76512 - OPHTH US B W/NON-QUANT A		P4I - ProfProc InptRate4	\$ 69.95	
76512	76512 - OPHTH US B W/NON-QUANT A		P4O - ProfProc Out Rate4	\$ 69.95	
76513	76513 - ECHO EXAM OF EYE WATER BATH		P4I - ProfProc InptRate4	\$ 69.95	
76513	76513 - ECHO EXAM OF EYE WATER BATH		P4O - ProfProc Out Rate4	\$ 69.95	

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76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR		P4I - ProfProc InptRate4	\$9.01	
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR		P4O - ProfProc Out Rate4	\$9.01	
76516	76516 - ECHO EXAM OF EYE		P4I - ProfProc InptRate4	\$ 57.38	
76516	76516 - ECHO EXAM OF EYE		P4O - ProfProc Out Rate4	\$ 57.38	
76519	76519 - ECHO EXAM OF EYE		P4I - ProfProc InptRate4	\$ 52.34	
76519	76519 - ECHO EXAM OF EYE		P4O - ProfProc Out Rate4	\$ 52.34	
76529	76529 - ECHO EXAM OF EYE		P4I - ProfProc InptRate4	\$ 61.73	
76529	76529 - ECHO EXAM OF EYE		P4O - ProfProc Out Rate4	\$ 61.73	
90901	90901 - BIOFEEDBACK TRAIN ANY METH		P4I - ProfProc InptRate4	\$ 19.78	
90901	90901 - BIOFEEDBACK TRAIN ANY METH		P4O - ProfProc Out Rate4	\$ 19.78	

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92002	92002 - EYE EXAM NEW PATIENT		P4I - ProfProc InptRate4	\$ 51.67	1 per recipient per provider per 3-year period; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215
92002	92002 - EYE EXAM NEW PATIENT		P4O - ProfProc Out Rate4	\$ 51.67	1 per recipient per provider per 3-year period; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215
92004	92004 - EYE EXAM NEW PATIENT		P4I - ProfProc InptRate4	\$ 94.51	1 per recipient per provider per 3-year period; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215
92004	92004 - EYE EXAM NEW PATIENT		P4O - ProfProc Out Rate4	\$ 94.51	1 per recipient per provider per 3-year period; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215

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92012	92012 - EYE EXAM ESTABLISH PATIENT		P4I - ProfProc InptRate4	\$ 46.92	1 per recipient per provider per 12 months; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215
92012	92012 - EYE EXAM ESTABLISH PATIENT		P4O - ProfProc Out Rate4	\$ 46.92	1 per recipient per provider per 12 months; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215
92014	92014 - EYE EXAM&TX ESTAB PT 1/>VST		P4I - ProfProc InptRate4	\$ 69.80	1 per recipient per provider per 12 months; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215
92014	92014 - EYE EXAM&TX ESTAB PT 1/>VST		P4O - ProfProc Out Rate4	\$ 69.80	1 per recipient per provider per 12 months; shall not be reported and billed w/99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215

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92015	92015 - DETERMINE REFRACTIVE STATE		P4I - ProfProc InptRate4	\$ 20.22	1 per recipient per year (additional covered if medically necessary)
92015	92015 - DETERMINE REFRACTIVE STATE		P4O - ProfProc Out Rate4	\$ 20.22	1 per recipient per year (additional covered if medically necessary)
92018	92018 - NEW EYE EXAM & TREATMENT		P4I - ProfProc InptRate4	\$ 57.64	
92018	92018 - NEW EYE EXAM & TREATMENT		P4O - ProfProc Out Rate4	\$ 57.64	
92019	92019 - EYE EXAM & TREATMENT		P4I - ProfProc InptRate4	\$ 45.47	
92019	92019 - EYE EXAM & TREATMENT		P4O - ProfProc Out Rate4	\$ 51.78	
92020	92020 - SPECIAL EYE EVALUATION		P4I - ProfProc InptRate4	\$ 14.99	
92020	92020 - SPECIAL EYE EVALUATION		P4O - ProfProc Out Rate4	\$ 18.88	
92025	CORNEAL TOPOGRAPHY		P4I - ProfProc InptRate4	\$21.74	
92025	CORNEAL TOPOGRAPHY		P4O - ProfProc Out Rate4	\$21.74	
92060	92060 - SPECIAL EYE EVALUATION		P4I - ProfProc InptRate4	\$ 41.60	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92060	92060 - SPECIAL EYE EVALUATION		P4O - ProfProc Out Rate4	\$ 41.60	
92065	92065 - ORTHOPTIC/PLEOPTIC TRAINING		P4I - ProfProc InptRate4	\$ 32.71	
92065	92065 - ORTHOPTIC/PLEOPTIC TRAINING		P4O - ProfProc Out Rate4	\$ 32.71	
92071	Fitting of contact lens for treatment of ocular surface disease.		P4I - ProfProc InptRate4	\$27.03	
92071	Fitting of contact lens for treatment of ocular surface disease.		P4O - ProfProc Out Rate4	\$30.13	
92072	Fitting of contact lens for management of keratoconus, initial fitting.		P4I - ProfProc InptRate4	\$78.07	
92072	Fitting of contact lens for management of keratoconus, initial fitting.		P4O - ProfProc Out Rate4	\$96.16	
92081	92081 - VISUAL FIELD EXAMINATION(S)		P4I - ProfProc InptRate4	\$ 36.45	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92081	92081 - VISUAL FIELD EXAMINATION(S)		P4O - ProfProc Out Rate4	\$ 36.45	shall be limited to 1 per recipient per provider per date of service; 92081 shall not be billed w/92082 or 92083 as having occurred on the same date
92082	92082 - VISUAL FIELD EXAMINATION(S)		P4I - ProfProc InptRate4	\$ 48.64	shall be limited to 1 per recipient per provider per date of service; 92081 shall not be billed w/92082 or 92083 as having occurred on the same date
92082	92082 - VISUAL FIELD EXAMINATION(S)		P4O - ProfProc Out Rate4	\$ 48.64	shall be limited to 1 per recipient per provider per date of service; 92081 shall not be billed w/92082 or 92083 as having occurred on the same date
92083	92083 - VISUAL FIELD EXAMINATION(S)		P4I - ProfProc InptRate4	\$ 55.27	
92083	92083 - VISUAL FIELD EXAMINATION(S)		P4O - ProfProc Out Rate4	\$ 55.27	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92100	92100 - SERIAL TONOMOMETRY EXAM(S)		P4I - ProfProc InptRate4	\$ 30.59	
92100	92100 - SERIAL TONOMOMETRY EXAM(S)		P4O - ProfProc Out Rate4	\$ 33.94	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral		P4I - ProfProc InptRate4	\$31.75	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral		P4O - ProfProc Out Rate4	\$31.75	
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral, optic nerve		P4I - ProfProc InptRate4	\$38.87	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral, optic nerve		P4O - ProfProc Out Rate4	\$38.87	
92134	Scanning computerized ophthalmic diagnostic imaging; retina		P4I - ProfProc InptRate4	\$38.87	
92134	Scanning computerized ophthalmic diagnostic imaging; retina		P4O - ProfProc Out Rate4	\$38.87	
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCUL		P4I - ProfProc InptRate4	\$56.53	
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCUL		P4O - ProfProc Out Rate4	\$21.47	
92140	92140 - GLAUCOMA PROVOCATIVE TESTS		P4I - ProfProc InptRate4	\$ 18.94	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92140	92140 - GLAUCOMA PROVOCATIVE TESTS		P4O - ProfProc Out Rate4	\$ 22.96	
92225	92225 - SPECIAL EYE EXAM INITIAL		P4I - ProfProc InptRate4	\$ 23.54	
92225	92225 - SPECIAL EYE EXAM INITIAL		P4O - ProfProc Out Rate4	\$ 29.58	
92226	92226 - SPECIAL EYE EXAM SUBSEQUENT		P4I - ProfProc InptRate4	\$ 20.52	
92226	92226 - SPECIAL EYE EXAM SUBSEQUENT		P4O - ProfProc Out Rate4	\$ 25.89	
92230	92230 - EYE EXAM WITH PHOTOS		P4I - ProfProc InptRate4	\$ 27.83	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260
92230	92230 - EYE EXAM WITH PHOTOS		P4O - ProfProc Out Rate4	\$ 37.09	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92235	92235 - EYE EXAM WITH PHOTOS		P4I - ProfProc InptRate4	\$ 68.33	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260
92235	92235 - EYE EXAM WITH PHOTOS		P4O - ProfProc Out Rate4	\$ 68.33	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260
92240	92240 - Indocyanonine-green angopgraphy			\$ 74.62	
92250	92250 - EYE EXAM WITH PHOTOS		P4I - ProfProc InptRate4	\$ 49.01	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92250	92250 - EYE EXAM WITH PHOTOS		P4O - ProfProc Out Rate4	\$ 49.01	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260
92260	92260 - OPTHALMOSCOPY/DY NAMOMETRY		P4I - ProfProc InptRate4	\$ 22.64	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260
92260	92260 - OPTHALMOSCOPY/DY NAMOMETRY		P4O - ProfProc Out Rate4	\$ 29.88	shall be limited to 1 per recipient per provider per date of service and shall not be billed as having occurred on the same date as 92235, 99250, or 92260
92265	92265 - EYE MUSCLE EVALUATION		P4I - ProfProc InptRate4	\$ 32.03	
92265	92265 - EYE MUSCLE EVALUATION		P4O - ProfProc Out Rate4	\$ 32.03	
92270	92270 - ELECTRO-OCULOGRAPHY		P4I - ProfProc InptRate4	\$ 42.95	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92270	92270 - ELECTRO-OCULOGRAPHY		P4O - ProfProc Out Rate4	\$ 42.95	
92275	92275 - ELECTRORETINOGRAPHY		P4I - ProfProc InptRate4	\$ 54.99	
92275	92275 - ELECTRORETINOGRAPHY		P4O - ProfProc Out Rate4	\$ 54.99	
92283	92283 - COLOR VISION EXAMINATION		P4I - ProfProc InptRate4	\$ 15.65	
92283	92283 - COLOR VISION EXAMINATION		P4O - ProfProc Out Rate4	\$ 15.65	
92284	92284 - DARK ADAPTATION EYE EXAM		P4I - ProfProc InptRate4	\$ 23.41	
92284	92284 - DARK ADAPTATION EYE EXAM		P4O - ProfProc Out Rate4	\$ 23.41	
92285	92285 - EYE PHOTOGRAPHY		P4I - ProfProc InptRate4	\$ 13.89	
92285	92285 - EYE PHOTOGRAPHY		P4O - ProfProc Out Rate4	\$ 13.89	
92286	92286 - INTERNAL EYE PHOTOGRAPHY		P4I - ProfProc InptRate4	\$ 53.79	
92286	92286 - INTERNAL EYE PHOTOGRAPHY		P4O - ProfProc Out Rate4	\$ 53.79	
92287	92287 - INTERNAL EYE PHOTOGRAPHY		P4I - ProfProc InptRate4	\$ 46.10	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92287	92287 - INTERNAL EYE PHOTOGRAPHY		P4O - ProfProc Out Rate4	\$ 66.48	
92310	92310 - CONTACT LENS FITTING		P4I - ProfProc InptRate4	\$ 69.74	
92310	92310 - CONTACT LENS FITTING		P4O - ProfProc Out Rate4	\$ 69.74	
92311	92311 - CONTACT LENS FITTING		P4I - ProfProc InptRate4	\$ 44.49	
92311	92311 - CONTACT LENS FITTING		P4O - ProfProc Out Rate4	\$ 56.56	
92312	92312 - CONTACT LENS FITTING		P4I - ProfProc InptRate4	\$ 53.26	
92312	92312 - CONTACT LENS FITTING		P4O - ProfProc Out Rate4	\$ 68.82	
92313	92313 - CONTACT LENS FITTING		P4I - ProfProc InptRate4	\$ 39.53	
92313	92313 - CONTACT LENS FITTING		P4O - ProfProc Out Rate4	\$ 51.33	
92340	92340 - FIT SPECTACLES MONOFOCAL		P4I - ProfProc InptRate4	\$ 33.00	
92340	92340 - FIT SPECTACLES MONOFOCAL		P4O - ProfProc Out Rate4	\$ 33.00	
92341	92341 - FIT SPECTACLES BIFOCAL		P4I - ProfProc InptRate4	\$ 38.00	
92341	92341 - FIT SPECTACLES BIFOCAL		P4O - ProfProc Out Rate4	\$ 38.00	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92352	92352 - FIT APHAKIA SPECTCL MONOFOCL		P4I - ProfProc InptRate4	\$ 33.00	
92352	92352 - FIT APHAKIA SPECTCL MONOFOCL		P4O - ProfProc Out Rate4	\$ 33.00	
92353	92353 - FIT APHAKIA SPECTCL MULTIFOC		P4I - ProfProc InptRate4	\$ 39.00	
92353	92353 - FIT APHAKIA SPECTCL MULTIFOC		P4O - ProfProc Out Rate4	\$ 39.00	
92370	92370 - REPAIR & ADJUST SPECTACLES		P4I - ProfProc InptRate4	\$ 29.00	
92370	92370 - REPAIR & ADJUST SPECTACLES		P4O - ProfProc Out Rate4	\$ 29.00	
92371	92371 - Refitting of spectacle for aphkia		P4O - ProfProc Out Rate4	\$ 16.61	
92371	92371 - Refitting of spectacle for aphkia		P4I - ProfProc InptRate4	\$ 8.40	
92531	92531 - SPONTANEOUS NYSTAGMUS STUDY		P4I - ProfProc InptRate4	\$ 6.96	
92531	92531 - SPONTANEOUS NYSTAGMUS STUDY		P4O - ProfProc Out Rate4	\$ 6.96	
92532	92532 - POSITIONAL NYSTAGMUS TEST		P4I - ProfProc InptRate4	\$ 5.83	
92532	92532 - POSITIONAL NYSTAGMUS TEST		P4O - ProfProc Out Rate4	\$ 5.83	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92533	92533 - CALORIC VESTIBULAR TEST		P4I - ProfProc InptRate4	\$ 6.69	
92533	92533 - CALORIC VESTIBULAR TEST		P4O - ProfProc Out Rate4	\$ 6.69	
92534	92534 - OPTOKINETIC NYSTAGMUS TEST		P4I - ProfProc InptRate4	\$ 2.76	
92534	92534 - OPTOKINETIC NYSTAGMUS TEST		P4O - ProfProc Out Rate4	\$ 2.76	
92541	92541 - SPONTANEOUS NYSTAGMUS TEST		P4I - ProfProc InptRate4	\$ 31.41	
92541	92541 - SPONTANEOUS NYSTAGMUS TEST		P4O - ProfProc Out Rate4	\$ 31.41	
92542	92542 - POSITIONAL NYSTAGMUS TEST		P4I - ProfProc InptRate4	\$ 27.75	
92542	92542 - POSITIONAL NYSTAGMUS TEST		P4O - ProfProc Out Rate4	\$ 27.75	
92543	92543 - CALORIC VESTIBULAR TEST		P4I - ProfProc InptRate4	\$ 35.33	
92543	92543 - CALORIC VESTIBULAR TEST		P4O - ProfProc Out Rate4	\$ 35.33	
92544	92544 - OPTOKINETIC NYSTAGMUS TEST		P4I - ProfProc InptRate4	\$ 21.45	
92544	92544 - OPTOKINETIC NYSTAGMUS TEST		P4O - ProfProc Out Rate4	\$ 21.45	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
92545	92545 - OSCILLATING TRACKING TEST		P4I - ProfProc InptRate4	\$ 18.45	
92545	92545 - OSCILLATING TRACKING TEST		P4O - ProfProc Out Rate4	\$ 18.45	
92546	92546 - SINUSOIDAL ROTATIONAL TEST		P4I - ProfProc InptRate4	\$ 23.94	
92546	92546 - SINUSOIDAL ROTATIONAL TEST		P4O - ProfProc Out Rate4	\$ 23.94	
92547	92547 - SUPPLEMENTAL ELECTRICAL TEST		P4I - ProfProc InptRate4	\$ 15.67	
92547	92547 - SUPPLEMENTAL ELECTRICAL TEST		P4O - ProfProc Out Rate4	\$ 15.67	
94010	94010 - BREATHING CAPACITY TEST		P4I - ProfProc InptRate4	\$ 24.44	
94010	94010 - BREATHING CAPACITY TEST		P4O - ProfProc Out Rate4	\$ 24.44	
94150	94150 - VITAL CAPACITY TEST		P4I - ProfProc InptRate4	\$ 9.08	
94150	94150 - VITAL CAPACITY TEST		P4O - ProfProc Out Rate4	\$ 9.08	
95060	95060 - EYE ALLERGY TESTS		P4I - ProfProc InptRate4	\$ 9.34	
95060	95060 - EYE ALLERGY TESTS		P4O - ProfProc Out Rate4	\$ 9.34	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
95930	95930 - VISUAL EVOKED POTENTIAL TEST		P4I - ProfProc InptRate4	\$ 33.75	
95930	95930 - VISUAL EVOKED POTENTIAL TEST		P4O - ProfProc Out Rate4	\$ 33.75	
96111	96111 - DEVELOPMENTAL TEST EXTEND		P4I - ProfProc InptRate4	\$ 49.92	
96111	96111 - DEVELOPMENTAL TEST EXTEND		P4O - ProfProc Out Rate4	\$ 49.92	
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONIN		P4I - ProfProc InptRate4	\$76.18	
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONIN		P4O - ProfProc Out Rate4	\$81.03	
97110	97110 - THERAPEUTIC EXERCISES		P4I - ProfProc InptRate4	\$ 20.90	
97110	97110 - THERAPEUTIC EXERCISES		P4O - ProfProc Out Rate4	\$ 20.90	
97112	97112 - NEUROMUSCULAR REEDUCATION		P4I - ProfProc InptRate4	\$ 21.66	
97112	97112 - NEUROMUSCULAR REEDUCATION		P4O - ProfProc Out Rate4	\$ 21.66	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
97150	97150 - GROUP THERAPEUTIC PROCEDURES		P4I - ProfProc InptRate4	\$ 13.77	
97150	97150 - GROUP THERAPEUTIC PROCEDURES		P4O - ProfProc Out Rate4	\$ 13.77	
97530	97530 - THERAPEUTIC ACTIVITIES		P4I - ProfProc InptRate4	\$ 21.61	
97530	97530 - THERAPEUTIC ACTIVITIES		P4O - ProfProc Out Rate4	\$ 21.61	
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM		P4I - ProfProc InptRate4	\$14.98	
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM		P4O - ProfProc Out Rate4	\$18.85	
99050	99050 - MEDICAL SERVICES AFTER HRS		P4I - ProfProc InptRate4	\$ 7.50	
99050	99050 - MEDICAL SERVICES AFTER HRS		P4O - ProfProc Out Rate4	\$ 10.00	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99201	99201 - OFFICE/OUTPATIENT VISIT NEW		P4I - ProfProc InptRate4	\$ 20.92	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99201	99201 - OFFICE/OUTPATIENT VISIT NEW		P4O - ProfProc Out Rate4	\$ 29.66	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99202	99202 - OFFICE/OUTPATIENT VISIT NEW		P4I - ProfProc InptRate4	\$ 39.73	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99202	99202 - OFFICE/OUTPATIENT VISIT NEW		P4O - ProfProc Out Rate4	\$ 53.00	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99203	99203 - OFFICE/OUTPATIENT VISIT NEW		P4I - ProfProc InptRate4	\$ 60.57	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99203	99203 - OFFICE/OUTPATIENT VISIT NEW		P4O - ProfProc Out Rate4	\$ 79.04	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99204	99204 - OFFICE/OUTPATIENT VISIT NEW		P4I - ProfProc InptRate4	\$ 102.79	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99204	99204 - OFFICE/OUTPATIENT VISIT NEW		P4O - ProfProc Out Rate4	\$ 112.27	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99205	99205 - OFFICE/OUTPATIENT VISIT NEW		P4I - ProfProc InptRate4	\$ 131.98	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99205	99205 - OFFICE/OUTPATIENT VISIT NEW		P4O - ProfProc Out Rate4	\$ 143.29	1 per recipient per provider per 3-year period; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99211	99211 - OFFICE/OUTPATIENT VISIT EST		P4I - ProfProc InptRate4	\$ 7.48	shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255; also physician-recipient contact is required
99211	99211 - OFFICE/OUTPATIENT VISIT EST		P4O - ProfProc Out Rate4	\$ 16.98	shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99212	99212 - OFFICE/OUTPATIENT VISIT EST		P4I - ProfProc InptRate4	\$ 20.41	shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99212	99212 - OFFICE/OUTPATIENT VISIT EST		P4O - ProfProc Out Rate4	\$ 31.08	shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99213	99213 - OFFICE/OUTPATIENT VISIT EST		P4I - ProfProc InptRate4	\$ 40.36	shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99213	99213 - OFFICE/OUTPATIENT VISIT EST		P4O - ProfProc Out Rate4	\$ 42.63	shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99214	99214 - OFFICE/OUTPATIENT VISIT EST		P4I - ProfProc InptRate4	\$ 61.98	2 per recipient per year per provider; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99214	99214 - OFFICE/OUTPATIENT VISIT EST		P4O - ProfProc Out Rate4	\$ 67.10	2 per recipient per year per provider; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99215	99215 - OFFICE/OUTPATIENT VISIT EST		P4I - ProfProc InptRate4	\$ 87.17	2 per recipient per year per provider; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99215	99215 - OFFICE/OUTPATIENT VISIT EST		P4O - ProfProc Out Rate4	\$ 98.39	2 per recipient per year per provider; shall not be reported and billed w/99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, or 99255
99217	99217 - OBSERVATION CARE DISCHARGE		P4I - ProfProc InptRate4	\$ 53.44	
99217	99217 - OBSERVATION CARE DISCHARGE		P4O - ProfProc Out Rate4	\$ 53.44	
99218	99218 - INITIAL OBSERVATION CARE		P4I - ProfProc InptRate4	\$ 51.39	
99218	99218 - INITIAL OBSERVATION CARE		P4O - ProfProc Out Rate4	\$ 51.39	
99219	99219 - INITIAL OBSERVATION CARE		P4I - ProfProc InptRate4	\$ 85.09	
99219	99219 - INITIAL OBSERVATION CARE		P4O - ProfProc Out Rate4	\$ 85.09	
99220	99220 - INITIAL OBSERVATION CARE		P4I - ProfProc InptRate4	\$ 119.51	
99220	99220 - INITIAL OBSERVATION CARE		P4O - ProfProc Out Rate4	\$ 119.51	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99221	99221 - INITIAL HOSPITAL CARE		P4I - ProfProc InptRate4	\$ 51.66	
99221	99221 - INITIAL HOSPITAL CARE		P4O - ProfProc Out Rate4	\$ 51.66	
99222	99222 - INITIAL HOSPITAL CARE		P4I - ProfProc InptRate4	\$ 85.60	
99222	99222 - INITIAL HOSPITAL CARE		P4O - ProfProc Out Rate4	\$ 85.60	
99223	99223 - INITIAL HOSPITAL CARE		P4I - ProfProc InptRate4	\$ 119.25	
99223	99223 - INITIAL HOSPITAL CARE		P4O - ProfProc Out Rate4	\$ 119.25	
99231	99231 - SUBSEQUENT HOSPITAL CARE		P4I - ProfProc InptRate4	\$ 25.89	
99231	99231 - SUBSEQUENT HOSPITAL CARE		P4O - ProfProc Out Rate4	\$ 25.89	
99232	99232 - SUBSEQUENT HOSPITAL CARE		P4I - ProfProc InptRate4	\$ 42.24	
99232	99232 - SUBSEQUENT HOSPITAL CARE		P4O - ProfProc Out Rate4	\$ 42.24	
99233	99233 - SUBSEQUENT HOSPITAL CARE		P4I - ProfProc InptRate4	\$ 60.07	
99233	99233 - SUBSEQUENT HOSPITAL CARE		P4O - ProfProc Out Rate4	\$ 60.07	
99238	99238 - HOSPITAL DISCHARGE DAY		P4I - ProfProc InptRate4	\$ 53.44	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99238	99238 - HOSPITAL DISCHARGE DAY		P4O - ProfProc Out Rate4	\$ 53.44	
99239	99239 - HOSPITAL DISCHARGE DAY		P4I - ProfProc InptRate4	\$ 72.89	
99239	99239 - HOSPITAL DISCHARGE DAY		P4O - ProfProc Out Rate4	\$ 72.89	
99241	99241 - OFFICE CONSULTATION		P4I - ProfProc InptRate4	\$ 26.20	
99241	99241 - OFFICE CONSULTATION		P4O - ProfProc Out Rate4	\$ 36.55	
99242	99242 - OFFICE CONSULTATION		P4I - ProfProc InptRate4	\$ 54.91	
99242	99242 - OFFICE CONSULTATION		P4O - ProfProc Out Rate4	\$ 67.83	
99243	99243 - OFFICE CONSULTATION		P4I - ProfProc InptRate4	\$ 76.53	
99243	99243 - OFFICE CONSULTATION		P4O - ProfProc Out Rate4	\$ 90.43	
99244	99244 - OFFICE CONSULTATION		P4I - ProfProc InptRate4	\$ 121.37	
99244	99244 - OFFICE CONSULTATION		P4O - ProfProc Out Rate4	\$ 128.22	
99245	99245 - OFFICE CONSULTATION		P4I - ProfProc InptRate4	\$ 150.75	
99245	99245 - OFFICE CONSULTATION		P4O - ProfProc Out Rate4	\$ 166.18	
99251	99251 - INPATIENT CONSULTATION		P4I - ProfProc InptRate4	\$ 35.76	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99251	99251 - INPATIENT CONSULTATION		P4O - ProfProc Out Rate4	\$ 35.76	
99252	99252 - INPATIENT CONSULTATION		P4I - ProfProc InptRate4	\$ 55.73	
99252	99252 - INPATIENT CONSULTATION		P4O - ProfProc Out Rate4	\$ 55.73	
99253	99253 - INPATIENT CONSULTATION		P4I - ProfProc InptRate4	\$ 74.75	
99253	99253 - INPATIENT CONSULTATION		P4O - ProfProc Out Rate4	\$ 74.75	
99254	99254 - INPATIENT CONSULTATION		P4I - ProfProc InptRate4	\$ 107.50	
99254	99254 - INPATIENT CONSULTATION		P4O - ProfProc Out Rate4	\$ 107.50	
99255	99255 - INPATIENT CONSULTATION		P4I - ProfProc InptRate4	\$ 148.20	
99255	99255 - INPATIENT CONSULTATION		P4O - ProfProc Out Rate4	\$ 148.20	
99281	99281 - EMERGENCY DEPT VISIT		P4I - ProfProc InptRate4	\$ 15.97	
99281	99281 - EMERGENCY DEPT VISIT		P4O - ProfProc Out Rate4	\$ 15.97	
99282	99282 - EMERGENCY DEPT VISIT		P4I - ProfProc InptRate4	\$ 24.71	
99282	99282 - EMERGENCY DEPT VISIT		P4O - ProfProc Out Rate4	\$ 24.71	
99283	99283 - EMERGENCY DEPT VISIT		P4I - ProfProc InptRate4	\$ 47.40	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
99283	99283 - EMERGENCY DEPT VISIT		P4O - ProfProc Out Rate4	\$ 47.40	
99284	99284 - EMERGENCY DEPT VISIT		P4I - ProfProc InptRate4	\$ 74.05	
99284	99284 - EMERGENCY DEPT VISIT		P4O - ProfProc Out Rate4	\$ 74.05	
99285	99285 - EMERGENCY DEPT VISIT		P4I - ProfProc InptRate4	\$ 116.04	
99285	99285 - EMERGENCY DEPT VISIT		P4O - ProfProc Out Rate4	\$ 116.04	
99341	99341 - HOME VISIT NEW PATIENT		P4I - ProfProc InptRate4	\$ 74.38	
99341	99341 - HOME VISIT NEW PATIENT		P4O - ProfProc Out Rate4	\$ 74.38	
99342	99342 - HOME VISIT NEW PATIENT		P4I - ProfProc InptRate4	\$ 98.05	1 per recipient per provider per 3-year period
99342	99342 - HOME VISIT NEW PATIENT		P4O - ProfProc Out Rate4	\$ 98.05	1 per recipient per provider per 3-year period
99343	99343 - HOME VISIT NEW PATIENT		P4I - ProfProc InptRate4	\$ 128.50	1 per recipient per provider per 3-year period
99343	99343 - HOME VISIT NEW PATIENT		P4O - ProfProc Out Rate4	\$ 128.50	1 per recipient per provider per 3-year period
List of Services that will use the Ot1 Rate Types based on Place of Service					
92499	92499 - EYE SERVICE OR PROCEDURE	UC	OT1 - Optician/Optomtri	\$ 14.00	
92499	92499 - EYE SERVICE OR PROCEDURE	RT	OT1 - Optician/Optomtri	\$ 3.50	
92499	92499 - EYE SERVICE OR PROCEDURE	LT	OT1 - Optician/Optomtri	\$ 3.50	
Provider Type 77 & 50 Eyeglasses					
V2020	VISION SVCS FRAMES PURCHASES			\$50.00	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
V2100	LENS SHER SINGLE PLNAO 4.00		S	\$28.00	
V2101	SINGLE VISN SPHERE 4.12-7.00		S	\$28.00	
V2103	SPHEROCYLINDER 4.00D/12-2.00D		S	\$28.00	
V2104	SPHEROCYLINDER 4.00D/2.12-4D		S	\$28.00	
V2105	SPHEROCYLINDER 4.00D/4.25-6D		S	\$28.00	
V2106	SPHEROCYLINDER 4.00D/>6.00D		S	\$28.00	
V2107	SPHEROCYLINDER 4.25D/12-2D		S	\$28.00	
V2108	SPHEROCYLINDER 4.25D/2.12-4D		S	\$28.00	
V2109	SPHEROCYLINDER 4.25D/4.25-6D		S	\$28.00	
V2110	SPHEROCYLINDER 4.25D/OVER 6D		S	\$28.00	
V2111	SPHEROCYLINDER 7.25D/.25-2.25		S	\$28.00	
V2112	SPHEROCYLINDER 7.25D/2.25-4D		S	\$28.00	
V2113	SPHEROCYLINDER 7.25D/4.25-6D		S	\$28.00	
V2114	SPHEROCYLINDER 7.25D/OVER 12.00D		S	\$28.00	
V2115	LENS LENTICULAR BIFOCAL		S	\$28.00	
V2118	LENS ANISEIKONIC SINGLE		S	\$28.00	
V2121	LENTICULAR LENS, SINGLE/Bifocal		S	\$28.00	
V2199	LENS SINGLE VISION NOT OTHC		S	\$28.00	
V2200	LENS SPHER BIFOCPLANO 4.00D		B	\$43.00	
V2201	LENS SPHERE BIFOCAL 4.12-7.0		B	\$43.00	
V2202	LENS SPHERE BIFOCAL 7.12-20.		B	\$43.00	
V2203	LENS SPHCYL BIFOCAL 4.00D/.1		B	\$43.00	
V2204	LENS SPHCYL BIFOCAL 4.00D/2.1		B	\$43.00	
V2205	4.25 to 6.00d CYLINDER, PER LENSES		B	\$43.00	
V2206	OVER 6.00d CYLINDER PER LENSES		B	\$43.00	
V2207	LENS SPHCYL BIFOCAL 4.25-7D/.		B	\$43.00	
V2208	LENS SPHCYL BIFOCAL 4.25-7D/2.		B	\$43.00	
V2209	4.25 to 6.00d CYLINDER, PER LENSES		B	\$43.00	
V2210	OVER 6.00d CYLINDER PER LENSES		B	\$43.00	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
V2211	LENS SPHCYL BIFOCAL 7.25-12/.25		B	\$43.00	
V2212	LENS SPHCYL BIFOCAL 7.25-12/2.2		B	\$43.00	
V2213	4.25 to 6.00d CYLINDER, PER LENSES		B	\$43.00	
V2214	LENS SPHCYL BIFOCAL OVER 12		B	\$43.00	
V2215	LENS LENTICULAR BIFOCAL		B	\$43.00	
V2218	LENS ANISEIRKOKIC		B	\$43.00	
V2219	LENS BIFOCAL SEG WIDTHOVER		B	\$43.00	
V2220	LENS BIFOCAL ADD OVER 3.25D		B	\$43.00	
V2221	LENTICULAR LENS, BIFOCAL		B	\$43.00	
V2299	LENS BIFOCAL SPECIALITY		B	\$43.00	
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00d, PER LENS		M	\$56.00	
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12d TO PLUS OR MINUS 7.00d PER LENS		M	\$56.00	
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12d TO PLUS OR MINUS 20.00d PER LENS		M	\$56.00	
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00d SPHERE; .12 to 2.00d CYL. PER LENS		M	\$56.00	
V2304	2.25 to 4.00d CYLINDER PER LENS		M	\$56.00	
V2305	4.25 to 6.00d CYLINDER PER LENS		M	\$56.00	
V2306	OVER 6.00d CYLINDER PER LENS		M	\$56.00	
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00d SPHERE: 12 to 2.00d CYL. PER LENS		M	\$56.00	
V2308	2.12 to 4.00d CYLINDER PER LENS		M	\$56.00	
V2309	4.25 to 6.00d CYLINDER PER LENS		M	\$56.00	
V2310	OVER 6.00d CYLINDER PER LENS		M	\$56.00	
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00d SPHERE; .25 to 2.25d CYL., PER LENS		M	\$56.00	

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Procedure Code	Procedure Code and Description	Procedure Modifier	Rate Type Code and Description	Maximum Fee Amount	Limits
V2312	2.25 to 4.00d CYLINDER PER LENS		M	\$56.00	
V2313	4.25 to 6.00d CYLINDER PER LENS		M	\$56.00	
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00d, PER LENS		M	\$56.00	
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL		M	\$56.00	
V2318	ANISEIKONIC LENS, TRIFOCAL		M	\$56.00	
V2319	TRIFOCAL SEG WIDTH OVER 28mm		M	\$56.00	
V2320	TRIFOCAL ADD OVER 3.25d		M	\$56.00	
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL		M	\$56.00	
V2399	SPECIALTY TRIFOCAL (BY REPORT)		M	\$56.00	
V2430	LENS VARIABLE ASPHERICITY BI		B	\$43.00	
V2499	LENS VARIABLE ASPHERICITY		M	\$56.00	
V2799	HINGE REPAIR USE MODIFIER (LT OR RT)			\$15.00	