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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 7@ Payment for Services and Supplies

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Section 51518@ Optometry Services

## **51518 Optometry Services**

### **(a)**

General Provisions. (1) The reimbursement for optometric services shall be in accordance with the maximum reimbursement rates listed below; however, billing shall not exceed charges made to the general public. (2) Additional routine tests that may be needed shall be considered a part of the basic examination. Extensive treatment programs or difficult tests not included in the list below may be billed as unlisted items. (3) Maximum allowances include preparation of necessary forms when an eye appliance is prescribed. (4) Procedure Codes 92004, 92012 and 92014 are from the "Physicians' Current Procedural Terminology" Fourth Edition, 1990, (CPT-4), which is hereby incorporated by reference. Providers shall use all related guidelines and criteria listed in the 1990 CPT-4, as adopted by the Department, to bill for these CPT-4 procedure codes.

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**(b)**

Maximum reimbursement allowances for optometry services shall be as follows:

(1) Diagnostic and Ancillary Procedures.		Procedure Code	Maximum Rate
92002.....Optometric service; medical examination and evaluation with initiation of diagnostic and treatment program, intermediate, new patient		\$32.80 92004.....Optometric service; comprehensive, new patient, one or more visits. (To include case history, visual acuity testing, ophthalmoscopy, ocular motility testing, testing for neurological integrity, refraction at far and near points, phorometric tests, confrontation fields and tonometry)	47.45
92012.....Optometric service, medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient (seen within six months of the comprehensive examination)		22.59 92014.....Optometric service; comprehensive, established patient, one or more visits. (To include case history, visual acuity testing, ophthalmoscopy, ocular motility testing, testing for neurological integrity, refraction at far and near points, phorometric tests, confrontation fields and tonometry)	47.45
92020.....Gonioscopy (separate procedure)		16.40	
92081.....Visual field examination, unilateral or bilateral, with			

interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 or equivalent)16.40 92082.....Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldman perimeter, or semiquantitative, automated suprachreshold screening program, Humphrey suprachreshold automatic diagnostic test, Octopus program 33)22.14 92083.....Visual field examination, unilateral or bilateral, with interpretation and report; extended examination, (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)22.14 92100.....Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)28.93

92225.....Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report, initial41.00

92250.....Fundus photography with interpretation and report42.13

99201.....Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making11.41 99202.....Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making34.30

99203.....Office or other outpatient visit for the evaluation and

management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity57.20 99204.....Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity68.90 99205.....Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity82.70 99211.....Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician12.00 99212.....Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making11.41 99213.....Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity24.00 99214.....Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity37.50 99215.....Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high

complexity57.20 99241.....Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making30.60 99242.....Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making47.20 99243.....Office consultation for a new or established patient, which requires these three key components: detailed history; a detailed examination; and medical decision making of low complexity59.50 (2)

Supplemental Procedures 65205.....Removal of foreign body, external eye; conjunctival superficial\$ 6.74 65210.....Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating117.27 65220.....Removal of foreign body, external eye; corneal, without slit lamp13.48 65222.....Removal of foreign body, external eye; corneal, with slit lamp20.21 67820.....Correction of trichiasis; epilation, by forceps only13.48 67938.....Removal of embedded foreign body, eyelid273.27 68761.....Closure of the lacrimal punctum; by plug, each125.47 68801.....Dilation of lacrimal punctum, with or without irrigation136.63 Z2700.....Low vision patient. To include professional evaluation, fitting and subsequent supervision, including six months' follow-up care75.11 Z2704.....Detailed biomicroscopy/slit lamp evaluation9.88 Z2706.....Contact lens examination (in addition to basic examination) to include multiple ophthalmometry, measurement of tear flow, measurement of ocular adnexa, initial tolerance evaluation, and other tests as necessary33.05 Z2708.....Out-of-office call (add to procedure allowance)7.50

Z2710.....Mileage--per mile one way beyond a ten-mile radius from point of origin1.36 Z2712.....Diagnostic closure of the lacrimal punctum; by absorbable plug, 1 or more closures; includes office visits48.84  
92499.....Unlisted procedureBy Report

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Diagnostic and Ancillary Procedures. Procedure Code Maximum Rate

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