Alaska Medical Assistance: State Fiscal Year 2023 Fee Schedule

Vision Services

Effective 7/1/2022 - 6/30/2023

Reimbursement may vary slightly from published rates as a result of rounding. RBRVS-based rates are rounded to the nearest cent following adjustments for multiple units and cutbacks.

Coverage and rates are subject to change.

Revised 7/6/22

Procedure Code	Procedure Description	Modifier	Optometrist	Optician	Requires Medical Justification	Requires Service Authorization	Base Rate
11900	INJECT SKIN LESIONS </W 7		X				$82.64
11901	INJECT SKIN LESIONS >7		X				$104.60
65205	REMOVE FOREIGN BODY FROM EYE		X				$45.00
65210	REMOVE FOREIGN BODY FROM EYE		X				$59.91
65220	REMOVE FOREIGN BODY FROM EYE		X				$88.80
65222	REMOVE FOREIGN BODY FROM EYE		X				$101.07
65420	REMOVAL OF EYE LESION		X				$777.99
65426	REMOVAL OF EYE LESION		X				$974.23
65430	CORNEAL SMEAR		X				$171.24
65435	CURETTE/TREAT CORNEA		X				$120.61
65436	CURETTE/TREAT CORNEA		X				$573.26
65450	TREATMENT OF CORNEAL LESION		X				$477.47
65600	REVISION OF CORNEA		X				$637.69
65778	COVER EYE W/MEMBRANE		X				$1,852.57
65855	TRABECULOPLASTY LASER SURG		X				$364.82
66821	AFTER CATARACT LASER SURGERY		X				$486.61
66840	REMOVAL OF LENS MATERIAL		X				$1,029.97
66982	CATARACT SURGERY COMPLEX		X				$1,112.97
66983	CATARACT SURG W/IOL 1 STAGE		X				Priced by Invoice
66984	Xcapsl ctrc rmvl w/o ecp		X				$810.53
66985	INSERT LENS PROSTHESIS		X				$1,140.79
66986	EXCHANGE LENS PROSTHESIS		X				$1,346.49
67700	DRAINAGE OF EYELID ABSCESS		X				$405.23
67800	REMOVE EYELID LESION		X				$188.78
67801	REMOVE EYELID LESIONS		X				$240.45
67805	REMOVE EYELID LESIONS		X				$298.56
67820	REVISE EYELASHES		X				$29.74
67840	REMOVE EYELID LESION		X				$406.32
67850	TREAT EYELID LESION		X				$312.99
67938	REMOVE EYELID FOREIGN BODY		X				$388.67
68020	INCISE/DRAIN EYELID LINING		X				$179.23
68040	TREATMENT OF EYELID LESIONS		X				$93.77
68761	CLOSE TEAR DUCT OPENING		X				$215.31
68770	CLOSE TEAR SYSTEM FISTULA		X				$930.99
68801	DILATE TEAR DUCT OPENING		X				$139.04
68810	PROBE NASOLACRIMAL DUCT		X				$234.91
68840	EXPLORE/IRRIGATE TEAR DUCTS		X				$193.60
76511	OPHTH US QUANT A ONLY		X				$84.64
76511	OPHTH US QUANT A ONLY	26	X				$56.03
76511	OPHTH US QUANT A ONLY	TC	X				$28.62
76512	OPHTH US B W/NON-QUANT A		X				$71.71
76512	OPHTH US B W/NON-QUANT A	26	X				$48.49
76512	OPHTH US B W/NON-QUANT A	TC	X				$23.21
76513	ECHO EXAM OF EYE WATER BATH		X				$109.70
76513	ECHO EXAM OF EYE WATER BATH	26	X				$51.36
76513	ECHO EXAM OF EYE WATER BATH	TC	X				$58.34
76514	ECHO EXAM OF EYE THICKNESS		X				$17.06
76514	ECHO EXAM OF EYE THICKNESS	26	X				$12.31
76514	ECHO EXAM OF EYE THICKNESS	TC	X				$4.75
76516	ECHO EXAM OF EYE		X				$67.44
76516	ECHO EXAM OF EYE	26	X				$35.22
76516	ECHO EXAM OF EYE	TC	X				$32.22
76519	ECHO EXAM OF EYE		X				$97.07
76519	ECHO EXAM OF EYE	26	X				$47.73
76519	ECHO EXAM OF EYE	TC	X				$49.33
76529	ECHO EXAM OF EYE		X				$122.75
76529	ECHO EXAM OF EYE	26	X				$50.45
76529	ECHO EXAM OF EYE	TC	X				$72.30
83861	MICROFLUID ANALY TEARS		X				$22.48
87809	ADENOVIRUS ASSAY W/OPTIC		X				$21.76
92002	EYE EXAM NEW PATIENT		X				$126.66
92004	EYE EXAM NEW PATIENT		X				$224.68
92012	EYE EXAM ESTABLISH PATIENT		X				$131.33
92014	EYE EXAM & TREAT ESTAB PT 1/>VST		X				$187.90
92015	DETERMINE REFRACTIVE STATE		X				$31.15
92018	NEW EYE EXAM & TREATMENT		X				$217.46
92019	EYE EXAM & TREATMENT		X				$112.81
92020	SPECIAL EYE EVALUATION		X				$42.42
92025	CORNEAL TOPOGRAPHY		X				$52.71
92025	CORNEAL TOPOGRAPHY	26	X				$30.40
92025	CORNEAL TOPOGRAPHY	TC	X				$22.31
92060	SPECIAL EYE EVALUATION		X				$93.07
92060	SPECIAL EYE EVALUATION	26	X				$58.60
92060	SPECIAL EYE EVALUATION	TC	X				$34.47
92065	ORTHOPTIC/PLEOPTIC TRAINING		X				$75.09
92065	ORTHOPTIC/PLEOPTIC TRAINING	26	X				$28.46
92065	ORTHOPTIC/PLEOPTIC TRAINING	TC	X				$46.63
92071	CONTACT LENS FITTING FOR TX		X		Y		$80.00
92072	FIT CONTAC LENS FOR MANAGMNT		X		Y		$80.00
92081	VISUAL FIELD EXAMINATION(S)		X				$47.89
92081	VISUAL FIELD EXAMINATION(S)	26	X				$25.13
92081	VISUAL FIELD EXAMINATION(S)	TC	X				$22.76
92082	VISUAL FIELD EXAMINATION(S)		X				$66.99
92082	VISUAL FIELD EXAMINATION(S)	26	X				$32.97
92082	VISUAL FIELD EXAMINATION(S)	TC	X				$34.02
92083	VISUAL FIELD EXAMINATION(S)		X				$90.15
92083	VISUAL FIELD EXAMINATION(S)	26	X				$42.62
92083	VISUAL FIELD EXAMINATION(S)	TC	X				$47.53
92100	SERIAL TONOMETRY EXAM(S)		X				$121.56
92132	CMPTR OPHTH DX IMG ANT SEGMT		X				$45.64
92132	CMPTR OPHTH DX IMG ANT SEGMT	26	X				$25.58
92132	CMPTR OPHTH DX IMG ANT SEGMT	TC	X				$20.06
92133	CMPTR OPHTH IMG OPTIC NERVE		X				$54.38
92133	CMPTR OPHTH IMG OPTIC NERVE	26	X				$34.32
92133	CMPTR OPHTH IMG OPTIC NERVE	TC	X				$20.06
92134	CPTR OPHTH DX IMG POST SEGMT		X				$60.11

Procedure Code	Procedure Description	Modifier	Optometrist	Optician	Requires Medical Justification	Requires Service Authorization	Base Rate
92134	CPTR OPHTH DX IMG POST SEGMT	26	X				$39.59
92134	CPTR OPHTH DX IMG POST SEGMT	TC	X				$20.51
92201	OPSCPY EXTND RTA DRAW UNI/BI		X				$38.17
92202	OPSCPY EXTND ON/MAC DRAW		X				$24.51
92250	EYE EXAM WITH PHOTOS		X				$54.83
92250	EYE EXAM WITH PHOTOS	26	X				$33.42
92250	EYE EXAM WITH PHOTOS	TC	X				$21.41
92260	OPHTHALMOSCOPY/DYNAMOMETRY		X				$28.99
92270	ELECTRO-OCULOGRAPHY		X				$155.96
92270	ELECTRO-OCULOGRAPHY	26	X				$67.65
92270	ELECTRO-OCULOGRAPHY	TC	X				$88.31
92273	FULL FIELD ERG W/I&R		X				$177.98
92273	FULL FIELD ERG W/I&R	26	X				$58.15
92273	FULL FIELD ERG W/I&R	TC	X				$119.83
92274	MULTIFOCAL ERG W/I&R		X				$123.81
92274	MULTIFOCAL ERG W/I&R	26	X				$51.51
92274	MULTIFOCAL ERG W/I&R	TC	X				$72.30
92283	COLOR VISION EXAMINATION		X				$73.81
92283	COLOR VISION EXAMINATION	26	X				$14.12
92283	COLOR VISION EXAMINATION	TC	X				$59.69
92284	DARK ADAPTATION EYE EXAM		X				$79.64
92284	DARK ADAPTATION EYE EXAM	26	X				$19.25
92284	DARK ADAPTATION EYE EXAM	TC	X				$60.39
92285	EYE PHOTOGRAPHY		X				$30.99
92285	EYE PHOTOGRAPHY	26	X				$4.62
92285	EYE PHOTOGRAPHY	TC	X				$26.37
92286	INTERNAL EYE PHOTOGRAPHY		X				$57.54
92286	INTERNAL EYE PHOTOGRAPHY	26	X				$34.32
92286	INTERNAL EYE PHOTOGRAPHY	TC	X				$23.21
92310	CONTACT LENS FITTING		X	X	Y		$80.00
92311	CONTACT LENS FITTING		X	X	Y		$80.00
92312	CONTACT LENS FITTING		X	X	Y		$80.00
92313	CONTACT LENS FITTING		X	X	Y		$80.00
92314	PRESCRIPTION OF CONTACT LENS		X	X	Y		$80.00
92315	RX CNTACT LENS APHAKIA 1 EYE		X	X	Y		$80.00
92316	RX CNTACT LENS APHAKIA 2 EYE		X	X	Y		$80.00
92317	RX CORNEOSCLERAL CNTACT LENS		X	X	Y		$80.00
92340	FIT SPECTACLES MONOFOCAL		X	X			$50.81
92341	FIT SPECTACLES BIFOCAL		X	X			$58.66
92342	FIT SPECTACLES MULTIFOCAL		X	X			$63.18
92352	FIT APHAKIA SPECTCL MONOFOCL		X	X			$66.12
92353	FIT APHAKIA SPECTCL MULTIFOC		X	X			$76.23
92358	APHAKIA PROSTH SERVICE TEMP		X				$14.21
92370	REPAIR & ADJUST SPECTACLES		X	X			$10.00
95930	VISUAL EVOKED POTENTIAL TEST		X				$92.34
95930	VISUAL EVOKED POTENTIAL TEST	26	X				$29.50
95930	VISUAL EVOKED POTENTIAL TEST	TC	X				$62.84
99002	DEVICE HANDLING PHYS/QHP		X	X			$6.00
99202	OFFICE/OUTPATIENT VISIT NEW		X				$108.85
99203	OFFICE/OUTPATIENT VISIT NEW		X				$169.32
99204	OFFICE/OUTPATIENT VISIT NEW		X				$255.79
99205	OFFICE/OUTPATIENT VISIT NEW		X				$339.16
99211	OFFICE/OUTPATIENT VISIT EST		X				$33.19
99212	OFFICE/OUTPATIENT VISIT EST		X				$84.10
99213	OFFICE/OUTPATIENT VISIT EST		X				$137.76
99214	OFFICE/OUTPATIENT VISIT EST		X				$195.98
99215	OFFICE/OUTPATIENT VISIT EST		X				$277.04
99221	INITIAL HOSPITAL CARE		X				$156.32
99222	INITIAL HOSPITAL CARE		X				$211.77
99223	INITIAL HOSPITAL CARE		X				$311.54
99231	SUBSEQUENT HOSPITAL CARE		X				$60.71
99232	SUBSEQUENT HOSPITAL CARE		X				$112.12
99233	SUBSEQUENT HOSPITAL CARE		X				$161.23
99241	OFFICE CONSULTATION		X				$69.63
99242	OFFICE CONSULTATION		X				$133.22
99243	OFFICE CONSULTATION		X				$183.54
99244	OFFICE CONSULTATION		X				$276.91
99245	OFFICE CONSULTATION		X				$339.02
99251	INPATIENT CONSULTATION		X				$77.05
99252	INPATIENT CONSULTATION		X				$116.76
99253	INPATIENT CONSULTATION		X				$179.92
99254	INPATIENT CONSULTATION		X				$260.35
99255	INPATIENT CONSULTATION		X				$314.68
99281	EMERGENCY DEPT VISIT		X				$35.19
99282	EMERGENCY DEPT VISIT		X				$68.12
99283	EMERGENCY DEPT VISIT		X				$115.98
99284	EMERGENCY DEPT VISIT		X				$196.79
99285	EMERGENCY DEPT VISIT		X				$285.84
A4263	PERMANENT TEAR DUCT PLUG		X				$15.21
G0117	GLAUCOMA SCRN HGH RISK DIREC		X				$89.83
J1095	Injection, dexamethasone 9%		X				Priced by NDC
V2510	CNTCT GAS PERMEABLE SPHERICL		X	X	Y		Priced by Invoice
V2511	CNTCT TORIC PRISM BALLAST		X	X	Y		Priced by Invoice
V2512	CNTCT LENS GAS PERMBL BIFOCL		X	X	Y		Priced by Invoice
V2520	CNTCT LENS HYDROPHILIC		X	X	Y		Priced by Invoice
V2521	CNTCT LENS HYDROPHILIC TORIC		X	X	Y		Priced by Invoice
V2522	CNTCT LENS HYDROPHIL BIFOCL		X	X	Y		Priced by Invoice
V2523	CNTCT LENS HYDROPHIL EXTEND		X	X	Y		Priced by Invoice
V2530	CONTACT LENS GAS IMPERMEABLE		X	X	Y		Priced by Invoice
V2531	CONTACT LENS GAS PERMEABLE		X	X	Y		Priced by Invoice
V2599	CONTACT LENS/ES OTHER TYPE		X	X	Y		Priced by Invoice
V2627	SCLERAL COVER SHELL		X			Y	See DMEPOS Fee Schedule

Procedure Code	Billing Notes
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Procedure Code	Billing Notes
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V2627	

Procedure Code	Procedure Description	Requires Service Authorization
V2020	Frames	
V2025	Specialty Frames	X
V2100	LENS SPHER SINGLE PLANO 4.00	
V2101	SINGLE VISN SPHERE 4.12-7.00	
V2102	SINGL VISN SPHERE 7.12-20.00	
V2103	SPHEROCYLINDR 4.00D/12-2.00D	
V2104	SPHEROCYLINDR 4.00D/2.12-4D	
V2105	SPHEROCYLINDER 4.00D/4.25-6D	
V2106	SPHEROCYLINDER 4.00D/>6.00D	
V2107	SPHEROCYLINDER 4.25D/12-2D	
V2108	SPHEROCYLINDER 4.25D/2.12-4D	
V2109	SPHEROCYLINDER 4.25D/4.25-6D	
V2110	SPHEROCYLINDER 4.25D/OVER 6D	
V2111	SPHEROCYLINDR 7.25D/.25-2.25	
V2112	SPHEROCYLINDR 7.25D/2.25-4D	
V2113	SPHEROCYLINDR 7.25D/4.25-6D	
V2114	SPHEROCYLINDER OVER 12.00D	
V2115	LENS LENTICULAR BIFOCAL	
V2118	LENS ANISEIKONIC SINGLE	
V2121	LENTICULAR LENS, SINGLE	
V2199	LENS SINGLE VISION NOT OTH C	X
V2200	LENS SPHER BIFOC PLANO 4.00D	
V2201	LENS SPHERE BIFOCAL 4.12-7.0	
V2202	LENS SPHERE BIFOCAL 7.12-20.	
V2203	LENS SPHCYL BIFOCAL 4.00D/.1	
V2204	LENS SPHCY BIFOCAL 4.00D/2.1	
V2205	LENS SPHCY BIFOCAL 4.00D/4.2	
V2206	LENS SPHCY BIFOCAL 4.00D/OVE	
V2207	LENS SPHCY BIFOCAL 4.25-7D/.	
V2208	LENS SPHCY BIFOCAL 4.25-7/2.	
V2209	LENS SPHCY BIFOCAL 4.25-7/4.	
V2210	LENS SPHCY BIFOCAL 4.25-7/OV	
V2211	LENS SPHCY BIFO 7.25-12/.25-	
V2212	LENS SPHCYL BIFO 7.25-12/2.2	
V2213	LENS SPHCYL BIFO 7.25-12/4.2	
V2214	LENS SPHCYL BIFOCAL OVER 12.	
V2215	LENS LENTICULAR BIFOCAL	
V2218	LENS ANISEIKONIC BIFOCAL	
V2219	LENS BIFOCAL SEG WIDTH OVER	
V2220	LENS BIFOCAL ADD OVER 3.25D	
V2221	LENTICULAR LENS, BIFOCAL	
V2299	LENS BIFOCAL SPECIALITY	X
V2300	LENS SPHERE TRIFOCAL 4.00D	
V2301	LENS SPHERE TRIFOCAL 4.12-7.	
V2302	LENS SPHERE TRIFOCAL 7.12-20	

V2303	LENS SPHCY TRIFOCAL 4.0/.12-	
V2304	LENS SPHCY TRIFOCAL 4.0/2.25	
V2305	LENS SPHCY TRIFOCAL 4.0/4.25	
V2306	LENS SPHCYL TRIFOCAL 4.00/>6	
V2307	LENS SPHCY TRIFOCAL 4.25-7/.	
V2308	LENS SPHC TRIFOCAL 4.25-7/2.	
V2309	LENS SPHC TRIFOCAL 4.25-7/4.	
V2310	LENS SPHC TRIFOCAL 4.25-7/>6	
V2311	LENS SPHC TRIFO 7.25-12/.25-	
V2312	LENS SPHC TRIFO 7.25-12/2.25	
V2313	LENS SPHC TRIFO 7.25-12/4.25	
V2314	LENS SPHCYL TRIFOCAL OVER 12	
V2315	LENS LENTICULAR TRIFOCAL	
V2318	LENS ANISEIKONIC TRIFOCAL	
V2319	LENS TRIFOCAL SEG WIDTH > 28	
V2320	LENS TRIFOCAL ADD OVER 3.25D	
V2321	LENTICULAR LENS, TRIFOCAL	
V2399	LENS TRIFOCAL SPECIALITY	X
V2700	BALANCE LENS	X
V2710	GLASS/PLASTIC SLAB OFF PRISM	X
V2715	PRISM LENS/ES	X
V2718	FRESNELL PRISM PRESS-ON LENS	X
V2730	SPECIAL BASE CURVE	X
V2770	OCCLUDER LENS/ES	X
V2780	OVERSIZE LENS/ES	X
V2744	TINT PHOTOCHROMATIC LENS/ES	X
V2745	TINT, ANY COLOR/SOLID/GRAD	X
V2755	UV LENS/ES	X
V2799	MISC VISION ITEM OR SERVICE	X

* Children ages 0-20 years are limited to 2 lenses and 1 frame per calendar year. An additional 2 lenses and 1 frame may be authorized with submission of medical justification with the vision product order. Additional frames and lenses beyond this must have prior authorization from the department.

** Adults ages 21 years and older are limited to 2 lenses and 1 frame per 2 calendar years. Additional frames and lenses require prior authorization by the department.