

New Patients		CPT	U&C	New Fees	Benchmark	**Medicare Allowable	*Co-pay	Reimb
Medical Visits								
Office Visit Level 1	99201				\$42	\$33.80	\$6.76	\$27.04
Office Visit Level 2	99202				\$74	\$58.93	\$11.79	\$47.14
Office Visit Level 3	99203				\$108	\$86.13	\$17.23	\$68.90
Office Visit Level 4	99204				\$167	\$133.85	\$26.77	\$107.08
Office Visit Level 5	99205				\$212	\$169.51	\$33.90	\$135.61
Ophthalmic Visits								
Refraction	92015					\$0.00	\$0.00	\$0.00
Intermediate Examination +Ref	92002				\$77	\$61.35	\$12.27	\$49.08
Comprehensive Examination +Ref	92004				\$146	\$116.51	\$23.30	\$93.21
Wellness Exams								
New Wellness Exam	S0620							
Est. Patients								
Medical Visits								
Office Visit Level 1	99211				\$21	\$16.76	\$3.35	\$13.41
Office Visit Level 2	99212				\$43	\$34.10	\$6.82	\$27.28
Office Visit Level 3	99213				\$71	\$57.02	\$11.40	\$45.62
Office Visit Level 4	99214				\$108	\$86.17	\$17.23	\$68.94
Office Visit Level 5	99215				\$147	\$117.20	\$23.44	\$93.76
Ophthalmic Visits								
Refraction	92015					\$0.00	\$0.00	\$0.00
Intermediate Examination +Ref	92012				\$81	\$64.58	\$12.92	\$51.66
Comprehensive Examination +Ref	92014				\$118	\$94.73	\$18.95	\$75.78
Wellness Exams								
Est Wellness Exam	S0621							
Misc. Procedures								
Pachymetry	76514				\$15	\$11.88	\$2.38	\$9.50
FB Removal Conj Sup	65205				\$56	\$44.67	\$8.93	\$35.74
FB Removal Conj Emb	65210				\$68	\$54.62	\$10.92	\$43.70
FB Removal Corneal	65222				\$75	\$59.95	\$11.99	\$47.96
Corneal Rust Ring	65435				\$78	\$62.28	\$12.46	\$49.82
Epilation	67820				\$53	\$42.17	\$8.43	\$33.74
FB Removal Lid Emb	67938				\$147	\$117.79	\$23.56	\$94.23
Closure of Lacrimal Puncta	68761				\$139	\$111.46	\$22.29	\$89.17
Lacrimal Dilatation	68801				\$114	\$91.35	\$18.27	\$73.08
Lacrimal Probe	68810				\$223	\$178.39	\$35.68	\$142.71
Gonioscopy	92020				\$28	\$22.18	\$4.44	\$17.74
Visual Field Level 1	92081				\$53	\$42.30	\$8.46	\$33.84
Visual Field Level 2	92082				\$70	\$55.62	\$11.12	\$44.50
Visual Field Level 3	92083				\$79	\$63.45	\$12.69	\$50.76
Serial Tonometry	92100				\$91	\$72.63	\$14.53	\$58.10
Retinal Tomography	92135				\$47	\$37.46	\$7.49	\$29.97
Ext. Ophthalmoscopy Int.	92225				\$27	\$21.35	\$4.27	\$17.08
Extended Ophth. Sub.	92226				\$24	\$19.25	\$3.85	\$15.40
Fundus Photography	92250				\$71	\$57.11	\$11.42	\$45.69
Ext. Photography Ocular	92285				\$42	\$33.24	\$6.65	\$26.59
Screening Photos	S0625				\$0	\$0.00	\$0.00	\$0.00
E/M Consult Level 1	99241				\$57	\$45.21	\$9.04	\$36.17
E/M Consult Level 2	99242				\$107	\$85.42	\$17.08	\$68.34
E/M Consult Level 3	99243				\$147	\$117.40	\$23.48	\$93.92
E/M Consult Level 4	99244				\$218	\$174.30	\$34.86	\$139.44
E/M Consult Level 5	99245				\$269	\$214.82	\$42.96	\$171.86
Post-Op. Yag Laser	66821-55				\$61	\$48.64	\$9.73	\$38.91
Post-Op. Global	66984-55				\$150	\$120.06	\$24.01	\$96.05
							**Charge if deduct not met	
							***File misc. code with description	
							Benchmark=20% over par allowables	
							*If deductible is met	