

2022 UEC FEE SCHEDULE

Examination, Treatment and Procedures

Procedure Code	Fee (in US dollars)	Description
0207T	175.00	Lipiflow Treatment (per eye) (Clear eyelid gland w/heat)
64612	250.00	Destroy nerve, face muscle
65205	125.00	Foreign Body Removal, Conjunctival, Superficial
65210	125.00	Foreign Body Removal, Conjunctival, Embedded
65222	125.00	Foreign Body Removal, Corneal, Slit Lamp
65430	500.00	Corneal Scraping, Diagnostic, Smear or Culture
65600	650.00	Stromal Puncture
65778	1,900.00	Prokera (Amniotic Membrane)
65855	700.00	Trabeculoplasty By Laser
66761	700.00	Iridotomy/Iridectomy, By Laser
66821	700.00	Laser Surgery, Lens (YAG)
66984 55 (modifier 55 for comanagement)	200.00	Comanagement of Post-Op Portion of Extracapsular Cataract Removal With Insertion of IOL
67028	200.00	Injection Eye Drug
67105	750.00	Retina or Choroid Repair, Photocoagulation
67145	750.00	Retina or Choroid Prophylaxis, Photocoagulation
67210	750.00	Retina or Choroid Destruction, Localized Lesion, Photocoagulation
67228	750.00	Retina or Choroid Destruction, Treatment of Extensive Retinopathy, Photocoagulation
67515	150.00	Injection of Medication or Other Substance Into Tenons Capsule
67800	275.00	Excision of Chalazion, Single
67805	500.00	Excision of Chalazion, Multiple, Different Lids
67820	100.00	Correction of Trichiasis, Epilation, Forceps
67825	250.00	Correction of trichiasis; epilation, by methods other than forceps (e.g., electrosurgery)
67840	650.00	Excision of Lesion of Eyelid (Except Chalzaion) Without Closure or With Simple Direct Closure
68761	250.00	Closure of Lacrimal Punctum by Plug
68801	175.00	Dilation of Lacrimal Punctum, With or Without Irrigation
68840	175.00	Probing of Lacrimal Canaliculi, With or Without Irrigation
76510	250.00	Ophthalmic Ultrasound, Diagnostic, B-scan and Quantitative A-scan Performed During Same Patient Encounter
76511	165.00	Ophthalmic Ultrasound, Quantitative A-scan Only

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76512	165.00	Ophthalmic Ultrasound, B-scan, With or Without Non-quantitative A-scan
76513	175.00	Anterior Segment Ultrasound, Immersion B-scan or High Resolution Biomicroscopy
76514	50.00	Corneal Pachymetry, Unilateral or Bilateral
76519	130.00	Ophthalmic Biometry by Ultrasound, A-scan, With IOP Power Calculation
83516	40.00	Immunoassay for Other Than Infectious Agent (InflammaDry)
83861	40.00	Tear Osmolarity Testing
90791	400.00	Psychiatric Diagnostic Evaluation (Intake Interview)
92000	300.00	Perceptual Evaluation
92000HT	200.00	Perceptual Eval/Skills
92002	120.00	Ophthalmological Services, Intermediate, New Patient
92004	180.00	Ophthalmological Services, Comprehensive, New Patient
92012	110.00	Ophthalmological Services, Intermediate, Established Patient
92014	155.00	Ophthalmological Services, Comprehensive, Established Patient
92015	55.00	Determination of Refractive State
92015-22	150.00	Determination of Refractive State - Complex
92020	50.00	Gonioscopy
92025	125.00	Computerized Corneal Topography
92060	90.00	Sensorimotor Examination
92065	85.00	Orthoptic Training
92081	80.00	Visual Field Examination, Limited
92082	105.00	Visual Field Examination, Intermediate
92083	145.00	Visual Field Examination, Extended
92100	125.00	Serial Tonometry
92132	105.00	Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment
92133	105.00	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, Optic Nerve
92134	105.00	Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, Retina
92136	170.00	Ophthalmic Biometry by Partial Coherence Interferometry With IOL Power Calculation
92145	40.00	Corneal Hysteresis Determination, By Air Impulse Stimulation
92201	40.00	Ophthalmoscopy, Extended, Initial
92202	35.00	Ophthalmoscopy, Extended, Subsequent
92235	175.00	Fluorescein Angiography
92250	190.00	Fundus Photography

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Procedure Code	Fee (in US dollars)	Description
92270	130.00	Electro-oculography
92273	250.00	Electroretinography - Full Field
92274	150.00	Electroretinography - Multifocal
0509T	150.00	Electroretinography - Pattern
92283	225.00	Color Vision Eximination, Extended
92285	85.00	External Ocular Photography
92286	100.00	Anterior Segment Imaging, With Specular Microscopy
95930	210.00	Visually Evoked Potential (VEP)
96132	250.00	Neuropsychological Testing Evaluation Services by Physician or Other Qualified Health Care Professional, Including Integration of Patient Data, Interpretation of Standardized Test Results and Clinical Data, Clinical Decision Making, Treatment Planning and Report, and Interactive Feedback to the Patient, Family Member(s) or Caregiver(s), When Performed, First Hour
96133	175.00	Neuropsychological Testing Evaluation Services, Each Additional Hour (Add on Code)
99075	500* 250**	Medical Testimony *Initial, Up to Two Hours **Each Additional Hour
99202	95.00	Office Visit, New Patient
99203	140.00	Office Visit, New Patient
99204	200.00	Office Visit, New Patient
99205	265.00	Office Visit, New Patient
99211	40.00	Office Visit, Established Patient
99212	70.00	Office Visit, Established Patient
99213	110.00	Office Visit, Established Patient
99214	155.00	Office Visit, Established Patient
99215	215.00	Office Visit, Established Patient
99241	80.00	Office Consultation , New or Established Patient
99242	125.00	Office Consultation , New or Established Patient
99243	160.00	Office Consultation , New or Established Patient
99244	215.00	Office Consultation , New or Established Patient
99245	280.00	Office Consultation , New or Established Patient
99EHV	100.00	External Home Visit
J9035	100.00	Bevacizumab injection (10mg)
J0585	8.00	Botulinum toxin (1unit)
J0178	950.00	Eylea (1mg)
VU99203	140.00	Vuity Initial Visit
VU99213	110.00	Vuity Established Patient Visit
VU99212	70.00	Vuity Recheck

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Procedure Code	Fee (in US dollars)	Description
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Contact Lens Services and Materials

Procedure Code	Fee (in dollars)	Description
92071	175.00	Fitting of Contact Lens for Treatment of Ocular Service Disease (bandage contact lens)
92072	700.00	Fitting of Contact Lens for Management of Keratoconus, Initial, Bilateral
92310-52	350.00	Degenerative Myopia Intial Fit (bilateral)
92310	700.00	Prescription of Optical and Physical Characteristics of and Fitting of Contact Lens, Medically Necessary, Both Eyes (except aphakia)
92311	375.00	Fitting of Medically Necessary Contact Lens, Aphakia, 1 Eye
92312	500.00	Fitting of Medically Necessary Contact Lens, Aphakia, Aphakia, Both Eyes
92313	350.00	Fitting of Medically Necessary Contact Lens, Corneoscleral Lens, 1 Eye
V2513	Starting at 150 per lens	Contact Lens, Rigid Gas Permeable
V2521	Starting at 45 per box	Soft Lenses: Toric
V2522	Starting at 50 per box	Soft Lenses: Multifocal
V2523	Starting at 40 per box	Soft Lenses: Spherical
V2599	Starting at \$325 per lens	Contact Lens, Orthokeratology
V2531	Starting at 575 per lens	Scleral Lens
V2623	2,400.00	Prosthetic Eye, Plastic, Custom, Per Eye
V2624	100.00	Polishing/Resurfacing
V2625	500.00	Enlargement Of Ocular Prosthesis
V2626	500.00	Reduction/Ocular Prosthesis
V2627	2,000.00	Sclera Cover Shell
CL12	600.00	Cosmetic Rigid Gas Permeable Contact Lens Professional Fee: Scleral/Hybrid
CL14	550.00	Orthokeratology- Refit Not Including Lenses

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Procedure Code	Fee (in US dollars)	Description
CL15	75.00	Intermediate Contact Lens/Eye Health Assessment- Elective Wearer
CL101	75.00	Annual Soft Contact Lens Evaluation During Comprehensive Examination
CL102	100.00	Annual GP Contact Lens Evaluation During Comprehensive Examination
CL103	150.00	Cosmetic Contact Lens Professional Fee: Soft Refit Existing Wearer Same Lens Design in Toric or Multifocal /Rigid Gas Permeable Refit, Change in Power Only
CL104	150.00	Cosmetic Soft Contact Lens Professional Fee: Standard Fit
CL105	200.00	Cosmetic Soft Contact Lens Professional Fee: Premium Fit
CL106	250.00	Cosmetic Rigid Gas Permeable Contact Lens Professional Fee
CL108	1,350.00	Orthokeratology - Initial Fit Not Including Lenses
CLKIT	25.00	Scleral Lens Kit
CLDMV	15.00	Scleral Lens Insertion and Removal Plungers

Vision Rehabilitation Materials

Code	Fee (in dollars)	Description
VTKIT	65.00	Vision Skills Kit
STAMK	75.00	Strabismus Kit
ED101	450.00	Educational/Achievment Testing

Optical Materials

Code	Fee (in dollars)	Description
V2020	start at 69	Frames
V2100	69 per pair	SV, sph, plano to +/-4.00
V2103	69 per pair	SV, spherocyl, plano to +/-4.00 up to 2.00 D cyl
V2200	95 per pair	Bifocal, sph, plano to +/-4.00
V2203	95 per pair	Bifocal, spherocyl, plano to +/-4.00 up to 2.00D cyl
V2219	35 additional per pair	Seg over 28mm
V2220	30 additional per pair	Bifocal add +3.25 to +4.00

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Procedure Code	Fee (in US dollars)	Description
V2300	169 per pair	Trifocal, sph, plano to +/-4.00
V2303	169 per pair	Trifocal, spherocyl, plano to +/-4.00 up to 2.00 cyl
V2319	35 additional per pair	Trifocal seg over 28mm
V2320	35 additional per pair	Trifocal add over +3.25 to +4.00
V2715	15.00	Prism per diopter per eye
V2744	110 per pair	Tint, plastic photochromatic
V2745	25 per pair	Tint, anything except photochromatic
V2750	Range from 80 to 175 per pair	A/R coating
V2755	30 per pair	U-V coating
V2760	25 per pair	S-R coating
V2762	150 per pair	Polarization
V2781	Starting at 160 additional per pair over fee for bifocals	Progressive
V2783	Starting at 80 additional per pair over fee for standard lenses	High Index
V2784	50 additional	Polycarb
Kids Packages Rx range = +/- 4.00 with - 2.00 cyl	99, 149, 189, 249	Frame and SV polycarbonate lenses
Sports Glasses Rx range = +/- 4.00 with - 2.00 cyl	199.00	Select Liberty Sports Goggles and SV clear polycarbonate lenses

Telehealth

Procedure Code	Fee (in dollars)	Description
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Procedure Code	Fee (in US dollars)	Description
99212	100.00	Telehealth - Office Visit, Established Patient
99213	130.00	Telehealth - Office Visit, Established Patient
99202	120.00	Telehealth - Office Visit, New Patient
99441	100.00	Phone, Eval & Management 5-10 Min
99442	130.00	Phone, Eval & Management 11-20 Min
99443	160.00	Phone, Eval & Management 21-30 Min
G2012	25.00	Brief Check-in (5-10 minutes)
G2010	20.00	Remote Image Review
99453	35.00	RPM - Training
99454	90.00	RPM - Loaned Device
99457	90.00	RPM - Analysis and Discussion

Myopia Management

Procedure Code	Fee (in US dollars)	Description
MC01	50.00	Initial Consultation Visit
MC02	300.00	Baseleine Evaluation
MC03	250.00	Annual Evaluation
CL20	300.00	Myopia Control Soft Multifocal CL Fit
CL21	1,350.00	Myopia Control Orthokeratology CL Fit Not Including Lenses
CL22	75.00	CL Assessment with Annual Myopia Control Visit
CL23	200.00	Myopia Control Soft Multifocal CL Refit
CL24	550.00	Myopia Control Orthokeratology CL Refit Not Including Lenses

Finalized: 7/8/22

Effective: 8/22/22