



Dear Doctors:

Please take note that Davis Vision, on behalf of **AmeriHealth Mercy Health Plan**, is distributing an updated Optometric Medical fee schedule. Please see the attached fee schedule for the health plan. Davis Vision administers this fee schedule for AmeriHealth Mercy Health Plan and processes claims accordingly.

On behalf of AmeriHealth Mercy Health Plan, Davis Vision will rate reprocess all Medical Optometric claims with dates of service from 1/1/12, to pay at the new revised rates once the new fee schedule is updated in the Davis Vision claims processing system.

To process a medical eye procedure claim, please send all claims to Davis Vision on a CMS 1500 Form to the following address:

Davis Vision Ancillary Care Processing Unit

PO Box 1620

Latham, NY 12110

Or, please fax to (800) 496-1380.

Yours Truly,

Daniel B. Levy, O.D, CPHM

Director of Professional Relations

A handwritten signature in black ink that reads "Daniel B. Levy OD". The signature is written in a cursive style.



MEDICAL SERVICES REIMBURSEMENT SCHEDULE
AmeriHealth Mercy Health Plan

CPT Procedure Code	Description	Amount
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report, for ocular blood flow measurement	\$10.00
65205	Removal of Foreign Body, External	\$27.50
65220	Removal of foreign body, corneal without slit lamp	\$26.50
65222	Removal of foreign body, corneal with slit lamp	\$26.00
67820	Correction of trichiasis; epilation, by forceps only	\$35.00
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry; interpretation & report.	\$9.43
92002	Office visit, intermediate ophthalmic exam , new patient	\$28.34
92004	Office visit, comprehensive ophthalmic exam, new patient	\$58.77
92012	Office visit, intermediate ophthalmic exam , established patient	\$29.41
92014	Office visit, comprehensive ophthalmic exam, established patient	\$45.28
92015	Determination of refractive state	\$20.00
92020	Gonioscopy	\$19.50
92060	Sensorimotor exam	\$33.74
92065	Orthoptic training	\$24.06
92070	Fitting of contacts for treatment of disease	\$62.40
92081	Visual Field	\$28.00
92082	Intermediate visual field exam	\$35.00
92083	Extended visual field exam	\$63.00
92100	Serial tonometry	\$10.08
92130	Tonography	\$10.00
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	\$28.42
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	\$34.84
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	\$34.84
92140	Provocative tests for glaucoma	\$10.00
92225	Ophthalmoscopy, extended	\$26.11
92226	Ophthalmoscopy, subsequent	\$43.51
92250	Fundu photo	\$53.17

CPT Procedure Code	Description	Amount
92260	Ophthalmodynamometry	\$34.50
92265	Needle oculo-electromyography	\$50.40
92270	Electro-oculography	\$77.87
92275	Electroretinography	\$43.00
92280	Visual evoked potential	\$26.25
92283	Color vision exam	\$13.33
92284	Dark Adaption Exam	\$52.14
92285	External ocular photography	\$13.25
92286	Special anterior seg photo	\$33.00
92541	Spontaneous nystagmus test	\$27.21
92542	Positional nystagmus test	\$33.78
92543	Caloric vestibular test	\$20.11
92544	Optokinetic nystagmus	\$19.91
92545	Oscillating tracking	\$18.42
92546	Sinusoidal vertical axis	\$22.00
92547	Verticle electrodes	\$4.21
95933	Orbicularis oculi reflex	\$21.50
99201	Evaluation and Management Services: Office visit new patient, minor	\$25.00
99202	Evaluation and Management Services: Office visit new patient, low/moderate	\$35.33
99203	Office or other outpatient visit for the evaluation and management of a new patient, requiring 3 key components. Typical time spent: 30 minutes.	\$54.25
99204	Office or other outpatient visit for the evaluation and management of a new patient, requiring 3 key components. Typical time spent: 45 minutes.	\$90.37
99205	Office or other outpatient visit for the evaluation and management of a new patient, requiring 3 key components. Typical time spent: 60 minutes.	\$117.54
99211	Evaluation and Management Services: Office visit, established, minimal	\$25.00
99212	Evaluation and Management Services: Office visit established, minor	\$26.00
99213	Evaluation and Management Services: Office visit established, low/moderate	\$35.00
99214	Evaluation and Management Services: Office or other outpatient visit for the evaluation and management of an established patient.	\$54.42
99215	Evaluation and Management Services: Office or other outpatient visit for the evaluation and management of an established patient.	\$78.05
99241	Evaluation and Management Services: Office consultation new pat., minor	\$30.00
99242	Evaluation and Management Services: Office consultation new pat., low	\$55.15
99243	Evaluation and Management Services: Office consultation new pat., moderate	\$76.93
99251	Evaluation and Management Services: Initial patient consult.	\$30.00
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, requiring 3 key components. Typical time spent: 25 minutes.	\$43.75

CPT Procedure Code	Description	Amount
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires 3 key components. Typical time spent: 35 minutes.	\$56.15
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires 3 key components. Typical time spent: 45 minutes.	\$69.92
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 key components. Typical time spent: 10 minutes.	\$23.29
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 key components. Typical time spent: 15 minutes.	\$51.27
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 key components. Typical time spent: 25 minutes.	\$51.27
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of 3 key components. Typical time spent:35 minutes.	\$60.31
99318	Annual nursing facility assessment for the evaluation and management of a patient, which requires 3 key components. Typical time spent: 30 minutes.	\$42.75
99341	Home visit, new patient, low severity	\$21.00
99342	Home visit, new patient, moderate severity	\$21.00
99343	Home visit, new patient, high severity	\$21.00
99347	Home visit, est. patient, minor severity	\$21.00
99348	Home visit, est. patient, moderate severity	\$26.00
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components. Typical time spent 40 minutes.	\$31
A6412	Eye patch, occlusive, each	\$0.57
S0215	Non-emergency transportation; mileage, per mile	\$0.10
S0625	Retinal telecreening by digital imaging of multiple different fundus areas.	\$74.60