

Fidelis

Procedure

Code	Description	Payment
65210	REMOV FB EXT EYE; CONJUNC EMBEDDED/SUBCONJUNC	\$40.13
65222	REMOVAL FB EXTERNAL EYE; CORNEAL W/SLIT LAMP	\$44.20
67820	CORRECTION OF TRICHIASIS; EPILATION FORCEPS ONLY	\$28.30
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG EACH	\$80.07
68801	DILATION OF LACRIMAL PUNCTUM W/WO IRRIGATION	\$66.60
68810	PROBING OF NLD WITH OR WITHOUT IRRIGATION;	\$142.88
68840	PROBING OF LACRIMAL CANALICULI W/WO IRRIGATION	\$65.45
76512	OPHTHALMIC ULTRASOUND ECHOGRAPHY DX; CNTC B-SCAN	\$72.70
76514	ECHO EXAM OF EYE, THICKNESS	\$7.99
76519	OPHTH BIOMETRY A-SCAN; W/IO LENS POWER CALCULAT	\$50.74
87070	CULT BACT; NOT URINE/BLD/STOOL W/ISOLTN & ID ISO	\$9.12
92002	OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	\$39.00
92004	OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	\$72.00
92012	OPHTH SERV: MED EXAM & EVAL; INITERMED ESTAB PT	\$39.00
92014	OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	\$56.00
92020	GONIOSCOPY	\$15.01
92060	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	\$35.26
92065	ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	\$24.22
92081	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	\$32.00
92082	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	\$41.69
92083	VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	\$46.50
92100	SERIAL TONOMETRY-SEP PROC W/I&R SAME DAY	\$50.97
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSIS IMAGING, ANTERIOR	\$24.38
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSIS IMAGING, OPTIC NERVE	\$30.02
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSIS IMAGING, RETINA	\$30.02
92225	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	\$14.81
92226	OPHTH EXT W/RETINAL DRAWING W/I&R; SUBSEQUENT	\$13.50
92250	FUNDUS PHOTOGRAPHY W/I&R	\$44.50
92270	ELECTRO-OCULOGRAPHY W/I&R	\$56.82
92275	ELECTRORETINOGRAPHY W/I&R	\$75.73
92285	EXT OCULR PHOTOGRAPHY W/I&R DOC MEDICAL PROGRESS	\$28.29
95930	VISL EVOKED PTNTL TST CNTRL NRV SYS CHKRBD/FLASH	\$65.80
99201	OFC/OUTPT VISIT E&M NEW SELF LIMIT/MINOR 10 MIN	\$22.74
99202	OFC/OUTPT VISIT E&M NEW LOW-MOD SEVERITY 20 MIN	\$38.90
99203	OFC/OUTPT VISIT E&M NEW MODERATE SEVERITY 30 MIN	\$56.93
99204	OFC/OUTPT VISIT E&M NEW MOD-HI SEVERITY 45 MIN	\$83.50
99211	OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	\$12.56
99212	OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	\$23.48
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	\$37.41
99214	OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	\$56.18
99215	OFC/OUTPT VISIT E&M ESTAB MOD-HI SEVRTY 40 MIN	\$75.80
99241	OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	\$32.12

99242	OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	\$55.68
99243	OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	\$76.33
99244	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	\$111.50
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT	\$40.00