

HealthFirst

Procedure Code	Description	Payment
65210	REMOV FB EXT EYE; CONJUNC EMBEDDED/SUBCONJUNC	\$44.08
65222	REMOVAL FB EXTERNAL EYE; CORNEAL W/SLIT LAMP	\$48.56
76512	OPHTHALMIC ULTRASOUND ECHOGRAPHY DX; CNTC B-SCAN	\$64.12
76514	ECHO EXAM OF EYE, THICKNESS	\$9.41
76519	OPHTH BIOMETRY A-SCAN; W/IO LENS POWER CALCULAT	\$53.00
87070	CULT BACT; NOT URINE/BLD/STOOL W/ISOLTN & ID ISO	\$7.41
92002	OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	\$50.31
92004	OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	\$93.35
92012	OPHTH SERV: MED EXAM & EVAL; INITERMED ESTAB PT	\$53.20
92014	OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	\$77.18
92020	GONIOSCOPY	\$17.39
92060	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	\$39.88
92065	ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	\$32.85
92081	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	\$37.05
92082	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	\$49.79
92083	VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	\$56.57
92100	SERIAL TONOMETRY-SEP PROC W/I&R SAME DAY	\$60.57
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSIS IMAGING, ANTERIOR SEGMENT	\$28.48
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSIS IMAGING, OPTIC NERVE	\$34.50
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSIS IMAGING, RETINA	\$34.50
92225	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	\$16.78
92226	OPHTH EXT W/RETINAL DRAWING W/I&R; SUBSEQUENT	\$15.13
92250	FUNDUS PHOTOGRAPHY W/I&R	\$50.20
92285	EXT OCULR PHOTOGRAPHY W/I&R DOC MEDICAL PROGRESS	\$29.71
99201	OFC/OUTPT VISIT E&M NEW SELF LIMIT/MINOR 10 MIN	\$27.73
99202	OFC/OUTPT VISIT E&M NEW LOW-MOD SEVERITY 20 MIN	\$47.47
99203	OFC/OUTPT VISIT E&M NEW MODERATE SEVERITY 30 MIN	\$68.34
99204	OFC/OUTPT VISIT E&M NEW MOD-HI SEVERITY 45 MIN	\$104.72
99211	OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	\$13.92
99212	OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	\$27.73
99213	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	\$45.92
99214	OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	\$68.62
99215	OFC/OUTPT VISIT E&M ESTAB MOD-HI SEVRTY 40 MIN	\$92.04
99241	OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	\$27.73
99242	OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	\$47.47
99243	OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	\$68.34
99244	OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	\$104.72