

**NC DIVISION OF MEDICAL ASSISTANCE**

**Optical Program Fee Schedule**

Fee schedule effective January 1, 2014

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

CODE	DESCRIPTION	Medicaid Maximum Allowable		
		FACILITY	NON-FACILITY	EFFECTIVE DATE
92310	DISPENSE CONTACT LENS (two contact lenses) 2 CL = 1 UNIT, 1 CL = .5	\$148.74	\$148.74	1/1/2014
92326	REPLACEMENT OF CONTACT LENS (dispense replacement contact lens)	\$36.13	\$36.13	1/1/2014
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL (single lens)	\$9.92	\$9.92	1/1/2014
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL (bifocal lens)	\$11.61	\$11.61	1/1/2014
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL OTHER	\$12.83	\$12.83	1/1/2014
92353	FITTING OF SPECTACLES, PROSTHESIS FOR APHAKIA; MULTIFOCAL (d	\$13.05	\$13.05	1/1/2014
92370	REPAIR AND REFITTING SPECTACLES, EXCEPT FOR APHAKIA (dispens	\$7.15	\$7.15	1/1/2014
V2510	CONTACT LENS, GAS PERMEABLE, SPH, PER LENS	Attach Invoice	Attach Invoice	
V2520	CONTACT LENS, HYDROPHILIC, SPH, PER LENS	Attach Invoice	Attach Invoice	
V2599	CONTACT LENS, OTHER TYPE (use for care kit)	Attach Invoice	Attach Invoice	
V2600	HANDHELD, LOW VISION AIDS	Attach Invoice	Attach Invoice	
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	Attach Invoice	Attach Invoice	
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEMS	Attach Invoice	Attach Invoice	
V2797	SUPPLY OF LOW VISION AIDS (dispense low vision aids)	\$57.21	\$57.21	1/1/2014
V2799	VISION SERVICES, MISCELLANEOUS (excpetional frame, lens or special s	Attach Invoice	Attach Invoice	

**Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions changes and deletion to this schedule.**