SDCL 28-6-1.2 Optometric Services Reimbursement Schedule Information

The following is an analysis of Medicaid's state fiscal year 2027 optometry reimbursement rates. The rates are compared to Medicaid's target reimbursement methodology, surrounding state Medicaid agency rates, and charges billed by Medicaid providers. The billed charges analysis only includes claims that were billed by optometrsits or optical supply providers, were paid in calendar 2025, and that Medicaid was the primary payer for.

Definitions

"Target Reimbursement" — Information regarding the current methodology used to calculate reimbursement rates.

"Percent of Target" — A comparison of the Medicaid rate to the target reimbursement rate. This is arrived at by dividing the Medicaid rate by the target rate.

"Percent of Average Billed Charges" — A comparison of the Medicaid rate to the average amount billed by providers. This is arrived at by dividing the Medicaid rate by the average amount billed by providers.

"Percent of Surrounding State Rates" — A comparison of the Medicaid rate to state Medicaid agency rates for states that border South Dakota. The is arrived at by dividing the Medicaid rate by the average of surrounding state Medicaid agency rates. In order to be included at least three states must have rates.

CPT Code	CPT Code Description	SFY27 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
65205	Remove Foreign Body From Eye	$ 27.27	90% Medicare	110%	23%	53%	
65210	Remove Foreign Body From Eye	$ 36.79	90% Medicare	109%	27%	61%	Less than 10 claims
65220	Remove Foreign Body From Eye	$ 59.96	90% Medicare	107%	No Paid Claims	84%	
65222	Remove Foreign Body From Eye	$ 65.44	90% Medicare	110%	41%	75%	
65400	Removal Of Eye Lesion	$ 661.13	90% Medicare	107%	30%	97%	Less than 10 claims
65420	Removal Of Eye Lesion	$ 514.29	90% Medicare	107%	No Paid Claims	107%	
65430	Corneal Smear	$ 109.17	90% Medicare	107%	23%	94%	
65435	Curette/Treat Cornea	$ 79.08	90% Medicare	107%	43%	97%	Less than 10 claims
65710	Corneal Transplant	$ 957.93	90% Medicare	111%	No Paid Claims	76%	
65730	Corneal Transplant	$ 1,039.44	90% Medicare	111%	23%	72%	Less than 10 claims
65750	Corneal Transplant	$ 1,040.78	90% Medicare	111%	No Paid Claims	68%	
65755	Corneal Transplant	$ 1,035.77	90% Medicare	111%	No Paid Claims	75%	
65772	Correction Of Astigmatism	$ 437.19	90% Medicare	108%	No Paid Claims	65%	
65775	Correction Of Astigmatism	$ 487.26	90% Medicare	111%	No Paid Claims	56%	
65778	Cover Eye W/Membrane	$ 1,233.75	90% Medicare	108%	51%	119%	
65815	Drainage Of Eye	$ 609.97	90% Medicare	107%	101%	88%	Less than 10 claims
65820	Relieve Inner Eye Pressure	$ 708.38	90% Medicare	111%	35%	84%	Less than 10 claims
65850	Incision Of Eyeball	$ 694.59	90% Medicare	111%	No Paid Claims	69%	
65855	Trabeculoplasty Laser Surg	$ 233.79	90% Medicare	108%	18%	60%	
65875	Incise Inner Eye Adhesions	$ 534.80	90% Medicare	111%	301%	77%	Less than 10 claims
65930	Remove Blood Clot From Eye	$ 533.58	90% Medicare	111%	NA	75%	Less than 10 claims
66170	Glaucoma Surgery	$ 914.06	90% Medicare	111%	No Paid Claims	78%	
66761	Revision Of Iris	$ 284.30	90% Medicare	107%	17%	65%	
66821	After Cataract Laser Surgery	$ 319.32	90% Medicare	108%	29%	94%	
66825	Repositioning Of Intraocular Lens Prosthesis	$ 714.84	90% Medicare	111%	No Paid Claims	86%	
66840	Removal Of Lens Material	$ 574.78	90% Medicare	111%	No Paid Claims	70%	
66850	Removal Of Lens Material	$ 651.84	90% Medicare	111%	24%	70%	Less than 10 claims
66852	Removal Of Lens Material; Pars Plana Approach	$ 690.36	90% Medicare	111%	No Paid Claims	75%	
66920	Extraction Of Lens	$ 617.43	90% Medicare	111%	No Paid Claims	68%	
66930	Extraction Of Lens	$ 705.95	90% Medicare	111%	No Paid Claims	67%	
66940	Extraction Of Lens	$ 650.05	90% Medicare	111%	26%	70%	Less than 10 claims
66982	Xcapsl Ctrc Rmvl Cplx Wo Ecp	$ 613.09	90% Medicare	111%	24%	50%	
66983	Cataract Surg W/Iol 1 Stage	$ 774.23	90% Medicare	111%	No Paid Claims	71%	
66984	Xcapsl Ctrc Rmvl W/O Ecp	$ 450.63	90% Medicare	111%	25%	48%	
66985	Insert Lens Prosthesis	$ 641.14	90% Medicare	111%	19%	71%	Less than 10 claims
66986	Exchange Lens Prosthesis	$ 743.14	90% Medicare	111%	33%	69%	Less than 10 claims
66988	Xcapsl Ctrc Rmvl W/Ecp	$ 692.17	90% Medicare	107%	No Paid Claims	NA	Reliable comparison data is unavailable
67005	Partial Removal Of Eye Fluid	$ 403.52	90% Medicare	111%	No Paid Claims	62%	
67010	Partial Removal Of Eye Fluid	$ 456.30	90% Medicare	111%	No Paid Claims	56%	
67015	Release Of Eye Fluid	$ 512.20	90% Medicare	111%	No Paid Claims	77%	
67025	Replace Eye Fluid	$ 704.55	90% Medicare	107%	No Paid Claims	93%	
67027	Implant Eye Drug System	$ 694.93	90% Medicare	111%	No Paid Claims	86%	
67311	Revise Eye Muscle	$ 381.14	90% Medicare	111%	8%	56%	
67312	Revise Two Eye Muscles	$ 541.94	90% Medicare	111%	No Paid Claims	62%	

CPT Code	CPT Code Description	SFY27 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
67314	Revise Eye Muscle	$ 381.14	90% Medicare	111%	13%	54%	Less than 10 claims
67316	Revise Two Eye Muscles	$ 578.24	90% Medicare	111%	No Paid Claims	61%	
67318	Revise Eye Muscle(S)	$ 561.98	90% Medicare	111%	No Paid Claims	67%	
67343	Release Eye Tissue	$ 567.99	90% Medicare	111%	35%	72%	Less than 10 claims
67345	Destroy Nerve Of Eye Muscle	$ 231.04	90% Medicare	107%	No Paid Claims	91%	
67800	Remove Eyelid Lesion	$ 124.33	90% Medicare	108%	39%	94%	
67801	Remove Eyelid Lesions	$ 156.42	90% Medicare	108%	31%	94%	Less than 10 claims
67805	Remove Eyelid Lesions	$ 195.34	90% Medicare	107%	No Paid Claims	95%	
67808	Remove Eyelid Lesion(S)	$ 311.11	90% Medicare	111%	23%	89%	Less than 10 claims
67820	Revise Eyelashes	$ 18.59	90% Medicare	113%	19%	51%	
67900	Repair Of Brow Ptosis (Supraciliary, Mid-Forehead	$ 621.98	90% Medicare	107%	13%	101%	Less than 10 claims
67901	Repair Eyelid Defect	$ 752.56	90% Medicare	107%	No Paid Claims	93%	
67902	Repair Eyelid Defect	$ 597.95	90% Medicare	111%	No Paid Claims	72%	
67903	Repair Eyelid Defect	$ 576.24	90% Medicare	108%	No Paid Claims	76%	
67904	Repair Blepharoptosis-Levator Reject	$ 705.92	90% Medicare	107%	18%	82%	Less than 10 claims
67906	Repair Eyelid Defect	$ 415.78	90% Medicare	111%	No Paid Claims	60%	
67908	Repair Eyelid Defect	$ 518.32	90% Medicare	107%	33%	83%	Less than 10 claims
67916	Repair Eyelid Defect	$ 580.53	90% Medicare	107%	34%	94%	Less than 10 claims
67917	Repair Eyelid Defect	$ 594.03	90% Medicare	107%	No Paid Claims	84%	
67921	Repair Eyelid Defect	$ 455.03	90% Medicare	107%	22%	104%	Less than 10 claims
67922	Repair Eyelid Defect	$ 294.40	90% Medicare	107%	No Paid Claims	100%	
67938	Remove Foreign Body, Eyelid	$ 246.82	90% Medicare	109%	No Paid Claims	129%	
68020	Incise/Drain Eyelid Lining	$ 115.08	90% Medicare	107%	No Paid Claims	95%	
68040	Treatment Of Eyelid Lesions	$ 59.90	90% Medicare	109%	No Paid Claims	85%	
68530	Clearance Of Tear Duct	$ 412.38	90% Medicare	107%	No Paid Claims	84%	
68761	Closure Of The Lacrimal Punctum; By Plug, Each	$ 139.29	90% Medicare	109%	38%	97%	
68801	Dilate Tear Duct Opening	$ 92.33	90% Medicare	110%	33%	85%	Less than 10 claims
68810	Probe Nasolacrimal Duct	$ 154.15	90% Medicare	108%	40%	87%	Less than 10 claims
68840	Explore/Irrigate Tear Ducts	$ 127.65	90% Medicare	107%	36%	94%	
76510	Oph Us Dx B-Scan&Quan A-Scan	$ 66.17	90% Medicare	108%	No Paid Claims	52%	
76511	Oph Us Dx Quan A-Scan Only	$ 55.03	90% Medicare	107%	No Paid Claims	66%	
76512	Oph Us Dx B-Scan	$ 46.63	90% Medicare	107%	22%	57%	
76513	Oph Us Dx Ant Sgm Us Uni/Bi	$ 73.38	90% Medicare	107%	No Paid Claims	79%	
76514	Echo Exam Of Eye Thickness	$ 10.85	90% Medicare	107%	23%	96%	
76516	Echo Exam Of Eye	$ 45.66	90% Medicare	107%	No Paid Claims	66%	
76519	Echo Exam Of Eye	$ 66.61	90% Medicare	107%	31%	83%	Less than 10 claims
76529	Echo Exam Of Eye	$ 83.48	90% Medicare	107%	No Paid Claims	92%	
83861	Microfluid Analy Tears	$ 22.48	90% Medicare	111%	38%	102%	
92002	Eye Exam New Patient	$ 81.44	90% Medicare	107%	48%	113%	
92004	Eye Exam New Patient	$ 144.16	90% Medicare	108%	69%	108%	
92012	Eye Exam Establish Patient	$ 86.71	90% Medicare	107%	57%	124%	
92014	Eye Exam&Tx Estab Pt 1/>Vst	$ 121.95	90% Medicare	107%	67%	112%	
92015	Determine Refractive State	$ 17.94	90% Medicare	107%	47%	91%	
92018	New Eye Exam & Treatment	$ 110.79	90% Medicare	111%	27%	86%	
92020	Special Eye Evaluation	$ 26.36	90% Medicare	111%	40%	80%	
92025	Corneal Topography	$ 35.35	90% Medicare	107%	48%	104%	
92060	Special Eye Evaluation	$ 61.46	90% Medicare	107%	54%	98%	
92065	Orthoptic Training	$ 38.19	90% Medicare	111%	32%	90%	
92071	Contact Lens Fitting For Tx	$ 34.06	90% Medicare	107%	38%	61%	
92072	Fit Contac Lens For Managmnt	$ 115.82	90% Medicare	107%	27%	100%	
92081	Visual Field Examination(S)	$ 32.40	90% Medicare	108%	27%	72%	
92082	Visual Field Examination(S)	$ 45.52	90% Medicare	108%	46%	76%	Less than 10 claims
92083	Visual Field Examination(S)	$ 61.59	90% Medicare	108%	48%	81%	
92100	Serial Tonometry Exam(S)	$ 82.90	90% Medicare	110%	No Paid Claims	108%	
92132	Cmptr Ophth Dx Img Ant Segmt	$ 28.79	90% Medicare	109%	53%	85%	
92133	Cmptr Ophth Img Optic Nerve	$ 29.77	90% Medicare	109%	37%	77%	
92134	Cptr Ophth Dx Img Post Segmt	$ 31.41	90% Medicare	108%	34%	79%	
92136	Ophthalmic Biometry	$ 45.99	90% Medicare	107%	28%	64%	
92145	Corneal Hysteresis Deter	$ 12.79	90% Medicare	107%	23%	84%	
92201	Opscpy Extnd Rta Draw Uni/Bi	$ 23.87	90% Medicare	108%	32%	80%	

CPT Code	CPT Code Description	SFY27 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
92202	Opscpy Extnd On/Mac Draw	$ 14.93	90% Medicare	107%	No Paid Claims	66%	
92228	Img Rta Detc/Mntr Ds Phy/Qhp	$ 28.90	90% Medicare	107%	No Paid Claims	87%	
92230	Eye Exam With Photos	$ 127.43	90% Medicare	107%	No Paid Claims	132%	
92235	Fluorescein Angrph Uni/Bi	$ 156.22	90% Medicare	107%	42%	114%	
92250	Visualization Of Retina	$ 35.67	90% Medicare	108%	35%	57%	
92260	Ophthalmoscopy/Dynamometry	$ 18.50	90% Medicare	111%	No Paid Claims	74%	
92270	Electro-Oculography	$ 120.87	90% Medicare	107%	No Paid Claims	111%	
92273	Full Field Erg W/I&R	$ 120.75	90% Medicare	109%	49%	90%	
92274	Multifocal Erg W/I&R	$ 88.53	90% Medicare	107%	57%	85%	Less than 10 claims
92283	Color Vision Examination	$ 52.75	90% Medicare	107%	35%	97%	Less than 10 claims
92284	Dark Adaptation Eye Exam	$ 31.48	90% Medicare	107%	46%	71%	Less than 10 claims
92285	External Ocular Photography	$ 22.46	90% Medicare	107%	34%	69%	
92286	Internal Eye Photography	$ 37.64	90% Medicare	107%	14%	46%	Less than 10 claims
92310	Contact Lens Fitting	$ 95.84	90% Medicare	107%	139%	92%	
92311	Contact Lens Fitting	$ 98.64	90% Medicare	111%	No Paid Claims	93%	
92312	Contact Lens Fitting	$ 113.12	90% Medicare	111%	No Paid Claims	99%	
92313	Contact Lens Fitting	$ 92.80	90% Medicare	108%	22%	90%	
92315	Rx Cntact Lens Aphakia 1 Eye	$ 78.94	90% Medicare	111%	No Paid Claims	105%	
92316	Rx Cntact Lens Aphakia 2 Eye	$ 97.64	90% Medicare	111%	89%	112%	Less than 10 claims
92317	Rx Corneoscleral Cntact Lens	$ 83.28	90% Medicare	111%	No Paid Claims	117%	
92326	Service Fee Replacement Contact Lens	$ 37.52	90% Medicare	107%	No Paid Claims	97%	
92370	Repair Refitting Spectables	$ 29.45	90% Medicare	108%	86%	124%	
92499	Eye Service Or Procedure	Price by Report	Price by Report	NA	No Paid Claims	NA	Reliable comparison data is unavailable
97530	Therapeutic Activities	$ 33.64	90% Medicare	107%	66%	96%	
97533	Sensory Integration	$ 58.45	90% Medicare	107%	No Paid Claims	175%	
99070	Special Supplies Phys/Qhp	$ 0.01	NA - Bundled Rate	NA	N/A - Bundled Rate	NA	Reliable comparison data is unavailable
99202	Office O/P New Sf 15-29 Min	$ 71.02	90% Medicare	107%	54%	100%	
99203	Office O/P New Low 30-44 Min	$ 110.03	90% Medicare	107%	50%	109%	
99204	Office O/P New Mod 45-59 Min	$ 166.01	90% Medicare	107%	46%	109%	
99205	Office O/P New Hi 60-74 Min	$ 220.82	90% Medicare	107%	59%	111%	
99211	Off/Op Est May X Req Phy/Qhp	$ 23.32	90% Medicare	107%	66%	113%	
99212	Office O/P Est Sf 10-19 Min	$ 56.09	90% Medicare	107%	53%	122%	
99213	Office O/P Est Low 20-29 Min	$ 89.93	90% Medicare	107%	50%	122%	
99214	Office O/P Est Mod 30-39 Min	$ 127.87	90% Medicare	107%	57%	116%	
99215	Office O/P Est Hi 40-54 Min	$ 181.16	90% Medicare	107%	47%	120%	
99231	Subsequent Hospital Care	$ 42.31	90% Medicare	111%	33%	95%	
99232	Subsequent Hospital Care	$ 67.81	90% Medicare	111%	33%	92%	
99233	Subsequent Hospital Care	$ 102.89	90% Medicare	111%	41%	94%	Less than 10 claims
99242	Office Consultation	$ 72.26	90% Medicare	109%	No Paid Claims	96%	
99243	Office Consultation	$ 108.43	90% Medicare	109%	No Paid Claims	121%	
99244	Office Consultation	$ 154.52	90% Medicare	109%	No Paid Claims	NA	Reliable comparison data is unavailable
99245	Office Consultation	$ 201.19	90% Medicare	109%	No Paid Claims	NA	Reliable comparison data is unavailable
99252	Inpatient Consultation	$ 67.26	90% Medicare	109%	30%	NA	Reliable comparison data is unavailable
99253	Inpatient Consultation	$ 94.78	90% Medicare	109%	31%	NA	Reliable comparison data is unavailable
99254	Inpatient Consultation	$ 131.57	90% Medicare	109%	29%	NA	Reliable comparison data is unavailable
99255	Inpatient Consultation	$ 176.59	90% Medicare	109%	44%	NA	Reliable comparison data is unavailable
99281	Emergency Dept Visit	$ 10.36	90% Medicare	111%	No Paid Claims	60%	
99282	Emergency Dept Visit	$ 37.98	90% Medicare	111%	28%	88%	Less than 10 claims
99283	Emergency Dept Visit	$ 65.04	90% Medicare	111%	28%	89%	Less than 10 claims
99284	Emergency Dept Visit	$ 110.48	90% Medicare	111%	No Paid Claims	91%	
99285	Emergency Dept Visit	$ 160.70	90% Medicare	111%	No Paid Claims	89%	
99307	Nursing Fac Care Subseq	$ 39.54	90% Medicare	107%	No Paid Claims	94%	
99308	Nursing Fac Care Subseq	$ 74.36	90% Medicare	107%	No Paid Claims	105%	
99309	Nursing Fac Care Subseq	$ 107.56	90% Medicare	107%	No Paid Claims	101%	
99310	Nursing Fac Care Subseq	$ 153.12	90% Medicare	107%	No Paid Claims	111%	
V2020	Frames, Complete	$ 86.79	90% Medicare	107%	87%	217%	
V2199	Not Otherwise Classified, Single Vision Lens	$ 42.56	100% Surrounding State Average	NA	97%	NA	Reliable comparison data is unavailable
V2299	Specialty Bifocal (By Report)	$ 63.86	100% Surrounding State Average	NA	93%	NA	Reliable comparison data is unavailable
V2399	Specialty Trifocal (By Report)	$ 86.30	100% Surrounding State Average	NA	88%	NA	Reliable comparison data is unavailable
V2410	Variable Asphericity Lens, Single Vision, Full Field	$ 141.24	90% Medicare	107%	216%	192%	

CPT Code	CPT Code Description	SFY27 Rate	Target Reimbursement	Percent of Target	Percent of Average Billed Charges	Percent of Average Surrounding State Rates	Notes
V2430	Variable Asphericity Lens, Bifocal, Full Field, Glass	$ 145.25	90% Medicare	107%	65%	180%	
V2499	Not Otherwise Classified, Variable Spericity Lens	Price by Report	Price by Report	NA	Price by Report	NA	Reliable comparison data is unavailable
V2510	Contact Lens, Gas Permeable, Spherical, Per Lens	$ 146.33	90% Medicare	107%	44%	NA	Reliable comparison data is unavailable
V2520	Contact Lens Hydrophilic, Sperical, Per Lens	$ 123.20	90% Medicare	107%	128%	NA	Reliable comparison data is unavailable
V2521	Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per	$ 238.58	90% Medicare	107%	252%	NA	Reliable comparison data is unavailable
V2530	Contact Lens, Scleral, Per Lens (For Contact Lens Modif	$ 286.76	90% Medicare	107%	29%	NA	Reliable comparison data is unavailable
V2531	Contact Lens Gas Permeable	$ 648.39	90% Medicare	107%	104%	NA	Reliable comparison data is unavailable
V2599	Not Otherwise Classified, Contact Lens	$ 27.61	100% Surrounding State Average	NA	92%	NA	Reliable comparison data is unavailable
V2623	Prosthetic Eye, Plastic, Custom	$ 1,142.95	90% Medicare	109%	No Paid Claims	110%	
V2624	Polishing/Resurfacing Of Ocular Prosthesis	$ 91.46	90% Medicare	107%	No Paid Claims	128%	
V2625	Enlargement Of Ocular Prosthesis	$ 576.56	90% Medicare	107%	No Paid Claims	118%	
V2626	Reduction Of Ocular Prosthesis	$ 240.08	90% Medicare	109%	No Paid Claims	107%	
V2627	Scleral Cover Shell	$ 1,978.05	90% Medicare	107%	No Paid Claims	123%	
V2628	Fabrication And Fitting Of Ocular Conformer	$ 479.25	90% Medicare	107%	No Paid Claims	122%	
V2710	Slab Off Prism, Glass Or Plastic. Per Lens	$ 91.34	90% Medicare	107%	96%	167%	Less than 10 claims
V2715	Prism, Per Lens	$ 13.73	90% Medicare	107%	123%	89%	
V2781	Progressive Lens Per Lens	$ 83.67	100% Surrounding State Average	NA	84%	NA	Reliable comparison data is unavailable
V2782	Lens, 1.54-1.65 p/1.60-1.79g	$ 77.32	90% Medicare	107%	149%	135%	
V2783	Lens, >1.66 p/>=1.80g	$ 87.21	90% Medicare	107%	123%	140%	
V2784	Lens Polycarb Or Equal, And Index, Per Lens	$ 56.73	90% Medicare	107%	164%	329%	
V2799	Misc Vision Item Or Service	Price by Report	Price by Report	NA	Price by Report	NA	Reliable comparison data is unavailable