

2024 IL Locality 15 Medicare Allowables

PROCEDURE CODE	EXPLANATION	MEDICARE ALLOWABLE	20%
65210	Conjunctival embedded foreign body (includes concretions)	\$38.80	7.76
65222	Corneal foreign body removal	\$69.37	13.87
65430	Scraping of cornea, diagnostic,for smear and/or culture	\$117.56	23.51
65435	Removal of corneal epithelium	\$84.35	16.87
65778	Amniotic Membrane	\$1,119.61	223.92
66984	Cataract removal with insertion of intraocular lens proth.	\$553.14	110.63
67820	Correction of trichiasis; epilation	\$19.12	3.82
68761	Closure of the lacrimal punctum	\$149.06	29.81
68801	Dilation of lacrimal punctum	\$98.90	19.78
76510	Ophthalmic ultrasound	\$70.08	14.02
76514	Corneal pachymetry	\$11.81	2.36
92002	Intermediate, new patient	\$86.31	17.26
92004	Comprehensive, new patient	\$151.44	30.29
92012	Intermediate, established patient	\$90.89	18.18
92014	Comprehensive, established patient	\$128.13	25.63
92020	Gonioscopy	\$27.81	5.56
92025	Corneal Topography	\$37.27	7.45
92060	Sensorimotor examination	\$64.95	12.99
92071	Fitting of Contact for treatment of ocular surface disease	\$36.57	7.31
92072	Fitting of contact for management if keratoconus	\$125.69	25.14
92082	Intermediate visual field	\$64.86	12.97
92083	Extended visual field	\$64.86	12.97
92100	Serial tonometry	\$87.02	17.40
92132	Anterior OCT, HRT, GDX	\$32.19	6.44
92133	Optic Nerve OCT, HRT, GDX	\$37.20	7.44
92134	Retina OCT, HRT	\$41.25	8.25
92201	Ophthalmoscopy, peripheral retina	\$25.19	5.04
92202	Ophthalmoscopy, optic nerve or macula	\$15.60	3.12
92250	Fundus photography	\$37.89	7.58
0509T	Pattern ERG	\$78.04	15.61
92273	Full Field ERG	\$129.29	25.86
92274	Multifocal ERG	\$91.48	18.30
92284	Dark adaptation eye exam	\$38.60	7.72
92285	External ocular photography	\$24.29	4.86
95930	Visual Evoked Potential	\$69.18	13.84
99202	Office visit, new patient	\$74.55	14.91
99203	Office visit, new patient	\$115.47	23.09
99204	Office visit, new patient	\$172.77	34.55
99205	Office visit, new patient	\$227.96	45.59
99211	Office visit, established patient	\$23.95	4.79
99212	Office visit, established patient	\$58.40	11.68
99213	Office visit, established patient	\$93.60	18.72
99214	Office visit, established patient	\$131.87	26.37
99215	Office visit, established patient	\$185.89	37.18
G2211	Office Visit, add on	\$16.70	3.34

For information on how OBC can increase your practice's insurance revenue
Contact Meghan: 309-836-2456 ext 142

