

2024 IL Locality 12 Medicare Allowables

PROCEDURE CODE	EXPLANATION	MEDICARE ALLOWABLE	20%
65210	Conjunctival embedded foreign body (includes concretions)	\$36.76	7.35
65222	Corneal foreign body removal	\$64.69	12.94
65430	Scraping of cornea, diagnostic,for smear and/or culture	\$110.17	22.03
65435	Removal of corneal epithelium	\$78.40	15.68
65778	Amniotic Membrane	\$984.52	196.90
66984	Cataract removal with insertion of intraocular lens proth.	\$520.49	104.10
67820	Correction of trichiasis; epilation	\$18.26	3.65
68761	Closure of the lacrimal punctum	\$137.11	27.42
68801	Dilation of lacrimal punctum	\$90.49	18.10
76510	Ophthalmic ultrasound	\$64.37	12.87
76514	Corneal pachymetry	\$11.16	2.23
92002	Intermediate, new patient	\$79.28	15.86
92004	Comprehensive, new patient	\$140.37	28.07
92012	Intermediate, established patient	\$83.58	16.72
92014	Comprehensive, established patient	\$118.27	23.65
92020	Gonioscopy	\$25.93	5.19
92025	Corneal Topography	\$34.27	6.85
92060	Sensorimotor examination	\$59.83	11.97
92071	Fitting of Contact for treatment of ocular surface disease	\$34.67	6.93
92072	Fitting of contact for management if keratoconus	\$117.98	23.60
92082	Intermediate visual field	\$44.02	8.80
92083	Extended visual field	\$59.02	11.80
92100	Serial tonometry	\$78.86	15.77
92132	Anterior OCT, HRT, GDX	\$29.63	5.93
92133	Optic Nerve OCT, HRT, GDX	\$34.41	6.88
92134	Retina OCT, HRT	\$38.15	7.63
92201	Ophthalmoscopy, peripheral retina	\$23.88	4.78
92202	Ophthalmoscopy, optic nerve or macula	\$14.81	2.96
92250	Fundus photography	\$35.01	7.00
0509T	Pattern ERG	\$70.18	14.04
92273	Full Field ERG	\$116.33	23.27
92274	Multifocal ERG	\$82.76	16.55
92284	Dark adaptation eye exam	\$33.95	6.79
92285	External ocular photography	\$21.74	4.35
95930	Visual Evoked Potential	\$62.23	12.45
99202	Office visit, new patient	\$69.99	14.00
99203	Office visit, new patient	\$109.53	21.91
99204	Office visit, new patient	\$164.68	32.94
99205	Office visit, new patient	\$217.75	43.55
99211	Office visit, established patient	\$21.81	4.36
99212	Office visit, established patient	\$54.68	10.94
99213	Office visit, established patient	\$88.39	17.68
99214	Office visit, established patient	\$124.85	24.97
99215	Office visit, established patient	\$176.68	35.34
G2211	Office visit, add on	\$16.18	3.236

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

