

2024 IL Locality 16 Medicare Allowables

PROCEDURE CODE	EXPLANATION	MEDICARE ALLOWABLE	20%
65210	Conjunctival embedded foreign body (includes concretions)	\$38.84	7.77
65222	Corneal foreign body removal	\$69.19	13.84
65430	Scraping of cornea, diagnostic,for smear and/or culture	\$117.71	23.54
65435	Removal of corneal epithelium	\$84.20	16.84
65778	Amniotic Membrane	\$1,094.22	218.84
66984	Cataract removal with insertion of intraocular lens proth.	\$554.72	110.94
67820	Correction of trichiasis; epilation	\$19.24	3.85
68761	Closure of the lacrimal punctum	\$147.92	29.58
68801	Dilation of lacrimal punctum	\$98.01	19.60
76510	Ophthalmic ultrasound	\$69.29	13.86
76514	Corneal pachymetry	\$11.97	2.39
92002	Intermediate, new patient	\$85.27	17.05
92004	Comprehensive, new patient	\$150.07	30.01
92012	Intermediate, established patient	\$89.93	17.99
92014	Comprehensive, established patient	\$126.84	25.37
92020	Gonioscopy	\$27.60	5.52
92025	Corneal Topography	\$36.98	7.40
92060	Sensorimotor examination	\$64.27	12.85
92071	Fitting of Contact for treatment of ocular surface disease	\$36.51	7.30
92072	Fitting of contact for management if keratoconus	\$124.56	24.91
92082	Intermediate visual field	\$47.67	9.53
92083	Extended visual field	\$64.03	12.81
92100	Serial tonometry	\$85.75	17.15
92132	Anterior OCT, HRT, GDX	\$31.98	6.40
92133	Optic Nerve OCT, HRT, GDX	\$36.95	7.39
92134	Retina OCT, HRT	\$40.95	8.19
92201	Ophthalmoscopy, peripheral retina	\$25.23	5.05
92202	Ophthalmoscopy, optic nerve or macula	\$15.16	3.03
92250	Fundus photography	\$37.62	7.52
0509T	Pattern ERG	\$76.82	15.36
92273	Full Field ERG	\$127.24	25.45
92274	Multifocal ERG	\$90.10	18.02
92284	Dark adaptation eye exam	\$37.84	7.57
92285	External ocular photography	\$24.07	4.81
95930	Visual Evoked Potential	\$68.13	13.63
99202	Office visit, new patient	\$74.81	14.96
99203	Office visit, new patient	\$116.59	23.32
99204	Office visit, new patient	\$174.61	34.92
99205	Office visit, new patient	\$230.67	46.13
99211	Office visit, established patient	\$23.68	4.74
99212	Office visit, established patient	\$58.53	11.71
99213	Office visit, established patient	\$94.02	18.80
99214	Office visit, established patient	\$132.52	26.50
99215	Office visit, established patient	\$187.26	37.45
G2211	Office Visit, Add On	\$16.89	3.378

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

