

EYE EXAMS	FEE	CPT Code
NP Comprehensive	\$210.00	92004
EP Comprehensive	\$175.00	92014
NP Intermediate	\$145.00	92002
EP Intermediate	\$125.00	92012
Refraction	\$60.00	92015
E/M VISITS	FEE	CPT Code
NP Office Visit Level 2	\$130.00	99202
NP Office Visit Level 3	\$185.00	99203
NP Office Visit Level 4	\$270.00	99204
EP Office Visit Level 2	\$75.00	99212
EP Office Visit Level 3	\$125.00	99213
EP Office Visit Level 4	\$185.00	99214
SPECIAL SERVICES	FEE	CPT Code
Visual Fields Testing	\$120.00	92083
Optomap Plus Images	\$120.00	92250
OCT - Optic Nerve	\$95.00	92133
OCT - Retina/Macula	\$95.00	92134
OFFICE SURGERY	FEE	CPT Code
FB - Conj. Superficial (per eye/eyelid)	\$130.00	65205
FB - Conj. Embedded (per eye/eyelid)	\$133.00	65210
FB - Corneal w/o Slit Lamp (per eye)	\$110.00	65220
FB - Corneal w/ Slit Lamp (per eye)	\$144.00	65222
Corneal Epithelium Removal(Rust Ring Removal) (per eye)	\$150.00	65435
VISION THERAPY	FEE	CPT Code
Sensorimotor Exam (VEE)	\$175.00	92060
VT Progress Evaluation	\$175.00	92060
Orthoptic Therapy	\$175.00	92065
Vision Therapy	\$175.00	97530
Rehabilitation Vision Care	\$175.00	97110