

**OPTOMETRIC SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	21+	00-20	21+	00-20	21+ TECH	00-20 TECH	MAX	SPEC
		MAX FEE	MAX FEE	PC FEE	PC FEE	FEE	FEE	UNITS	
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	26.12	27.16	0.00	0.00	0.00	0.00	1	B
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CON	31.82	33.09	0.00	0.00	0.00	0.00	1	B
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	26.71	27.77	0.00	0.00	0.00	0.00	1	B
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	34.96	36.35	0.00	0.00	0.00	0.00	1	B
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	225.65	234.67	0.00	0.00	0.00	0.00	1	B
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	286.93	298.40	0.00	0.00	0.00	0.00	1	B
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	52.44	54.53	0.00	0.00	0.00	0.00	1	B
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASIO	36.33	37.78	0.00	0.00	0.00	0.00	1	B
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	200.12	208.12	0.00	0.00	0.00	0.00	1	B
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	246.08	255.92	0.00	0.00	0.00	0.00	1	B
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT S	151.61	157.67	0.00	0.00	0.00	0.00	1	B
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSI	201.69	209.75	0.00	0.00	0.00	0.00	1	B
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPS	144.74	150.52	0.00	0.00	0.00	0.00	1	B
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	319.72	332.50	0.00	0.00	0.00	0.00	1	B
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	313.44	325.97	0.00	0.00	0.00	0.00	1	B
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRA	356.84	371.11	0.00	0.00	0.00	0.00	1	B
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	381.19	396.43	0.00	0.00	0.00	0.00	1	B
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	340.15	353.75	0.00	0.00	0.00	0.00	1	B
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	386.69	402.15	0.00	0.00	0.00	0.00	1	B
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	351.74	365.80	0.00	0.00	0.00	0.00	1	B
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESI	488.23	507.75	0.00	0.00	0.00	0.00	1	B
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTH	328.17	341.29	0.00	0.00	0.00	0.00	1	B
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESI	342.70	356.40	0.00	0.00	0.00	0.00	1	B
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATE	343.68	357.42	0.00	0.00	0.00	0.00	1	B
66986	EXCHANGE OF INTRAOCULAR LENS	418.31	435.04	0.00	0.00	0.00	0.00	1	B
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR	42.42	44.11	0.00	0.00	0.00	0.00	1	B
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	23.76	24.71	0.00	0.00	0.00	0.00	1	B
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS(EG, BY ELECTROSU	57.35	59.64	0.00	0.00	0.00	0.00	1	
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	105.07	109.27	0.00	0.00	0.00	0.00	1	
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	53.61	55.75	0.00	0.00	0.00	0.00	1	
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	88.38	91.91	0.00	0.00	0.00	0.00	1	B
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	65.20	67.80	0.00	0.00	0.00	0.00	1	B
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	55.58	57.80	0.00	0.00	0.00	0.00	1	B
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	122.35	127.24	0.00	0.00	0.00	0.00	1	B
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	92.50	96.20	0.00	0.00	0.00	0.00	1	B
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	195.80	203.63	0.00	0.00	0.00	0.00	1	B
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	56.76	59.03	0.00	0.00	0.00	0.00	1	B
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	47.92	49.83	26.12	27.16	21.80	22.67	1	
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON	44.19	45.95	25.73	26.75	18.46	19.19	1	

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76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATER	7.07	7.35	4.71	4.89	2.36	2.45	1	
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	35.55	36.97	14.73	15.31	20.82	21.65	1	
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	38.10	39.62	14.93	15.52	23.17	24.09	2	
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	36.14	37.58	15.71	16.33	20.42	21.23	1	
82948	GLUCOSE; BLOOD, REAGENT STRIP	3.00	3.00	0.50	0.50	2.50	2.50	10	
87075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND	9.50	9.50	2.00	2.00	7.50	7.50	1	
87081	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	5.50	5.50	1.00	1.00	4.50	4.50	1	
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL K	8.50	8.50	2.00	2.00	6.50	6.50	1	
87205	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERI	4.00	4.00	1.00	1.00	3.00	3.00	1	
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATI	36.73	38.19	0.00	0.00	0.00	0.00	1	
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATI	64.81	67.40	0.00	0.00	0.00	0.00	1	
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIAT	31.82	33.09	0.00	0.00	0.00	0.00	1	
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIAT	47.92	49.83	0.00	0.00	0.00	0.00	1	
92015	DETERMINATION OF REFRACTIVE STATE	30.05	31.25	0.00	0.00	0.00	0.00	1	
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH	68.74	71.48	0.00	0.00	0.00	0.00	1	
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH	35.15	36.55	0.00	0.00	0.00	0.00	1	
92020	GONIOSCOPY (SEPARATE PROCEDURE)	12.57	13.07	0.00	0.00	0.00	0.00	1	
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATI	15.91	16.54	9.43	9.80	6.48	6.73	1	
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG	29.66	30.84	18.66	19.40	11.00	11.44	1	
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF LENS	32.60	33.90	0.00	0.00	0.00	0.00	2	
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	26.32	27.37	9.43	9.80	16.89	17.56	1	
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC	35.74	37.16	11.78	12.25	23.96	24.91	1	
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC	40.85	42.48	13.55	14.09	27.30	28.39	1	
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOC	43.60	45.34	0.00	0.00	0.00	0.00	1	
92120	TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER	35.94	37.37	0.00	0.00	0.00	0.00	1	
92130	TONOGRAPHY WITH WATER PROVOCATION	40.06	41.66	0.00	0.00	0.00	0.00	1	
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING LASER) WI	22.98	23.89	9.43	9.80	13.55	14.09	2	
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LE	40.85	42.48	14.93	15.52	25.92	26.95	1	
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT TON	28.08	29.20	0.00	0.00	0.00	0.00	1	
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	12.57	13.07	0.00	0.00	0.00	0.00	2	
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT,	11.39	11.84	0.00	0.00	0.00	0.00	2	
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	26.51	27.57	0.00	0.00	0.00	0.00	2	
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION A	63.04	65.56	22.39	23.28	40.65	42.27	2	
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	35.15	36.55	11.78	12.25	23.37	24.30	1	
92260	OPHTHALMODYNAMOMETRY	8.64	8.98	0.00	0.00	0.00	0.00	1	
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH	36.92	38.39	21.60	22.46	15.32	15.93	1	
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	43.99	45.74	21.21	22.05	22.78	23.69	1	
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT	69.33	72.10	27.69	28.79	41.63	43.29	1	
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	23.57	24.51	4.52	4.70	19.05	19.81	1	
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT	29.46	30.63	6.68	6.94	22.78	23.69	1	
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATIO	20.42	21.23	5.50	5.72	14.93	15.52	1	
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH S	55.97	58.20	18.07	18.79	37.90	39.41	1	
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION; WI	54.99	57.18	0.00	0.00	0.00	0.00	1	
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	20.03	20.83	0.00	0.00	0.00	0.00	1	

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		MAX FEE	MAX FEE	PC FEE	PC FEE	FEE	FEE	UNITS	
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	22.58	23.48	0.00	0.00	0.00	0.00	1	
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	24.16	25.12	0.00	0.00	0.00	0.00	1	
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	18.46	19.19	0.00	0.00	0.00	0.00	1	
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	21.80	22.67	0.00	0.00	0.00	0.00	1	
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	0.00	0.00	0.00	0.00	0.00	0.00	1	R
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD	58.92	61.27	9.23	9.59	49.69	51.67	1	R
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER	0.00	0.00	0.00	0.00	0.00	0.00	0	R
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	31.20	32.44	0.00	0.00	0.00	0.00	1	
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.71	34.01	0.00	0.00	0.00	0.00	1	
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	48.68	50.62	0.00	0.00	0.00	0.00	1	
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	68.84	71.59	0.00	0.00	0.00	0.00	1	
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	87.48	90.97	0.00	0.00	0.00	0.00	1	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.48	12.97	0.00	0.00	0.00	0.00	1	
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	21.84	22.71	0.00	0.00	0.00	0.00	1	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	26.61	27.67	0.00	0.00	0.00	0.00	1	
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PATIENT,	41.46	43.11	0.00	0.00	0.00	0.00	1	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	60.28	62.69	0.00	0.00	0.00	0.00	1	
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	26.51	27.57	0.00	0.00	0.00	0.00	1	
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	49.69	51.67	0.00	0.00	0.00	0.00	1	
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	67.95	70.66	0.00	0.00	0.00	0.00	1	
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	100.94	104.97	0.00	0.00	0.00	0.00	1	
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	123.33	128.26	0.00	0.00	0.00	0.00	1	
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	26.91	27.98	0.00	0.00	0.00	0.00	1	
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	41.24	42.88	0.00	0.00	0.00	0.00	1	
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	62.85	65.36	0.00	0.00	0.00	0.00	1	
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	91.13	94.77	0.00	0.00	0.00	0.00	1	
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE	110.18	114.58	0.00	0.00	0.00	0.00	1	
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	17.68	18.38	0.00	0.00	0.00	0.00	1	
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	29.07	30.23	0.00	0.00	0.00	0.00	1	
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMEN	40.65	42.27	0.00	0.00	0.00	0.00	1	
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	29.46	30.63	0.00	0.00	0.00	0.00	1	
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	42.62	44.32	0.00	0.00	0.00	0.00	1	
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	61.08	63.52	0.00	0.00	0.00	0.00	1	
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	80.52	83.74	0.00	0.00	0.00	0.00	1	
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	99.57	103.55	0.00	0.00	0.00	0.00	1	
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	22.78	23.69	0.00	0.00	0.00	0.00	1	
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	35.35	36.76	0.00	0.00	0.00	0.00	1	
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	54.60	56.78	0.00	0.00	0.00	0.00	1	
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	80.13	83.33	0.00	0.00	0.00	0.00	1	
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	29.46	30.63	0.00	0.00	0.00	0.00	1	
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	42.62	44.32	0.00	0.00	0.00	0.00	1	
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	61.67	64.13	0.00	0.00	0.00	0.00	1	
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	22.98	23.89	0.00	0.00	0.00	0.00	1	
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	35.55	36.97	0.00	0.00	0.00	0.00	1	

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		MAX FEE	MAX FEE	PC FEE	PC FEE	TECH FEE	TECH FEE			
S0590	INTEGRAL LENS SERVICE, MISCELLANEOUS SER	0.00	0.00	0.00	0.00	0.00	0.00	2	R	PA
S0820	COMPUTERIZED CORNEAL TOPOGRAPHY	50.00	50.00	0.00	0.00	0.00	0.00	2		