



El plan que trabaja contigo

COMPENSATION

In consideration to the services offered by the Provider in the area of **OPHTALMOLOGY** to the subscribers of Auxilio Salud Plus, Inc., according to the contract of services subscribe among the parts, the Plan compromises to pay the Provider the rates of ASP, less the applicable co pays:

<i>CODES</i>	<i>DESCRIPTION</i>	<i>RATES</i>
92002-92004*	New Patient Office Visit	\$50.00
92012-92014*	Established Patient Office Visit	\$35.00

**Less the applicable co-pay/coinsurance*

Note: Always verify if the contracted procedures are covered in the subscriber's policy. If you have doubts, please call our offices 787-756-5971.

These rates apply to services offered by the Provider from the execution of the contract by both parties.

Auxilio Salud Plus

Provider

License Number: _____

NPI Number: _____

Rev.3/2024

Ophthalmology	Description	Code	Fee
	Evaluation and Management		
		92015	\$23.00
		92018	\$39.00
		92019	\$33.00
		92020	\$8.00
		92025	\$0.00
		92060	\$23.00
		92065	\$4.00
		92071	\$0.00
		92072	\$0.00
		92081	\$18.00
		92082	\$23.00
		92083	\$28.00
		92100	\$12.00
		92132	\$0.00
		92133	\$53.00
		92134	\$53.00
		92136	\$60.00
		92145	\$0.00
	Ophthalmoscopy		
		92201	\$43.00
		92202	\$34.00
		92227	\$0.00
		92228	\$0.00
		92230	\$93.00
		92235	\$93.00
		92240	\$94.00
		92242	\$93.00
		92250	\$13.00
		92260	\$13.00
	Other Specialized Services		
		92265	\$80.00
		92270	\$80.00
		92273	\$53.00
		92274	\$36.00
		92283	\$0.00
		92284	\$0.00
		92285	\$13.00
		92286	\$55.00
		92287	\$73.00
	Contact Lens Services		
		92310	\$77.00
		92311	\$74.00
		92312	\$85.00
		92312	\$85.00

Ophthalmology	Description	Cod	Fee
		92314	\$62.00
		92315	\$54.00
		92316	\$71.00
		92317	\$55.00
		92325	\$26.00
		92326	\$0.00
	Other Procedures		
		92499	\$28.00
	Removal of Eye		
		65091	\$521.00
		65093	\$540.00
		65101	\$547.00
		65103	\$568.00
		65105	\$610.00
		65110	\$902.00
		65112	\$1,011.00
		65114	\$1,042.00
	Secondary Implant(s) Procedures		
		65125	\$267.00
		65130	\$600.00
		65135	\$552.00
		65140	\$700.00
		65150	\$600.00
		65155	\$688.00
		65175	\$503.00
	Removal of Foreign Body		
		65205	\$39.00
		65210	\$45.00
		65220	\$50.00
		65222	\$52.00
		65235	\$500.00
		65260	\$689.00
		65265	\$781.00
	Repair of Laceration		
		65270	\$172.00
		65272	\$277.00
		65273	\$252.00
		65275	\$323.00
		65280	\$560.00
		65285	\$778.00
		65286	\$421.00
		65290	\$346.00
	Anterior Segment (Cornea)		
		65400	\$425.00
		65410	\$95.00

Ophtalmology	Description	Code	Fee
		65420	\$360.00
		65426	\$484.00
		65430	\$75.00
		65435	\$120.00
		65436	\$294.00
		65450	\$323.00
		65600	\$263.00
		65710	\$1,000.00
		65730	\$1,126.00
		65750	\$1,170.00
		65755	\$1,204.00
		65756	\$1,300.00
		65757	BR
		65760	\$1,250.00
		65765	\$0.00
		65767	\$0.00
		65770	\$0.00
		65771	\$800.00
		65772	\$425.00
		65775	\$471.00
		65778	\$0.00
		65779	\$0.00
		65780	\$0.00
		65781	\$0.00
		65782	\$0.00
		65785	\$1,390.00
	Anterior Chamber		
		65800	\$123.00
		65810	\$397.00
		65815	\$415.00
		65820	\$553.00
		65850	\$719.00
		65855	\$500.00
		65860	\$350.00
		65865	\$398.00
		65870	\$392.00
		65875	\$400.00
		65880	\$427.00
		65900	\$692.00
		65920	\$800.00
		65930	\$472.00
		66020	\$150.00
		66030	\$150.00
		66130	\$571.00
		66150	\$600.00

Ophthalmology	Description	Code	Fee
		66155	\$600.00
		66160	\$638.00
		66170	\$1,120.00
		66172	\$1,010.00
		66174	\$0.00
		66175	\$0.00
		66179	\$738.00
		66180	\$1,200.00
		66183	\$881.00
		66184	\$514.00
		66185	\$563.00
		66225	\$838.00
		66250	\$460.00
	Iris, Ciliary Body		
		66500	\$262.00
		66505	\$262.00
		66600	\$600.00
		66605	\$800.00
		66625	\$500.00
		66630	\$500.00
		66635	\$500.00
		66680	\$400.00
		66682	\$404.00
		66700	\$340.00
		66710	\$373.00
		66711	\$425.88
		66720	\$500.00
		66740	\$508.00
		66761	\$480.00
		66762	\$466.00
		66770	\$370.00
	Lens		
		66820	\$354.00
		66821	\$640.00
		66825	\$543.00
		66830	\$471.00
		66840	\$600.00
		66850	\$800.00
		66852	\$815.00
		66920	\$800.00
		66930	\$800.00
		66940	\$800.00

Ophthalmology	Description	Code	Fee
	Intraocular Lens Procedures		
		66982	\$671.00
		66983	\$1,680.00
		66984	\$1,440.00
		66985	\$1,000.00
		66986	\$876.00
		66987	\$671.00
		66988	\$1,200.00
	Vitreous		
		67005	\$1,250.00
		67010	\$1,190.00
		67015	\$480.00
		67025	\$500.00
		67027	\$625.00
		67028	\$200.00
		67030	\$434.00
		67031	\$640.00
		67036	\$1,500.00
		67039	\$2,280.00
		67040	\$1,900.00
		67041	\$1,500.00
		67042	\$2,280.00
		67043	\$2,280.00
	Retina or Choroid		
		67101	\$606.00
		67105	\$1,000.00
		67107	\$1,248.00
		67108	\$2,280.00
		67110	\$575.00
		67113	\$2,280.00
		67115	\$400.00
		67120	\$645.00
		67121	\$692.00
		67141	\$560.00
		67145	\$700.00
		67208	\$510.00
	Retina or Choroid		
		67210	\$660.00
		67218	\$1,010.00
		67220	\$708.00
		67221	\$255.00
		67225	\$30.00
		67227	\$650.00
		67228	\$780.00
		67229	\$727.00

Ophtalmology	Description	Code	Fee
	Posterior Sclera		
		67250	\$599.00
		67255	\$785.00
		67311	\$720.00
		67312	\$940.00
		67314	\$840.00
		67316	\$600.00
		67318	\$600.00
		67320	\$700.00
		67331	\$600.00
		67332	\$600.00
		67334	\$600.00
		67335	\$600.00
		67340	\$600.00
		67343	\$424.00
		67345	\$215.00
		67346	\$160.00
		67399	BR
	Orbit		
		67400	\$683.00
		67405	\$600.00
		67412	\$735.00
		67413	\$689.00
		67414	\$811.00
		67415	\$116.00
		67420	\$1,188.00
		67430	\$912.00
		67440	\$900.00
		67445	\$947.00
		67450	\$900.00
		67500	\$50.00
		67505	\$100.00
		67515	\$42.00
		67550	\$692.00
		67560	\$699.00
		67570	\$910.00
		67599	BR
	Eyelids		
		67700	\$75.00
		67710	\$65.00
		67715	\$82.00
		67800	\$84.00
		67801	\$125.00
		67805	\$150.00

Ophthalmology	Description	Code	Fee
		67808	\$235.00
		67810	\$125.00
		67820	\$84.00
		67825	\$80.00
		67830	\$300.00
		67835	\$429.00
		67840	\$125.00
		67850	\$150.00
		67875	\$365.00
		67880	\$470.00
		67882	\$350.00
		67900	\$375.00
		67901	\$600.00
		67902	\$600.00
		67903	\$600.00
		67904	\$605.00
		67906	\$600.00
		67908	\$463.00
		67909	\$455.00
		67911	\$386.00
		67912	\$769.00
		67914	\$318.00
		67915	\$150.00
		67916	\$420.00
		67917	\$479.00
		67921	\$200.00
		67922	\$150.00
		67923	\$609.00
		67924	\$452.00
		67930	\$465.00
		67935	\$624.00
		67938	\$150.00
		67950	\$431.00
		67961	\$436.00
		67966	\$519.00
		67971	\$623.00
		67973	\$805.00
		67974	\$850.00
		67975	\$484.00
		67999	BR

Ophtalmology	Description	Code	Fee
	Conjunctiva		
		68020	\$75.00
		68040	\$65.00
		68100	\$100.00
		68110	\$100.00
		68115	\$200.00
		68130	\$268.00
		68135	\$125.00
		68200	\$50.00
		68320	\$500.00
		68325	\$600.00
		68326	\$470.00
		68328	\$607.00
		68330	\$349.00
		68335	\$562.00
		68340	\$250.00
		68360	\$322.00
		68362	\$458.00
		68371	\$0.00
		68400	\$125.00
		68420	\$130.00
		68440	\$100.00
		68500	\$614.00
		68505	\$643.00
		68510	\$300.00
		68520	\$500.00
		68525	\$250.00
		68530	\$561.00
		68540	\$600.00
		68550	\$735.00
		68700	\$425.00
		68705	\$100.00
		68720	\$840.00
		68745	\$850.00
		68750	\$850.00
		68760	\$90.00
		68761	\$128.00
		68770	\$350.00
		68801	\$53.00
		68810	\$90.00
		68811	\$220.00
		68815	\$200.00
		68816	\$220.00
		68840	\$83.00
		68850	\$150.00

Ophtalmology	Description	Code	Fee
		76512	\$80.00
		76514	\$10.00
		76519	\$140.00
		15821	\$400.00
		15823	\$400.00

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