NYS DOH - APG Fee Schedule

Effective Date: January 1, 2011

HCPCS Code	HCPCS Code Description	Reimbursement Amount (per unit)	Max units
J0475	Baclofen 10 MG injection	$ 176.50	8
V2600	Hand held low vision aids	$ 150.00	1
V2610	Single lens spectacle mount	$ 545.00	1
V2615	Telescop/othr compound lens	$ 835.00	1