Essential Medical Eye Care

Core Benefits List with Detail

Plan Description

Essential Medical Eye Care provides supplemental medical eye care coverage to VSP® patients for the detection, treatment, and management of ocular and/or systemic conditions that produce ocular or visual symptoms. Out-of-network benefits are excluded, except in those states as required by law.

Coding and Billing Documentation Standards

Providers are responsible for accurate documentation and claim submission of services performed. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases (ICD10 CM), and National Correct Coding Initiative (NCCI).

Claim submissions are subject to review including but not limited to, terms of benefit coverage, provider contract language, scope of licensure, coding policies, clinical payment guidelines, and coding software logic. All information required to support the services and medical necessity submitted on the claim is expected to be in the patient's medical record and be available for review. VSP audits patient medical records according to the Clinical Practice Guidelines of the American Optometric Association (AOA) and the Preferred Practice Pattern Guidelines of the American Academy of Ophthalmology (AAO).

Exams and Office Visits

Code	Description	Modifiers	Frequency	Criteria
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient			
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits		Comprehensive eye exams are covered once per ***12-month period***. Additional comprehensive eye exams are reimbursed at the intermediate level.	
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient			
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits.		Comprehensive eye exams are covered once per ***12-month period***. Additional comprehensive eye exams are reimbursed at the intermediate level.	

Evaluation and Management Services

Code	Description	Modifiers	Frequency	Criteria
99202	Office or other outpatient for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, **15 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99203	Office or other outpatient for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, **30 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, **45 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on thedate of the encounter for code selection, **60 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified healthcare professional.	95 or GQ is used to designate telemedicine		
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, **10 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, **20 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, **30 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, **40 minutes** must be met or exceeded.	95 or GQ is used to designate telemedicine		
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, **20 minutes** must be met or exceeded.			
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, **30 minutes** must be met or exceeded.			
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, **40 minutes** must be met or exceeded.			
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, **55 minutes** must be met or exceeded.			

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	Provide location modifier RT or LT.		
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	Provide location modifier RT or LT.		
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	Provide location modifier RT or LT.		
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	Provide location modifier RT or LT.		
76514	Corneal pachymetry		Allowable ***once per lifetime***	When visual necessity is established
			Allowable ***twice per lifetime***	Z98.83 Filtering (vitreous) bleb after glaucoma surgery status
			Allowable ***once per 12-month*** period	H18.601 - H18.603 Keratoconus, unspecified H18.611 - H18.613 Keratoconus, stable H18.621 - H18.623 Keratoconus, unstable
76516	Ophthalmic biometry by ultrasound echography, A-scan			
76519	Ophthalmic biometry by ultrasound echography, A-scan, with intraocular lens power calculation	Provide location modifier RT or LT.		
76529	Ophthalmic ultrasonic foreign body localization	Provide location modifier RT or LT.		
92020	Gonioscopy (separate procedure)		Allowable ***once per 12-month*** period	
			Allowable ***twice per 12-month*** period	E08.311 - E13.3599 Diabetes mellitus with diabetic retinopathy H34.00 - H34.9 Retinal Vascular Occlusion H40.001 - H40.063 Glaucoma Suspect H40.10X0 - H40.1194 Primary open-angle glaucoma H40.20X0 - H40.243 Primary Angle-closure Glaucoma H40.61X0 - H40.63X4 Glaucoma Secondary to Drugs Q15.0 Congenital Glaucoma
92025	Computerized corneal topography with interpretation and report		Allowable ***once per 12-month*** period	H11.001 - H11.063 Pterygium H52.211 - H52.213 Irregular astigmatism Q13.4 Congenital anomalies of corneal size and shape
			Allowable ***twice per 12-month*** period	H16.001 - H16.073 Corneal ulcer H17.00 - H17.9 Corneal scars and opacities H18.11 - H18.13 Bullous keratopathy H18.20 Unspecified corneal edema H18.221 - H18.223 Other corneal edema H18.40 Corneal degeneration, unspecified H18.451 - H18.453 Nodular degeneration of cornea H18.461 - H18.463 Peripheral degenerations of cornea H18.49 Other corneal degenerations H18.501 - H18.599 Corneal dystrophies H18.601 - H18.623 Keratoconus H18.70 - H18.793 Other corneal deformities H18.831 - H18.833 Recurrent erosion of cornea T26.11XA - T26.12XS Burn of cornea and conjunctival sac T26.61XA - T26.62XS Corrosion of cornea and conjunctival sac Z94.7 Corneal transplant status

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92060	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)			
92071	Fitting of contact lens for treatment of ocular surface disease	Provide location modifier RT or LT		H16.101 - H16.103 Unspecified superficial keratitis H16.141 - H16.143 Punctate keratitis H16.9 Unspecified keratitis H18.11 - H18.13 Bullous keratopathy H18.511 - H18.519 Endothelial corneal dystrophy H18.541 - H18.549 Lattice corneal dystrophy H18.591 - H18.599 Other hereditary corneal dystrophies H18.831 - H18.833 Recurrent erosion cornea H18.821 - H18.823 Corneal disorder due to contact lens H18.451 - H18.453 Nodular corneal degeneration S05.00XA - S05.02XS Injury of conjunctiva and corneal abrasion without foreign body T15.00XA - T15.02XS Foreign body in cornea T85.318A - T85.318S Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts T85.328A - T85.328S Displacement of other ocular prosthetic devices, implants and grafts T85.398A - T85.398S Other mechanical complication of other ocular prosthetic devices, implants and grafts T86.8401 – T86.8409 Corneal transplant rejection T86.8411 – T86.8419 Corneal transplant failure Z94.7 Corneal transplant status
99070	Supplies are materials (except spectacles). Use for bandage contact lens only. Bill with 92071 only.	Provide location modifier RT or LT		
92081 – 92083	Visual field exam, unilateral or bilateral, with interpretation and report		Allowable ***twice per 12-month*** period	
92100	Serial tonometry with multiple measurements of intraocular pressure over an extended interval of time with interpretation and report, same day		Serial tonometry is defined as a separate procedure with multiple measurements, interpretation and report of intraocular pressure over an extended time period during a single day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure). A single tonometry check is considered part of the ophthalmic exam and is not reported separately.	

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, bilateral		Allowable up to ***two times per 12-month*** period	H17.01 - H17.03 Adherent leukoma H17.11 - H17.13 Central corneal opacity H17.811 - H17.813 Minor opacity of cornea H17.821 - H17.823 Peripheral opacity of cornea H17.89 Other corneal scars and opacities H17.9 Unspecified corneal scar and opacity H18.11 - H18.13 Bullous keratopathy H18.20 Unspecified corneal edema H18.211 - H18.213 Corneal edema secondary to contact lens H18.221 - H18.223 Idiopathic corneal edema H18.231 - H18.233 Secondary corneal edema H21.89 Other specified disorders of iris and ciliary body H22 Disorders of iris and ciliary body in diseases classified elsewhere H40.1210 - H40.1294 Low-tension glaucoma H40.1310 - H40.1394 Pigmentary glaucoma H40.1410 - H40.1494 Capsular glaucoma with pseudoexfoliation of lens H40.20X0 - H40.20X4 Unspecified primary angle-closure glaucoma H40.211 - H40.213 Acute angle-closure glaucoma H40.2210 - H40.2294 Chronic angle-closure glaucoma H40.231 - H40.233 Intermittent angle-closure glaucoma H40.241 - H40.243 Residual stage of angle-closure glaucoma H40.30X0 - H40.33X4 Glaucoma secondary to eye trauma H40.40X0 - H40.43X4 Glaucoma secondary to eye inflammation H40.50X0 - H40.53X4 Glaucoma secondary to other eye disorders H40.60X0 - H40.63X4 Glaucoma secondary to drugs H40.811 - H40.813 Glaucoma with increased episcleral venous pressure H40.821 - H40.823 Hypersecretion glaucoma H40.831 - H40.833 Aqueous misdirection H40.89 Other specified glaucoma H42 Glaucoma in diseases classified elsewhere
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve **Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.*		Allowable ***twice per 12-month*** period	E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema E08.319 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema E08.3211 – E08.3399 Diabetes mellitus due to underlying condition with diabetic retinopathy E09.3211 – E09.3399 Drug or chemical induced diabetes mellitus with diabetic retinopathy E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve **Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.*		Allowable ***twice per 12-month*** period	E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema E13.3411 - E13.3419 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E13.3491 - E13.3499 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E13.3511 - E13.3519 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema E13.3521 - E13.3529 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E13.3531 - E13.3539 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E13.3541 - E13.3549 Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E13.3551 - E13.3559 Other specified diabetes mellitus with stable proliferative diabetic retinopathy E13.3591 - E13.3599 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema H33.001 - H33.059 Retinal detachment with retinal break H33.101 - H33.103 Unspecified retinoschisis H33.111 - H33.113 Cyst of ora serrate H33.191 - H33.193 Other retinoschisis and retinal cysts H33.21 - H33.23 Serous retinal detachment H33.301 - H33.303 Unspecified retinal break H33.311 - H33.313 Horseshoe tear of retina without detachment H33.321 - H33.323 Round hole H33.41 - H33.43 Traction detachment of retina H33.8 Other retinal detachments H34.00 - H34.9 Retinal vascular occlusion H35.011 - H35.079 Background retinopathy and retinal vascular changes H35.171 - H35.173 Retrolental fibroplasia H35.21 - H35.22 Other non-diabetic proliferative retinopathy H35.30 - H35.389 Degeneration of macula and posterior pole H35.61 - H35.63 Retinal hemorrhage H35.70 - H35.739 Separation of retinal layers H35.81 Retinal edema H35.82 Retinal ischemia H35.89 Other specified retinal disorders H35.9 Unspecified retinal disorder H40.001 - H40.9 Glaucoma H42 Glaucoma in diseases classified elsewhere H44.21 - H44.23 Degenerative myopia H44.2A - H44.2A9 Degenerative myopia with choroidal neovascularization H44.2B - H44.2B9 Degenerative myopia with macular hole H44.2C - H44.2C9 Degenerative myopia with retinal detachment H44.2D - H44.2D9 Degenerative myopia with foveoschisis H44.2E - H44.2E9 Degenerative myopia with other maculopathy Q14.2 Congenital malformation of optic disc Q14.3 Congenital malformation of choroid Q14.8 Other congenital malformations of posterior segment of eye Q15.0 Congenital glaucoma S05.10XA - S05.12XS Contusion of eyeball and orbital tissues

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina *Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.		Allowable ***once per 12-month*** period	E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema E08.319 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema E08.3211 – E08.3399 Diabetes mellitus due to underlying condition with diabetic retinopathy E09.3211 – E09.3399 Drug or chemical induced diabetes mellitus with diabetic retinopathy E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema E13.319 Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema E13.3211 - E13.3219 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E13.3291 - E13.3299 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E13.3311 - E13.3319 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E13.3391 - E13.3399 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema H31.101 - H31.103 Choroidal degeneration H31.111 - H31.113 Age-related choroidal atrophy H31.121 - H31.123 Diffuse secondary atrophy of choroid H33.331 - H33.333 Multiple defects of retina without detachment H35.00 Unspecified background retinopathy H35.40 - H35.469 Peripheral retinal degeneration H35.50 Unspecified hereditary retinal dystrophy H35.51 Vitreoretinal dystrophy H35.52 Pigmentary retinal dystrophy H35.53 Other dystrophies primarily involving the sensory retina H35.54 Dystrophies primarily involving the retinal pigment epithelium H35.361 - H35.363 Drusen (degenerative) of macula H36 Retinal disorders in diseases classified elsewhere H46.01 - H46.03 Optic papillitis H46.11 - H46.13 Retrobulbar neuritis H46.2 Nutritional optic neuropathy H46.3 Toxic optic neuropathy H46.8 Other optic neuritis H46.9 Unspecified optic neuritis H47.011 - H47.013 Ischemic optic neuropathy H47.021 - H47.023 Hemorrhage in optic nerve sheath

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina *Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.		Allowable ***once per 12-month*** period	H47.031 - H47.033 Optic nerve hypoplasia H47.091 - H47.093 Other disorders of optic nerve, not elsewhere classified H47.10 - H47.13 Papilledema H47.141 - H47.143 Foster-Kennedy syndrome H47.20 - H47.299 Optic atrophy H47.311 - H47.313 Coloboma of optic disc H47.321 - H47.323 Drusen of optic disc H47.331 - H47.333 Pseudopapilledema of optic disc H47.391 - H47.393 Other disorders of optic disc H47.41 - H47.49 Disorders of optic chiasm H47.511 - H47.539 Disorders of visual pathways H47.611 - H47.619 Cortical blindness H47.621 - H47.649 Disorders of visual cortex H47.9 Unspecified disorder of visual pathways H53.40 - H53.489 Visual field defects L93.0 Discoid lupus erythematosus L93.2 Other local lupus erythematosus M05.40 or M05.49 Rheumatoid myopathy with rheumatoid arthritis M05.50 or M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis M05.70 or M05.79 Rheumatoid arthritis with rheumatoid factor M05.80 or M05.89 Other rheumatoid arthritis with rheumatoid factor M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified M06.00 or M06.09 Rheumatoid arthritis without rheumatoid factor M06.80 or M06.89 Other specified rheumatoid arthritis M06.9 Rheumatoid arthritis, unspecified Q15.0 Congenital glaucoma T37.2X1A - T37.2X4S Poisoning by antimalarials and drugs Z09 Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm Z79.84 Long term (current) use of oral hypoglycemic drugs
			Allowable ***twice per 12-month*** period	D31.30 Benign neoplasm of unspecified choroid E08.3411 - E08.3599 Diabetes mellitus due to underlying condition with diabetic retinopathy E09.3411 - E09.3599 Drug or chemical induced diabetes mellitus with diabetic retinopathy E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema E13.3411 - E13.3419 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina *Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.		Allowable ***twice per 12-month*** period	E13.3491 - E13.3499 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E13.3511 - E13.3519 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema E13.3521 - E13.3529 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E13.3531 - E13.3539 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E13.3541 - E13.3549 Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E13.3551 - E13.3559 Other specified diabetes mellitus with stable proliferative diabetic retinopathy E13.3591 - E13.3599 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema H33.001 - H33.059 Retinal detachment with retinal break H33.101 - H33.103 Unspecified retinoschisis H33.111 - H33.113 Cyst of ora serrate H33.191 - H33.193 Other retinoschisis and retinal cysts H33.21 - H33.23 Serous retinal detachment H33.301 - H33.303 Unspecified retinal break H33.311 - H33.313 Horseshoe tear of retina without detachment H33.321 - H33.323 Round hole H33.41 - H33.43 Traction detachment of retina H33.8 Other retinal detachments H34.00 - H34.9 Retinal vascular occlusion H35.011 - H35.079 Background retinopathy and retinal vascular changes H35.171 - H35.173 Retrolental fibroplasia H35.21 - H35.23 Other non-diabetic proliferative retinopathy H35.30 - H35.389 Degeneration of macula and posterior pole H35.61 - H35.63 Retinal hemorrhage H35.70 - H35.739 Separation of retinal layers H35.81 Retinal edema H35.82 Retinal ischemia H35.89 Other specified retinal disorders H35.9 Unspecified retinal disorder H40.001 - H40.9 Glaucoma H42 Glaucoma in diseases classified elsewhere H44.21 - H44.23 Degenerative myopia H44.2A - H44.2A9 Degenerative myopia with choroidal neovascularization H44.2B - H44.2B9 Degenerative myopia with macular hole H44.2C - H44.2C9 Degenerative myopia with retinal detachment H44.2D - H44.2D9 Degenerative myopia with foveoschisis H44.2E - H44.2E9 Degenerative myopia with other maculopathy Q14.2 Congenital malformation of optic disc Q14.3 Congenital malformation of choroid Q14.8 Other congenital malformations of posterior segment of eye Q15.0 Congenital glaucoma S05.10XA - S05.12XS Contusion of eyeball and orbital tissues
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation			
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral **Do not report 92201, 92202 in conjunction with 92250 (fundus photography)*		Allowable ***once per 12-month*** period	See below

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92202	Ophthalmoscopy, extended, with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral **Do not report 92201, 92202 in conjunction with 92250 (fundus photography)*		Allowable ***once per 12-month*** period	A39.82 Meningococcal retrobulbar neuritis A51.43 Secondary syphilitic oculopathy A52.19 Other symptomatic neurosyphilis B39.4 - B39.9 Histoplasmosis B58.01 Toxoplasma chorioretinitis C69.00 - C69.92 Malignant neoplasm of eye and adnexa D09.21 - D09.22 Carcinoma in situ D31.21 - D31.22 Benign neoplasm of retina D31.31 - D31.32 Benign neoplasm of choroid E08.311 - E08.3599 Diabetes mellitus due to underlying condition with diabetic retinopathy E09.311 - E09.3599 Drug or chemical induced diabetes mellitus with diabetic retinopathy E10.311 - E10.3599 Type 1 diabetes mellitus with diabetic retinopathy E10.36 Type 1 diabetes mellitus with diabetic cataract E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication E10.65 Type 1 diabetes mellitus with hyperglycemia E11.311 - E11.3599 Type 2 diabetes mellitus with diabetic retinopathy E11.36 Type 2 diabetes mellitus with diabetic cataract E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication E11.65 Type 2 diabetes mellitus with hyperglycemia E13.311 - E13.3599 Other specified diabetes mellitus with diabetic retinopathy E13.36 Other specified diabetes mellitus with diabetic cataract E13.39 Other specified diabetes mellitus with other diabetic ophthalmic complication H05.30 - H05.359 Deformity of the orbit H05.401 - H05.429 Enophthalmos H05.50 - H05.53 Retained (old) foreign body following penetrating wound H05.89 Other disorders of orbit H15.811 - H15.9 Other disorders of sclera H16.241 - H16.243 Ophthalmia nodosa H20.00 - H20.9 Iridocyclitis H21.00 - H21.9 Degeneration of iris and ciliary body H21.331 - H21.333 Parasitic cyst of iris, ciliary body or anterior chamber H22 Disorders of iris and ciliary body in diseases classified elsewhere H30.001 - H30.93 Chorioretinal inflammations H31.101 - H31.129 Choroidal degeneration H33.001 - H33.8 Retinal detachments and breaks H34.00 - H34.9 Retinal vascular occlusion H35.00 - H36 Other retinal disorders H40.001 - H40.9 Glaucoma H42 Glaucoma in diseases classified elsewhere H43.00 - H43.9 Disorders of vitreous body H44.001 - H44.029 Purulent endophthalmitis H44.111 - H44.9 Disorders of the globe H46.00 - H46.9 Optic neuritis H47.011 - H47.099 Disorders of optic nerve, not elsewhere classified H47.10 - H47.149 Papilledema H47.20 - H47.299 Optic atrophy H47.311 - H47.399 Other disorders of optic disc H47.41 - H47.49 Disorders of optic chiasm M05.40 Rheumatoid myopathy with rheumatoid arthritis of unspecified site M05.49 Rheumatoid myopathy with rheumatoid arthritis of multiple sites M05.50 Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites M05.70 Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement M05.79 Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement M05.80 Other rheumatoid arthritis with rheumatoid factor of unspecified site M05.89 Other rheumatoid arthritis with rheumatoid factor of multiple sites

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92202	Ophthalmoscopy, extended, with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral **Do not report 92201, 92202 in conjunction with 92250 (fundus photography)*		Allowable ***once per 12-month*** period	M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified M06.00 Rheumatoid arthritis without rheumatoid factor, unspecified site M06.09 Rheumatoid arthritis without rheumatoid factor, multiple sites M06.80 Other specified rheumatoid arthritis, unspecified site M06.89 Other specified rheumatoid arthritis, multiple sites M06.9 Rheumatoid arthritis, unspecified M08.00 Unspecified juvenile rheumatoid arthritis of unspecified site M08.09 Unspecified juvenile rheumatoid arthritis, multiple sites M08.20 Juvenile rheumatoid arthritis with systemic onset, unspecified site M08.29 Juvenile rheumatoid arthritis with systemic onset, multiple sites M08.3 Juvenile rheumatoid polyarthritis (seronegative) M08.40 Pauciarticular juvenile rheumatoid arthritis, unspecified site M08.89 Other juvenile arthritis, multiple sites M35.2 Behcet's disease Q14.0 - Q14.9 Congenital malformation Q15.0 Congenital glaucoma Q85.00 - Q85.02 Neurofibromatosis S05.10XA - S05.12XS Contusion of eye and adnexa S05.50XA - S05.52XS Penetrating wound with foreign body S05.60XA - S05.62XS Penetrating wound without foreign body S05.8X1A - S05.92XS Other injuries of eye and orbit A39.82 Meningococcal retrobulbar neuritis A51.43 Secondary syphilitic oculopathy A52.19 Other symptomatic neurosyphilis B39.4 - B39.9 Histoplasmosis B58.01 Toxoplasma chorioretinitis C69.00 - C69.92 Malignant neoplasm of eye and adnexa D09.21 - D09.22 Carcinoma in situ D31.21 - D31.22 Benign neoplasm of retina D31.31 - D31.32 Benign neoplasm of choroid E08.311 - E08.3599 Diabetes mellitus due to underlying condition with diabetic retinopathy E09.311 - E09.3599 Drug or chemical induced diabetes mellitus with diabetic retinopathy E10.311 - E10.3599 Type 1 diabetes mellitus with diabetic retinopathy E10.36 Type 1 diabetes mellitus with diabetic cataract E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication E10.65 Type 1 diabetes mellitus with hyperglycemia E11.311 - E11.3599 Type 2 diabetes mellitus with diabetic retinopathy E11.36 Type 2 diabetes mellitus with diabetic cataract E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication E11.65 Type 2 diabetes mellitus with hyperglycemia E13.311 - E13.3599 Other specified diabetes mellitus with diabetic retinopathy E13.36 Other specified diabetes mellitus with diabetic cataract E13.39 Other specified diabetes mellitus with other diabetic ophthalmic complication H05.30 - H05.359 Deformity of the orbit H05.401 - H05.429 Enophthalmos H05.50 - H05.53 Retained (old) foreign body following penetrating wound H05.89 Other disorders of orbit H15.811 - H15.9 Other disorders of sclera H16.241 - H16.243 Ophthalmia nodosa H20.00 - H20.9 Iridocyclitis H21.00 - H21.9 Degeneration of iris and ciliary body H21.331 - H21.333 Parasitic cyst of iris, ciliary body or anterior chamber H22 Disorders of iris and ciliary body in diseases classified elsewhere H30.001 - H30.93 Chorioretinal inflammations H31.101 - H31.129 Choroidal degeneration H33.001 - H33.8 Retinal detachments and breaks H34.00 - H34.9 Retinal vascular occlusion H35.00 - H36 Other retinal disorders H40.001 - H40.9 Glaucoma H42 Glaucoma in diseases classified elsewhere H43.00 - H43.9 Disorders of vitreous body H44.001 - H44.029 Purulent endophthalmitis H44.111 - H44.9 Disorders of the globe H46.00 - H46.9 Optic neuritis H47.011 - H47.099 Disorders of optic nerve, not elsewhere classified

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92202	Ophthalmoscopy, extended, with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral **Do not report 92201, 92202 in conjunction with 92250 (fundus photography)*		Allowable ***once per 12-month*** period	H47.10 - H47.149 Papilledema H47.20 - H47.299 Optic atrophy H47.311 - H47.399 Other disorders of optic disc H47.41 - H47.49 Disorders of optic chiasm M05.40 Rheumatoid myopathy with rheumatoid arthritis of unspecified site M05.49 Rheumatoid myopathy with rheumatoid arthritis of multiple sites M05.50 Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites M05.70 Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement M05.79 Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement M05.80 Other rheumatoid arthritis with rheumatoid factor of unspecified site M05.89 Other rheumatoid arthritis with rheumatoid factor of multiple sites M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified M06.00 Rheumatoid arthritis without rheumatoid factor, unspecified site M06.09 Rheumatoid arthritis without rheumatoid factor, multiple sites M06.80 Other specified rheumatoid arthritis, unspecified site M06.89 Other specified rheumatoid arthritis, multiple sites M06.9 Rheumatoid arthritis, unspecified M08.00 Unspecified juvenile rheumatoid arthritis of unspecified site M08.09 Unspecified juvenile rheumatoid arthritis, multiple sites M08.20 Juvenile rheumatoid arthritis with systemic onset, unspecified site M08.29 Juvenile rheumatoid arthritis with systemic onset, multiple sites M08.3 Juvenile rheumatoid polyarthritis (seronegative) M08.40 Pauciarticular juvenile rheumatoid arthritis, unspecified site M08.89 Other juvenile arthritis, multiple sites M35.2 Behcet's disease Q14.0 - Q14.9 Congenital malformation Q15.0 Congenital glaucoma Q85.00 - Q85.02 Neurofibromatosis S05.10XA - S05.12XS Contusion of eye and adnexa S05.50XA - S05.52XS Penetrating wound with foreign body S05.60XA - S05.62XS Penetrating wound without foreign body S05.8X1A - S05.92XS Other injuries of eye and orbit
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral **Do not report 92227 in conjunction with 92002-92014, 92133, 92134, 92250, 92228 or with the evaluation and management of the single organ system, the eye, 99202-99350.*		Allowable ***once per 12-month*** period	
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified healthcare professional interpretation and report, unilateral or bilateral **Do not report 92228 in conjunction with 92002-92014, 92133, 92134, 92250, 92227 or with the evaluation and management of the single organ system, the eye, 99202-99350.*			

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92250	Fundus photography with interpretation and report **Cannot be billed with extended ophthalmoscopy (initial or subsequent) or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).*		Allowable ***once per 12-month*** periodi	
			Allowable ***twice per 12-month*** period	E08.311 - E08.3599 Diabetes mellitus due to underlying condition with diabetic retinopathy E09.311 - E09.3599 Drug or chemical induced diabetes mellitus with diabetic retinopathy E10.311 - E10.3599 Type 1 diabetes mellitus with diabetic retinopathy E11.311 - E11.3599 Type 2 diabetes mellitus with diabetic retinopathy E13.311 - E13.3599 Other specified diabetes mellitus with diabetic retinopathy H30.001 - H30.93 Chorioretinal inflammations H31.001 - H31.9 Other disorders of the choroid H32 Chorioretinal disorders in diseases classified elsewhere H33.001 - H33.8 Retinal detachments and breaks H34.00 - H34.9 Retinal vascular occlusion H35.00 - H36 Other retinal disorders
92250	Diabetic retinal screening (baseline imaging to confirm the absence of diabetic eye disease) **Diabetic retinal screening is reimbursed $39 (or your U&C fee when less than $39).*	52	Allowable ***once per 12-month*** period for Signature, Choice, and Advantage Plan patients who have diabetes without diabetic eye disease. **Medicaid members are not eligible for diabetic retinal screening. Medicaid covers fundus photography with interpretation and report with medical necessity.*	Bill diagnosis code Z13.5 in the primary position and diagnosis code E10.9, E11.9 or E13.9 in the secondary position. Z13.5 Encounter for screening for eye and ear disorders E10.9 - Type 1 diabetes mellitus without complications E11.9 - Type 2 diabetes mellitus without complications E13.9 - Other specified diabetes mellitus without complications
92260	Ophthalmodynamometry		Allowable ***once per 12-month*** period	
92270	Electro-oculography with interpretation and report		Allowable ***once per 12-month*** period	
92273	Electroretinography (ERG), with interpretation and report; full field (i.e., ffERG, flash ERG, Ganzfeld ERG)	Provide location modifier RT or LT	Allowable ***once per 12-month*** period, as medically necessary	
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	Provide location modifier RT or LT	Allowable ***once per 12-month*** period, as medically necessary	

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92283	Color vision exam, extended		Allowable ***once per 12-month*** period, as medically necessary	
92284	Dark adaptation exam with interpretation and report		Allowable ***once per 12-month*** period	
92285	External ocular photography with interpretation and report for documentation medical progress. Not allowed for pre-cataract diagnoses.	Provide location modifier RT or LT		
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	Provide location modifier RT or LT		H18.11 - H18.13 Bullous keratopathy H18.51 Fuch's Dystrophy H18.511 - H18.519 Endothelial corneal dystrophy
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	Provide location modifier RT or LT		
92499	Exam with refraction for diabetic patients only who experience vision shifts of ± 1.00 diopters or greater in at least one eye due to diabetes medications (must be documented in the patient's file). Cannot be billed with another exam service on the same day. Refraction not reimbursed separately; payment is bundled with exam.	If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral	Allowable ***once per 12-month*** period	E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula

Special Ophthalmological Services

Code	Description	Modifiers	Frequency	Criteria
92499	Exam with refraction for diabetic patients only who experience vision shifts of ± 1.00 diopters or greater in at least one eye due to diabetes medications (must be documented in the patient's file). Cannot be billed with another exam service on the same day. Refraction not reimbursed separately; payment is bundled with exam.	If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral	Allowable ***once per 12-month*** period	E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema E13.319 Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema E13.3211 - E13.3219 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E13.3291 - E13.3299 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E13.3311 - E13.3319 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E13.3391 - E13.3399 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E13.3411 - E13.3419 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E13.3491 - E13.3499 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E13.3511 - E13.3519 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema E13.3521 - E13.3529 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E13.3531 - E13.3539 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E13.3541 - E13.3549 Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E13.3551 - E13.3559 Other specified diabetes mellitus with stable proliferative diabetic retinopathy E13.3591 - E13.3599 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema Rubeosis iridis H21.1X1 Other vascular disorders of iris and ciliary body (rubeosis iridis), right eye H21.1X2 Other vascular disorders of iris and ciliary body (rubeosis iridis), left eye H21.1X3 Other vascular disorders of iris and ciliary body (rubeosis iridis), bilateral E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report. **VSP will not reimburse fundus photography, extended ophthalmoscopy (initial or subsequent) or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina) on the same day as VEP testing.*		Allowable ***once per 12-month*** period	

Surgical Services

Code	Description	Modifiers	Frequency	Criteria
65205	Removal of foreign body, external eye; conjunctival superficial	Provide location modifier RT or LT.		
65210	Removal of foreign body, external eye; conjunctival embedded, subconjunctival or scleral nonperforating	Provide location modifier RT or LT.		
65220	Removal of foreign body, external eye; corneal, without slit lamp	Provide location modifier RT or LT.		
65222	Removal of foreign body, external eye; corneal, with slit lamp	Provide location modifier RT or LT.		
65430	Scraping of cornea, diagnostic, for smear and/or culture	Provide location modifier RT or LT.		
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	Provide location modifier RT or LT.		
67820	Correction of trichiasis; epilation, by forceps only	Provide location modifier E1, E2, E3 or E4.		
67938	Removal of embedded foreign body, eyelid	Provide location modifier RT or LT.		
68020	Incision of conjunctiva, drainage of cyst	Provide location modifier E1, E2, E3 or E4.		
68040	Expression of conjunctival follicles (eg, for trachoma)	Provide location modifier E1, E2, E3 or E4.		

Surgical Services

Code	Description	Modifiers	Frequency	Criteria
68761	Closure of lacrimal punctum; by plug, each	Bill the appropriate modifiers E1 (upper lid, left); E2 (lower lid, left); E3 (upper lid, right); or E4 (lower lid, right). Use modifier SC to report temporary plugs.	Temporary plugs are limited to one, per eyelid, in a 24-month period. Maximum of four (4) per lifetime. Permanent plugs are limited to one, per eyelid, in a 24-month period. Two additional plugs may be authorized if medically necessary; however, VSP will not reimburse more than two plugs per eyelid. Maximum of six (6) per lifetime.	H04.11 - H04.9 Disorders of lacrimal system H16.141 - H16.143 Punctate keratitis H16.221 - H16.223, H11.821 – H11.823, H04.829 Keratoconjunctivitis sicca, not specified as Sjogren's M35.00 – M35.03 Sjogren syndrome Reimbursement Standard rules for coding a minor surgical procedure apply. Punctal occlusion by plug carries a 10-day global period. All services necessary to complete the procedure, are included in the payment for the procedure. Reimbursement for a minor surgical procedure includes the preoperative visit on the day of surgery, postoperative visits related to recovery, and supplies. Exam services (920XX or 992XX) and local anesthesia is also included in the procedure and should not be reported separately. Punctal occlusion is a unilateral procedure and reimbursement is per punctum. When two puncta are occluded at the same session, multiple surgery rules apply. Use modifier 51 (multiple procedures) when more than one punctum is occluded during the same session
68801	Dilation of lacrimal punctum, with or without irrigation	Provide location modifier RT or LT.		
68810	Probing of nasolacrimal duct, with or without irrigation	Provide location modifier RT or LT.		
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	Provide location modifier RT or LT.		

Pathology and Laboratory

Code	Description	Modifiers	Frequency	Criteria
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.		H00.021 - H00.029 Hordeolum internum H01.011 - H01.019 Ulcerative blepharitis H01.01A - Ulcerative blepharitis right eye, upper and lower eyelids H01.01B - Ulcerative blepharitis left eye, upper and lower eyelids H02.031 - H02.039 Senile entropion H02.101 - H02.109 Unspecified ectropion H04.121 - H04.129 Dry eye syndrome H04.211 - H04.229 Epiphora H04.421 - H04.429 Chronic lacrimal canaliculitis H04.521 - H04.529 Eversion H04.561 - H04.569 Stenosis H10.521 - H10.539 Blepharoconjunctivitis H16.121 - H16.123 Filamentary keratitis H16.221 - H16.223 Keratoconjunctivitis sicca, not specified as Sjogren's H18.831 - H18.833 Recurrent erosion of cornea H40.10X0 - H40.1194 Primary open-angle glaucoma M35.00 - M35.03 Sjogren syndrome Use modifier QW - Clinical Laboratory Improvement Amendment (CLIA) waived test. Provide location modifier RT and/or LT. When billing for both eyes, code 83516 twice, on two lines, for 1-unit of service each, as follows: 83516-QW-RT 83516-QW-LT
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.		H00.021 - H00.029 Hordeolum internum H01.011 - H01.019 Ulcerative blepharitis H01.01A - Ulcerative blepharitis right eye, upper and lower eyelids H01.01B - Ulcerative blepharitis left eye, upper and lower eyelids H02.031 - H02.039 Senile entropion H02.101 - H02.109 Unspecified ectropion H04.121 - H04.129 Dry eye syndrome H04.211 - H04.229 Epiphora H04.421 - H04.429 Chronic lacrimal canaliculitis H04.521 - H04.529 Eversion H04.561 - H04.569 Stenosis H10.521 - H10.539 Blepharoconjunctivitis H16.121 - H16.123 Filamentary keratitis H16.221 - H16.223 Keratoconjunctivitis sicca, not specified as Sjogren's H18.831 - H18.833 Recurrent erosion of cornea H40.10X0 - H40.1194 Primary open-angle glaucoma M35.00 - M35.03 Sjogren syndrome Use modifier QW - Clinical Laboratory Improvement Amendment (CLIA) waived test. Provide location modifier RT and/or LT. When billing for both eyes, code 83861 twice, on two lines, for 1-unit of service each, as follows: 83861-QW-RT 83861-QW-LT
87809	Infectious agent antigen detection by immunoassay with direct optical observation; Adenovirus			H10.011 - H10.029 Mucopurulent conjunctivitis H10.11 - H10.13 Acute atopic conjunctivitis H10.221 - H10.223 Pseudomembranous conjunctivitis H10.231 - H10.233 Serous conjunctivitis H10.31 - H10.33 Unspecified acute conjunctivitis H10.401 - H10.403 Unspecified chronic conjunctivitis H10.411 - H10.413 Chronic giant papillary conjunctivitis H10.421 - H10.423 Simple chronic conjunctivitis H10.431 - H10.433 Chronic follicular conjunctivitis H10.44 Vernal conjunctivitis H10.45 Other chronic allergic conjunctivitis H10.89 Other conjunctivitis H16.261 - H16.263 Vernal keratoconjunctivitis Use modifier QW - Clinical Laboratory Improvement Amendment (CLIA) waived test. Provide location modifier RT and/or LT. When billing for both eyes, code 87809 twice, on two lines, for 1-unit of service each, as follows: 87809-QW-RT 87809-QW-LT

Urgent/Emergency Services

Services received from a VSP network provider when medical eye care services are required for urgent or emergency care. Urgent and/or emergency facility charges are not covered.

Code	Description	Modifiers	Frequency	Criteria
99050	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	Service(s) provided in the office at times other than regularly scheduled office hours, or day when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service		
99051	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits	Service(s) provided in the office during regularly scheduled evening, weekend or holiday office hours, in addition to basic service		
99058	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services in addition to basic service		

Online Digital Evaluation and Management Services

Use the following codes to indicate established patient, patient initiated, online digital evaluation

Code	Description	Modifiers	Frequency	Criteria
99421	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; **5–10 minutes**		Limited to one online evaluation and management code per seven-day period, per chief complaint. Cannot lead to another medical visit in the next 24 hours.	
99422	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; **11–20 minutes**		Limited to one online evaluation and management code per seven-day period, per chief complaint. Cannot lead to another medical visit in the next 24 hours.	
99423	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; **21 or more minutes**		Limited to one online evaluation and management code per seven-day period, per chief complaint. Cannot lead to another medical visit in the next 24 hours.	

Telephone Evaluation and Management Services

Use the following codes to indicate established patient, patient initiated, telephone evaluation
Do not report these services in conjunction with 99202-99205, 99212-99215, 99241-99245, or 99421-99423.

Code	Description	Modifiers	Frequency	Criteria
99441	Telephone evaluation and management service, for established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; **5–10 minutes**		Limited to one telephone evaluation and management code per seven-day period, per chief complaint. Cannot lead to another medical visit in the next 24 hours.	
99442	Telephone evaluation and management service, for an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; **11–20 minutes**		Limited to one telephone evaluation and management code per seven-day period, per chief complaint. Cannot lead to another medical visit in the next 24 hours.	
99443	Telephone evaluation and management service, for an established patient not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; **21–30 minutes**		Limited to one telephone evaluation and management code per seven-day period, per chief complaint. Cannot lead to another medical visit in the next 24 hours.	

Interprofessional Telephone/Internet/Electronic Health Record Consultations

Use the following codes to report your office's consultation services only when requested by another physician.
Service is not reported if the patient was seen by the consultant physician within the past 14 days.

Code	Description	Modifiers	Frequency	Criteria
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional, including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 5–10 minutes of medical consultative discussion and review		Allowable once per patient, per seven-day period.	
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional, including, including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 11–20 minutes of medical consultative discussion and review		Allowable once per patient, per seven-day period.	
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional, including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 21–30 minutes of medical consultative discussion and review		Allowable once per patient, per seven-day period.	
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional, including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 31 minutes or more of medical consultative discussion and review		Allowable once per patient, per seven-day period.	
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified healthcare professional, including a written report to the patient's treating/requesting physician or other qualified healthcare professional, five or more minutes of medical consultative time.		Allowable once per patient, per seven-day period.	
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified healthcare professional, 30 minutes. Reported by the physician who is treating the patient and requesting the non-face-to-face consult for medical advice or opinion (not for a transfer of care or a face-to-face consult).		Allowable once per patient, per seven-day period.	

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