



## 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. Outofnetwork benefits are excluded, except in those states as required by law.

Covered benefits are administered according to the VSP policies and procedures in effect upon the date of service. The following procedure codes are covered, when appropriate, for the scope of licensure as well as the current laws, rules, and regulations as determined by the State and Federal Government.

**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).

### Reimbursement:

#### Commercial Essential Medical Eye Care Reimbursement

- Medical eye exams (CPT codes 920XX and 99202-99215) are reimbursed according to VSP Signature Plan payables, as reported on your practice's Assigned Fee Report.
- To access the Assigned Fee Report for your practice, visit **VSPOnline** at **eyefinity.com** and click the **View Fees** link under **Practice/Doctor Updates** in the **Administration** area.
- Additional covered services are reimbursed at 80% of your usual and customary (U&C) fee, up to the Essential Medical Eye Care maximum allowable.
  - VSP's non-exam Essential Medical Eye Care services approximate the Centers for Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule amounts.

#### Medicaid Essential Medical Eye Care Reimbursement

- Reimbursement for approved Medicaid procedures will be 80% of your U&C fee or your state's VSP Medicaid fee schedule, whichever is lower.
  - VSP's non-exam Essential Medical Eye Care services approximate your state's Medicaid fee schedule amounts.

#### Pricing Rules for Surgical Procedures (see Surgical Services section below)

- When two or more covered surgical procedures are performed during the same operative session, multiple surgery reductions apply.
  - 100% of the allowance for the most expensive surgical procedure or 80% of the billed; whichever is less.
  - 50% of the allowance for the remaining surgical procedures or 80% of the billed; whichever is less.

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### Covered Services:

#### Exams and Office Visits

Comprehensive eye exams are covered once per 12-month period. Additional comprehensive eye exams are reimbursed at the intermediate level.

Code	CPT Code Description
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, 1 or more visits
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, 1 or more visits

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#### Evaluation and Management Services

Modifier 95 or GQ is used to designate telemedicine for eligible E/M services (99202 - 99215)

Code	CPT Code Description
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.
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.
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.
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 the date of the encounter for code selection, 60 minutes must be met or exceeded.
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 health care professional.

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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.
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.
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.
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.
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.

**Coverage for some services are limited to the allowance guidelines indicated. These allowances should accommodate the required quality care needs of most patients.**

### Surgical Services

Multiple surgical procedure payment reduction rules apply to the following:

Code	CPT Code Description and Diagnosis/Service Frequency Limitations
65205	Removal, foreign body, external eye; conjunctival superficial Provide location modifier RT or LT.
65210	Removal, foreign body, external eye; conjunctival embedded/subconjunctival/scleral nonperforating Provide location modifier RT or LT.
65220	Removal, foreign body, external eye; corneal, without slit lamp Provide location modifier RT or LT.

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65222	Removal, 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, 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 Provide location modifier E1, E2, E3 or E4.
68761	<p>Closure of lacrimal punctum; by plug, each.</p> <ul style="list-style-type: none"> <li>• Allowable diagnosis codes: <ul style="list-style-type: none"> <li>H04.111 - H04.9 Disorders of lacrimal system</li> <li>H16.141 - H16.143 Punctate keratitis</li> <li>H16.221 - H16.223, H11.821 - H11.823, H04.829 Keratoconjunctivitis sicca, not specified as Sjogren's</li> <li>M35.00 – M35.03 Sjogren syndrome</li> </ul> </li> </ul> <p>Temporary plugs are limited to one, per eyelid, per 24-month period. Maximum of four (4) per lifetime.</p> <p>Permanent plugs are limited to one, per eyelid, per 24-month period. Two additional plugs are allowed; however, VSP will not reimburse more than two plugs per eyelid. Maximum of six (6) per lifetime.</p> <p>Provide location modifiers E1 (upper lid, left); E2 (lower lid, left); E3 (upper lid, right); or E4 (lower lid, right).</p> <p>Use modifier SC to report temporary plugs.</p> <p>When two puncta are occluded at the same session, multiple surgery rules apply.</p> <p>Reimbursement</p> <p>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.</p> <p>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.</p> <p>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</p>
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.

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### Radiology/Diagnostic Ultrasound

Code	CPT Code Description and Diagnosis/Service Frequency Limitations
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter As medically necessary. Provide location modifier RT or LT.
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only As medically necessary. Provide location modifier RT or LT.
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) As medically necessary. 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  As medically necessary. Provide location modifier RT or LT.
76514	Corneal pachymetry <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per lifetime per patient.</li> <li>• Allowable <b>twice</b> per lifetime with the following diagnoses: Z98.83 Filtering (vitreal) bleb after glaucoma surgery status</li> <li>• Allowable <b>once per 12-month</b> period for the following diagnoses: H18.601- H18.603 Keratoconus, unspecified H18.611- H18.613 Keratoconus, stable H18.621 – H18.623</li> </ul>
76516	Ophthalmic biometry by ultrasound echography, A-scan As medically necessary.
76519	Ophthalmic biometry by ultrasound echography, A-scan, with intraocular lens power calculation As medically necessary. Provide location modifier RT or LT.
76529	Ophthalmic ultrasonic foreign body localization

### Pathology and Laboratory

Code	CPT Code Description and Diagnosis/Service Frequency Limitations
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83516

Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method

- Allowable diagnosis codes include, but are not limited to, the following:

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 canalculitis

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

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83861

Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity

- Allowable diagnosis codes include, but are not limited to, the following:

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

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87809	<p>Infectious agent antigen detection by immunoassay with direct optical observation; Adenovirus</p> <ul style="list-style-type: none"> <li>• Allowable diagnosis codes: <ul style="list-style-type: none"> <li>H10.011 - H10.029 Mucopurulent conjunctivitis</li> <li>H10.11 - H10.13 Acute atopic conjunctivitis</li> <li>H10.221 - H10.223 Pseudomembranous conjunctivitis</li> <li>H10.231 - H10.233 Serous conjunctivitis</li> <li>H10.31 - H10.33 Unspecified acute conjunctivitis</li> <li>H10.401 - H10.403 Unspecified chronic conjunctivitis</li> <li>H10.411 - H10.413 Chronic giant papillary conjunctivitis</li> <li>H10.421 - H10.423 Simple chronic conjunctivitis</li> <li>H10.431 - H10.433 Chronic follicular conjunctivitis</li> <li>H10.44 Vernal conjunctivitis</li> <li>H10.45 Other chronic allergic conjunctivitis</li> <li>H10.89 Other conjunctivitis</li> <li>H16.261 - H16.263 Vernal keratoconjunctivitis</li> </ul> </li> </ul> <p>Use modifier QW - Clinical Laboratory Improvement Amendment (CLIA) waived test. Provide location modifier RT and/or LT.</p> <p>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</p>
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### Special Ophthalmological Services

Code	CPT Code Description and Diagnosis/Service Frequency Limitations
92020	<p>Gonioscopy (separate procedure)</p> <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per 12-month period when visual necessity is established.</li> <li>• Allowable <b>twice</b> per 12-month period for patients with the following diagnoses: <ul style="list-style-type: none"> <li>E08.311 - E13.3599 Diabetes mellitus with diabetic retinopathy</li> <li>H34.00 - H34.9 Retinal Vascular Occlusion</li> <li>H40.001 - H40.063 Glaucoma Suspect</li> <li>H40.10X0 - H40.1194 Primary open-angle glaucoma</li> <li>H40.20X0 - H40.243 Primary Angle-closure Glaucoma</li> <li>H40.61X0 - H40.63X4 Glaucoma Secondary to Drugs</li> <li>Q15.0 Congenital Glaucoma</li> </ul> </li> </ul>



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92025	<p>Computerized corneal topography with interpretation and report</p> <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per 12-month period for the following diagnoses:  H11.001 - H11.063 Pterygium  H52.211 - H52.213 Irregular astigmatism  Q13.4 Congenital anomalies of corneal size and shape</li>   <li>• Allowable <b>twice</b> per 12-month period for the following diagnoses:  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 Hereditary 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</li> </ul>
92060	<p>Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure) As medically necessary.</p>

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92071	<p>Fitting of contact lens for treatment of ocular surface disease</p> <ul style="list-style-type: none"> <li>• Allowable diagnosis codes: <ul style="list-style-type: none"> <li>H16.101 - H16.103 Unspecified superficial keratitis</li> <li>H16.141 - H16.143 Punctate keratitis</li> <li>H16.9 Unspecified keratitis</li> <li>H18.11 - H18.13 Bullous keratopathy</li> <li>H18.511 - H18.519 Endothelial corneal dystrophy</li> <li>H18.541 - H18.549 Lattice corneal dystrophy</li> <li>H18.591 - H18.599 Corneal dystrophies</li> <li>H18.831 - H18.833 Recurrent erosion cornea</li> <li>H18.821 - H18.823 Corneal disorder due to contact lens</li> <li>H18.451 - H18.453 Nodular corneal degeneration</li> <li>S05.00XA - S05.02XS Injury of conjunctiva and corneal abrasion without foreign body</li> <li>T15.00XA - T15.02XS Foreign body in cornea</li> <li>T85.318A - T85.318S Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts</li> <li>T85.328A - T85.328S Displacement of other ocular prosthetic devices, implants and grafts</li> <li>T85.398A - T85.398S Other mechanical complication of other ocular prosthetic devices, implants and grafts</li> <li>T86.8401 - T86.8409 Corneal transplant rejection</li> <li>T86.8411 - T86.8419 Corneal transplant failure</li> <li>Z94.7 Corneal transplant status Provide location modifier RT or LT.</li> </ul> </li> </ul>
99070	Supplies and materials (except spectacles). Use for bandage contact lens only. Bill with 92071 only. Provide location modifier RT or LT.
92081	<p>Visual field exam with interpretation and report; limited</p> <p>Allowable <b>twice</b> per 12-month period when visual necessity is established. Bill with an appropriate medical diagnosis code.</p>
92082	<p>Visual field exam with interpretation and report; intermediate</p> <p>Allowable <b>twice</b> per 12-month period when visual necessity is established. Bill with an appropriate medical diagnosis code.</p>
92083	<p>Visual field exam with interpretation and report; extended</p> <p>Allowable <b>twice</b> per 12-month period when visual necessity is established. Bill with an appropriate medical diagnosis code.</p>
92100	<p>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. VSP pays for serial tonometry as a separate procedure when visual necessity is established.</p>

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92132 Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, bilateral

- Allowable up to **two** times per 12-month period for the following diagnoses:

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

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92133	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve</p> <ul style="list-style-type: none"><li>• Allowable <b>once</b> per 12-month period for the following diagnoses:<ul style="list-style-type: none"><li>E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema</li><li>E08.319 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema</li><li>E08.3211 – E08.3399 Diabetes mellitus due to underlying condition with diabetic retinopathy</li><li>E09.3211 – E09.3399 Drug or chemical induced diabetes mellitus with diabetic retinopathy</li><li>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</li><li>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</li><li>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</li><li>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</li><li>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</li><li>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</li><li>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</li><li>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</li><li>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</li><li>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</li><li>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</li><li>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</li></ul></li></ul>
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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  
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 Q15.0 Congenital glaucoma

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Allowable **twice** per 12-month period for the following diagnoses:

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  
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

## Essential Medical Eye Care – Core Benefits List with Detail

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  
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

Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.

## Essential Medical Eye Care – Core Benefits List with Detail

92134	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina</p> <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per 12-month period for the following diagnoses:</li> </ul> <p>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</p>
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## Essential Medical Eye Care – Core Benefits List with Detail

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  
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

## Essential Medical Eye Care – Core Benefits List with Detail

- Allowable **twice** per 12-month period for the following diagnoses:

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

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

## Essential Medical Eye Care – Core Benefits List with Detail

	<p>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  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</p> <p>Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography (including retinal screening).</p>
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation As medically necessary.

## Essential Medical Eye Care – Core Benefits List with Detail

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 •  
Allowable **once** per 12-month period for the below diagnoses.

92202

Ophthalmoscopy, extended, with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral

- Allowable **once** per 12-month period for the following diagnoses:

A39.82 Meningococcal retrobulbar neuritis

A51.43 Secondary syphilitic ophthalmopathy

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

## Essential Medical Eye Care – Core Benefits List with Detail

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  
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

Do not report 92201, 92202 in conjunction with 92250 (fundus photography)

## Essential Medical Eye Care – Core Benefits List with Detail

92227	<p>Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral</p> <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per 12-month period.</li> </ul> <p>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.</p>
92228	<p>Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral</p> <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per 12-month period.</li> </ul> <p>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.</p>
92250	<p>Fundus photography with interpretation and report</p> <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per 12-month period.</li> <li>• Allowable <b>twice</b> per 12-month period for the following diagnoses:  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</li> </ul> <p>Cannot be billed with extended ophthalmoscopy (initial or subsequent) or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina)</p> <p>.</p>

## Essential Medical Eye Care – Core Benefits List with Detail

92250/52	<p>Diabetic retinal screening (baseline imaging to confirm the absence of diabetic eye disease)</p> <p>Allowable <b>once</b> per 12-month period for Signature, Choice, and Advantage Plan patients who have diabetes without diabetic eye disease.</p> <p>Use CPT code 92250 with modifier 52.</p> <p>Bill diagnosis code Z13.5 in the primary position and diagnosis code E10.9, E11.9, or E13.9 in the secondary position.</p> <p>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</p>
	<p>Diabetic retinal screening is reimbursed \$39 (or your U&amp;C fee when less than \$39).</p> <p>Medicaid members are not eligible for diabetic retinal screening. Medicaid covers fundus photography with interpretation and report with medical necessity.  Cannot be billed with extended ophthalmoscopy (initial or subsequent) or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina)</p>
92260	<p>Ophthalmodynamometry</p> <p>Allowable <b>once</b> per 12-month period, as medically necessary.</p>
92270	<p>Electro-oculography with interpretation and report</p> <p>Allowable <b>once</b> per 12-month period, as medically necessary.</p>
92273	<p>Electroretinography (ERG), with interpretation and report; full field (i.e., ffERG, flash ERG, Ganzfeld ERG)</p> <p>Allowable <b>once</b> per 12-month period, as medically necessary.</p> <p>Provide location modifier RT or LT.</p>
92274	<p>Electroretinography (ERG), with interpretation and report; multifocal (mfERG) Allowable <b>once</b> per 12-month period, as medically necessary.</p> <p>Provide location modifier RT or LT.</p>
92283	<p>Color vision exam, extended</p> <p>Allowable <b>once</b> per 12-month period, as medically necessary.</p>
92284	<p>Dark adaptation exam with interpretation and report</p> <p>Allowable <b>once</b> per 12-month period, as medically necessary.</p>
92285	<p>External ocular photography with interpretation and report of medical progress Not allowed for pre-cataract diagnoses. Provide location modifier RT or LT.</p>

## Essential Medical Eye Care – Core Benefits List with Detail

92286	<p>Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis</p> <p>Only covered for the following diagnoses:</p> <ul style="list-style-type: none"> <li>• H18.11 - H18.13 Bullous keratopathy</li> <li>• H18.51 Fuch’s Dystrophy</li> <li>• H18.511 – H18.519 Endothelial corneal dystrophy</li> </ul> <p>Provide location modifier RT or LT.</p>
92287	<p>Anterior segment imaging with interpretation and report; with fluorescein angiography As medically necessary</p> <p>Provide location modifier RT or LT.</p>
92499	<p>Exam with refraction for diabetic patients only who experience vision shifts of <math>\pm 1.00</math> 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.</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <ul style="list-style-type: none"> <li>• Allowable <b>once</b> per 12-month period for the following diagnoses:</li> </ul> <p>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</p>



## Essential Medical Eye Care – Core Benefits List with Detail

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  
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

## Essential Medical Eye Care – Core Benefits List with Detail

	<p>E13.3311 - E13.3319 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E13.3391 - E13.3399 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E13.3411 - E13.3419 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E13.3491 - E13.3499 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E13.3511 - E13.3519 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E13.3521 - E13.3529 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E13.3531 - E13.3539 Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E13.3541 - E13.3549 Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>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</p> <p>Rubeosis iridis</p> <p>H21.1X1 Other vascular disorders of iris and ciliary body (rubeosis iridis), right eye</p> <p>H21.1X2 Other vascular disorders of iris and ciliary body (rubeosis iridis), left eye</p> <p>H21.1X3 Other vascular disorders of iris and ciliary body (rubeosis iridis), bilateral</p>
95930	<p>Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report.</p> <p>Allowable <b>once</b> per 12-month period, as medically necessary.</p> <p>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.</p>

### Urgent/Emergency Care

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	CPT Code Description
99050	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	Service(s) provided in the office during regularly scheduled evening, weekend or holiday office hours, in addition to basic service
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services in addition to basic service

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### Online Digital Evaluation and Management Services

Use the following codes to indicate established patient, patient initiated, online digital evaluation. Allowable once per patient per seven-day period, per chief complaint. Cannot lead to another medical visit in the next 24 hours.

Code	CPT Code Description
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

### Telephone Evaluation and Management Services

Use the following codes to indicate established patient, patient initiated, telephone evaluation. 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.

Do not report these services in conjunction with 99202-99205, 99212-99215, 99241-99245, or 99421-99423.

Code	Description
99441	Telephone evaluation and management service, for established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes
99442	Telephone evaluation and management service, for an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes
99443	Telephone evaluation and management service, for an established patient not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes

### Interprofessional Telephone/Internet/Electronic Health Record Consultations

Reported only when requested by another physician. Allowable **once** per patient, per seven-day period. Service is not reported if the patient was seen by the consultant physician within the past 14 days.

Code	CPT Code Description
99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician 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
99447	Interprofessional telephone/internet assessment and management service provided by a consultative physician 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
99448	Interprofessional telephone/internet assessment and management service provided by a consultative physician 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

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99449	Interprofessional telephone/internet assessment and management service provided by a consultative physician 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
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health-care professional, five or more minutes of medical consultative time
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health-care 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).

**Essential Medical Eye Care Core Benefits List as of October 2023. This list is subject to change.**

**For additional information, please refer to the Essential Medical Eye Care section of VSP's Provider Reference Manual on VSP Online at [eyefinity.com](http://eyefinity.com) or contact VSP Vision Care at 800.615.1883.**