



eye examinations and refraction payment policy

description of procedure/service

This policy applies to the payment for routine eye examinations, diagnostic eye examinations and refraction.

policy

The plan covers routine eye examinations. During a routine eye examination, the optometrist or ophthalmologist will usually ask questions about the patient's general health and eye or vision problems. Then, the optometrist or ophthalmologist will conduct a series of tests to screen for certain diseases of the eye and determine visual acuity.

The plan covers diagnostic eye examinations for all plan members when medically necessary to diagnose, manage or treat a member with signs or symptoms of injury or disease of the eye(s).

The plan covers refraction for all plan members when:

- 1.) Refraction is performed along with a diagnostic eye exam.
- 2.) Refraction is performed following cataract surgery.

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

coverage and reimbursement criteria

Routine eye exams

FCHP will reimburse for a routine eye exam when billed with HCPCS codes S0620 or S0621. The HCPCS codes for routine eye exam (S0620, S0621) include refraction (see description in coding/billing guidelines below). Refraction (92015) is not reimbursed separately when billed with S0620 or S0621.

When a plan member receives a non-covered routine eye exam, such as, when the member has already used their routine eye exam benefit within the specified time period, the provider should submit a claim for the routine eye exam using the HCPCS codes S0620 or S0621. The claim will be denied as benefit exhausted, and the member can be billed accordingly.

Diagnostic eye exams

FCHP will reimburse for diagnostic eye exams when billed with the appropriate CPT codes, i.e., 92002-92014. The CPT codes 92002-92014 do not include refraction (see description in coding/billing guidelines below). When an ophthalmologist or optometrist performs refraction

along with a diagnostic eye exam, refraction will be reimbursed. The ophthalmologist or optometrist should submit a claim for refraction (92015) along with the claim for the diagnostic eye exam with the appropriate ICD-9-CM code(s).

Refraction following cataract surgery

FCHP will reimburse for refraction following cataract surgery. Providers should submit a claim for refraction (92015) utilizing an appropriate ICD-9-CM code(s), such as V45.6 (States following surgery of eye and adnexa), V45.61 (Cataract extraction status), 366 (Cataract).

Fittings for contact lenses (92070) are not reimbursed by FCHP.

preauthorization guidelines

Plan members may self-refer for routine eye exams and refraction following cataract surgery. PCP referral is required for diagnostic eye exams, unless otherwise specified in the member’s Evidence of Coverage.

billing/coding guidelines

FCHP requests that all claims for outpatient services should be submitted using industry standard forms or HIPAA standard electronic formats. Providers should not submit a claim for a routine eye exam with the ICD-9-CM code V72.0 (examination of the eyes and vision) and CPT code 92015. If a routine eye exam is performed, codes S0620 or S0621 should be used. For routine eye exams a copayment equivalent to the PCP copay will apply. For diagnostic or specialty exams, the specialty code will apply.

Codes	Number	Description
HCPCS	S0620	Routine ophthalmological examination including refraction; new patient
	S0621	Routine ophthalmological examination including refraction; established patient
CPT	92002	Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate; new patient
	92004	Comprehensive; new patient, one or more visits
	92012	Ophthalmological services; medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate; established patient
	92014	Comprehensive; established patient, one or more visits
	92015	Determination of refractive state

place of service

This policy applies to services provided in an office setting.

definitions

Optometrist - a health care professional who is licensed to provide primary eye care services for the diagnosis, prevention, management or treatment of diseases of the eye. The services which may be performed by an optometrist vary according to the state the optometrist is licensed in. In Massachusetts, optometrists may prescribe eye glasses or contact lenses, and may utilize and prescribe certain topical drugs. An optometrist is a Doctor of Optometry (O.D.). Optometrists must have an undergraduate degree, followed by four years of professional education in a college of optometry.

Ophthalmologist - a medical doctor (MD or DO) who specializes in the diagnosis, management or treatment of disease of the eye. Ophthalmologists may provide the full spectrum of eye care services, from prescribing eyeglasses or contact lenses to complex and delicate eye surgery. Following medical school, an ophthalmologist must complete one-year internship and three years of residency in an ophthalmology program. During residency, ophthalmologists receive specialized training in all aspects of eye care. Some ophthalmologists complete an additional year or two of training in a subspecialty, such as vitreo-retinal disease or ophthalmic pathology.

Refraction – determination of visual acuity with corrective lenses. It is usually performed with an instrument called a phoropter. While looking at an eye chart through the phoropter, the optometrist or ophthalmologist adjusts the lenses until the chart appears the clearest possible.

policy implementation

Policy number:	ADM0046
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