



# Policy Memo

An Independent Licensee of the  
Blue Cross and Blue Shield Association.

## BOEING VISION NETWORK (BVN) ROUTINE VISION EXAMINATION (BVE) ROUTINE VISION CORRECTION HARDWARE (BVH)

The purpose of Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) policies and procedures is to provide specific explanation of provisions contained within the contracting provider agreements. In addition to this Policy Memo, Boeing Vision Hardware (BVH) and Boeing Vision Exam Agreements incorporate BCBSKS Policy Memos 1, 2, and 3 as appropriate.

### I. BOEING ROUTINE VISION EXAMINATION

- A. BVE content of service of routine vision and contact lens exam, testing, fitting, and follow-up (92002/92004/92012/92014):
1. Preparation of patient record with routine demographic information.
  2. Analysis of power of present glasses, if any (manual or computerized automatic lens analyzer).
  3. Case history of symptoms, past medical/dental history, present medications, familial eye/vision problems, etc.
  4. Visual acuity testing at both 20' and 14" and 16", both unaided and present glasses, if any (Snellen Chart and Nearpoint Snellen Card).
  5. Color vision testing with color plates, either monocularly or binocularly (Ishihara color vision plates).
  6. Tonometry, either by Schiottz indentation, MacKay-Marg electronic applanation, Goldman applanation or non-contact methods (tonometer).
  7. Objective measurement of static (distance) refractive error by either retinoscopy or computerized autorefractor (retinoscope or autorefractor).
  8. Blood pressure screening (sphygmomanometer).

9. Cover test for gross muscle imbalances (occluder).
10. Analysis of eye muscle movements, tracking and convergence (penlight).
11. External ocular examination of lids and adnexae (penlight).
12. Biomicroscopy of anterior segment, eyelid margins, corneas, iris, conjunctiva, estimation of anterior chamber depth, lens clarity, shallow vitreous (biomicroscope).
13. Ophthalmoscopy, direct or indirect, from posterior poles, optic discs, maculas and peripheral retinas (direct or indirect ophthalmoscope).
14. Subjective refraction for correction of distance and near refractive errors (phoropter or trial lens set).
15. Subjective coordination testing for measurement of lateral or vertical imbalances as well as near focusing ability (phoropter, trial lens set and/or phorometer).
16. Screening fundus photography (fundus camera).\*
17. Screening for defects in central and/or peripheral field of vision (arc perimeter, tangent screen or computerized auto field analyzer).\*
18. Ophthalmometry for measuring corneal curvature and for presence of scarring and/or keratoconus (ophthalmometer).
19. Analysis of findings, consultation, determination of course of treatment and writing of prescription.
20. Comprehensive biomicroscopy for contact lens evaluation.
21. Keratometry for contact lens evaluation.
22. Fluorescein study for contact lens evaluation.
23. Anatomical measurements for contact lens evaluation.
24. Fitting of diagnostic lenses
25. Follow-up visits.
26. Corneal photography to determine curvature of cornea for contact lenses.

**\*There are several levels of service involved with both of these procedures. It is the minimal level that is being considered content of the service.**

IMPORTANT NOTE: BCBSKS recognizes that the scope of these services will vary from doctor to doctor and from patient to patient and that it is not necessary that all of these services be performed at all times on all patients.

**B. REIMBURSEMENT**

The Competitive Allowance Program (CAP) Maximum Allowable Payment (MAP) will be applied to the routine eye examination codes and balances are contracting provider write-offs.

**II. BOEING ROUTINE VISION CORRECTION HARDWARE**

**A. FRAMES REIMBURSEMENT**

1. Contracting providers agree to give a 15% discount off of the retail price of frames, with the balance being patient responsibility.
2. Full price should be billed and BCBSKS will deduct the 15% before processing for payment.
3. Boeing will allow \$70.00
4. Balances are patient responsibility.

**B. LENSES REIMBURSEMENT**

1. The primary contractor has a schedule of fees that they will allow for lenses and contacts under the Boeing contract. These allowances may vary depending on the type of lens provided.
2. Balances are patient responsibility.
3. Modifier "DL" should be used on disposable lenses.