

PremierBlue

December 1, 1999

PB-2-99

TO: PCPs, Ophthalmologists, Optometrists
FROM: Sherian Conwell
Senior Specialty Provider Representative

SUBJECTS:

- A. MEDICAL EYE EXAMS FOR MEMBERS WITH DIABETES**
- B. ROUTINE EYE EXAMS**
- C. MEDICAL EYE EXAMS**
- C. MEDICAL EMERGENCY EYE CARE**

PLEASE NOTE: *This newsletter replaces Blue Shield Report S-20-98, dated December 21, 1998.*

QUESTIONS:

Contact your Professional Relations Representative, or the Professional Relations Hotline at **1.800.432.3587**, or in the Topeka area, **785.291.7060**.

OUR WEB ADDRESS:

<http://www.bcbsks.com>

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Professional Relations
Department**

MEDICAL EYE EXAMS FOR MEMBERS WITH DIABETES

Premier Blue's Diabetes Management Program focuses on assuring that members with diabetes receive adequate education and preventive care. Medical eye exams, *which include retinal examinations*, are one of the preventive services promoted through this program.

NO PCP REFERRAL REQUIRED

No PCP referral is needed when the *Premier Blue* patient is being treated for one of the following diagnoses. (*PCP referrals are still required for Blue Select patients receiving these services.*)

P.O. Box 3518 * Topeka, Kansas 66601-3518 * (785) 291-4010 * 1-800-332-0028

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A. Diabetic diagnosis codes

250 - 250.9	Diabetes mellitus (Refer to the ICD-9 book for complete descriptions.)
357.2	Polyneuropathy in diabetes
362.01	Background diabetic retinopathy
362.02	Proliferative diabetic retinopathy
366.41	Diabetic cataract

B. Procedure codes

92002	Intermediate eye exam, new patient
92004	Comprehensive eye exam, new patient
92012	Intermediate eye exam, established patient
92014	Comprehensive eye exam, established patient

MODIFIER W2

- A. Modifier W2 was established for use on diabetic *Premier Blue* members' medical eye exams with retinal examinations.
- B. Modifier W2 *must be used* on all Premier Blue medical eye exams that include a retinal examination for patients with diabetes.
- C. The W2 modifier provides documentation that a retinal eye examination was performed. This information is needed for HEDIS reporting relative to our Diabetes Health Care Management Program.
- D. The use of modifier W2 should help reduce the number of record requests you receive from Premier Blue.
- E. We also complete HEDIS reporting for other groups of insureds. Therefore, it would be helpful if your office were to code the W2 modifier on *all (Blue Shield, Blue Select, Premier Blue, etc.)* medical eye exams with retinal examinations for patients with diabetes. We complete HEDIS reporting on other groups of insureds.
- F. *W2 modifier is only required on Premier Blue members' claims.*

ONE DIABETIC MEDICAL EXAM PER BENEFIT PERIOD

One medical eye exam with retinal examination per benefit period is allowed. Additional services of this nature require a PCP referral for the member to receive the highest level of member benefit.

ROUTINE EYE EXAMS

- A. Local procedure code S0200 was deleted January 1, 1999. *Claims with S0200 were no longer accepted after March 31, 1999.*
- B. Diagnoses Considered To Be Routine**
- | | |
|--------|---|
| 367 | Disorders of refraction and accommodation |
| 367.0 | Hypermetropia |
| 367.1 | Myopia |
| 367.2 | Astigmatism |
| 367.20 | Astigmatism, unspecified |
| 367.21 | Regular astigmatism |
| 367.32 | Aniseikonia |
| 367.4 | Presbyopia |
| V72.0 | Examination of eyes and vision |
- C. Procedure Codes That May Be Used For Routine Eye Exams**
- | | |
|-------|--|
| 92002 | Intermediate eye exam, new patient |
| 92004 | Comprehensive eye exam, new patient |
| 92012 | Intermediate eye exam, established patient |
| 92014 | Comprehensive eye exam, established |
- D. The allowance for any of the above procedure codes, when billed with a routine eye diagnosis, is based on **92012**.
- E. The procedure code **92012** is reported back on your remittance advice in the situation of a routine eye exam being billed.
- F. Refractions (procedure code **92015**) may be billed separately from the routine eye exam; however, the allowance for the combined charges will not exceed the maximum allowable payment for the routine eye examination (procedure code **92012**).

MEDICAL EYE EXAMS**(Other than those previously described for the diabetic patient)**

- A. Medical eye exams require a medical diagnosis as the primary diagnosis (*first position on the claim form*).
- B. These services continue to require a PCP referral for the patient to receive the highest level of member benefit.

C. Procedure codes for medical eye exams

- 92002 Intermediate eye exam, new patient
- 92004 Comprehensive eye exam, new patient
- 92012 Intermediate eye exam, established patient
- 92014 Comprehensive eye exam, established patient
- 99201-99214 Evaluation and Management procedures, new and established patients
(Refer to the CPT book for complete descriptions.)

D. Refractions (procedure code **92015**) are paid in addition to the medical eye exam.

MEDICAL EMERGENCY EYE CARE

A referral from the Primary Care Physician is NOT required for the initial treatment of medical emergencies as outlined below.

A. Medical Emergency Diagnoses

- 368.15 Other visual distortions and entoptic phenomena
- 369.9 Unspecified visual loss
- 379.21 Vitreous degeneration
- 379.23 Vitreous hemorrhage
- 379.24 Other vitreous opacities
- 930.0 Corneal foreign body
- 930.1 Foreign body in conjunctival sac

B. *Follow-up visits* relating to these listed medical emergency diagnoses do *require a PCP referral* for the patient to receive the highest level of member benefit.

C. The medical emergency diagnoses list has recently been updated; please disregard all previously distributed lists.