TO: PCPs, Ophthalmologists, Optometrists
FROM: Sherian Conwell
Senior Specialty Provider Representative
SUBJECTS:
A. ROUTINE EYE EXAMS
B. MEDICAL EYE EXAMS
C. MEDICAL EYE EXAMS FOR PATIENTS WITH DIABETES
D. MEDICAL EMERGENCY EYE CARE

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

The following outlines the guidelines for billing routine and medical eye exams, medical eye exams for patients with diabetes and medical emergency eye care for Blue Shield and Blue Select insureds.

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 patient

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**).

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**MEDICAL EYE EXAMS**

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 Blue Select patient to receive the highest level of insured 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
   - 99201-99215 Evaluation and Management procedure codes, new and established patients  (Refer to the CPT book for complete descriptions.)

D. Refractions (procedure code **92015**) may be billed separately from the medical eye exam.
MEDICAL EYE EXAMS FOR PATIENTS WITH DIABETES

A. *Premier Blue*’s Diabetes Management Program does not require a PCP referral for the medical eye exam with retinal examination. Please do not confuse that program with *Blue Select*, which continues to require a PCP referral on all medical eye exams, for the patient to receive the highest level of insured benefit.

B. As part of the *Premier Blue* HEDIS reporting, providers have been instructed to use modifier W2 on the medical exam with retinal examination for diabetic patients.

C. 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.

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 the above diagnoses do require a PCP referral for the patient to receive the highest level of insured benefits.

C. This list has recently been updated; please disregard all previously distributed lists.