



VSP Primary EyeCare (PEC) Plan – Core Benefits List with Detail

Plan Description: Primary EyeCare plans provide supplemental medical eyecare coverage to VSP patients for the detection, treatment and management of ocular and/or systemic conditions that produce ocular or visual symptoms. Members may see their VSP doctor when such a condition is suspected. Out-of-network 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.

Reimbursement: Reimbursement for non-Medicaid eye exams will meet your current Signature Plan payable fees. For eligible retinal screening claims, you'll be reimbursed \$39 or your U&C fees (whichever is lower). For exams with refraction (for patients with diabetes), reimbursement is \$45 or your U&C fees (whichever is lower). Approved additional services are reimbursed at 80% of your U&C fee, up to the VSP Primary EyeCare maximum allowables. Reimbursement for approved Medicaid procedures will be the lesser of 80% of your U&C fee or your state's VSP Medicaid fee schedule. Billing must include all appropriate medical diagnosis codes that support the diagnoses and services rendered.

Exams and Office Visits

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

Code	CPT Code Description
92002	Ophthalmological medical exam and evaluation; intermediate, new patient
92004	Ophthalmological medical exam and evaluation; comprehensive, new patient, 1+ visits
92012	Ophthalmological medical exam and evaluation; intermediate, established patient
92014	Ophthalmological medical exam and evaluation; comprehensive, established patient, 1+ visits

Evaluation and Management Services

Modifier 95 or GQ is used to designate telemedicine for eligible E/M services (99201 - 99215)

Code	CPT Code Description
99201	Office/outpatient visit, new patient; problem-focused exam with straightforward medical decision
99202	Office/outpatient visit, new patient; expanded problem-focused exam with straightforward medical decision
99203	Office/outpatient visit, new patient; detailed exam with medical decision of low complexity
99204	Office/outpatient visit, new patient; comprehensive exam with medical decision of moderate complexity
99205	Office/outpatient visit, new patient; comprehensive exam with medical decision of high complexity
99211	Office/outpatient visit, established patient, not requiring physician presence, typically 5 minutes
99212	Office/outpatient visit, established patient, problem-focused exam with straightforward medical decision
99213	Office/outpatient visit, established patient, expanded problem-focused exam with medical decision of low complexity
99214	Office/outpatient visit, established patient, detailed exam with medical decision of moderate complexity
99215	Office/outpatient visit, established patient, comprehensive exam with medical decision of high complexity
99241	Office consultation, new/established patient; problem-focused exam with straightforward medical decision
99242	Office consultation, new/established patient; expanded problem-focused exam with straightforward medical decision
99243	Office consultation, new/established patient; detailed exam with medical decision of low complexity
99244	Office consultation, new/established patient; comprehensive exam with medical decision of moderate complexity
99245	Office consultation, new/established patient; comprehensive exam with medical decision of high complexity

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

Eye and Ocular Adnexa Services

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.
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	Closure of lacrimal punctum; by plug, each. <ul style="list-style-type: none"> • Allowable diagnosis codes: H00.011 - H00.039 Hordeolum externum H00.11 - H00.19 Chalazion H01.001 - H01.9 Inflammation of eyelids H04.001 - H04.9 Disorders of lacrimal system H16.141 - H16.143 Punctate keratitis H16.221 - H16.223 Keratoconjunctivitis sicca, not specified as Sjogren's Temporary plugs are limited to one per lid per 24-month period -- four (4). Permanent plugs are limited to one per lid per 24-month period with two additional plugs (with no more than two per lid) -- six (6). Provide location modifier E1, E2, E3 or E4 for permanent plugs. Provide location modifier E1, E2, E3 or E4 plus –SC for temporary plugs.
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.

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 visually necessary. Provide location modifier RT or LT.

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76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only As visually necessary. Provide location modifier RT or LT.
76512	Ophthalmic ultrasound, diagnostic; quantitative B-scan only As visually necessary. Provide location modifier RT or LT.
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion B-scan or height resolution biomicroscopy As visually necessary. Provide location modifier RT or LT.
76514	Corneal pachymetry <ul style="list-style-type: none"> • Allowable once per lifetime per patient. • Allowable twice per lifetime with the following diagnoses: Z98.83 Filtering (vitreous) bleb after glaucoma surgery status • Allowable once per 12-month period for the following diagnoses: H18.601- H18.603 Keratoconus, unspecified H18.611- H18.613 Keratoconus, stable
76516	Ophthalmic biometry by ultrasound echography, A-scan As visually necessary.
76519	Ophthalmic biometry by ultrasound echography, A-scan, with intraocular lens power calculation As visually 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
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral. <ul style="list-style-type: none"> • Allowable diagnosis codes include, but are not limited to, the following: <ul style="list-style-type: none"> 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 Sicca syndrome Use modifier QW - Clinical Laboratory Improvement Amendment (CLIA) waived test.
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.

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- 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 Sicca syndrome

Use modifier QW - Clinical Laboratory Improvement Amendment (CLIA) waived test.

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

Code	CPT Code Description and Diagnosis/Service Frequency Limitations
92020	<p>Gonioscopy (separate procedure)</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <ul style="list-style-type: none"> • Allowable once per 12-month period when visual necessity is established. • Allowable twice per 12-month period for patients with the following diagnoses: <ul style="list-style-type: none"> E08.311 - E13.3599 Diabetes mellitus with diabetic retinopathy H34.00 - H34.9 Retinal Vascular Occlusion H40.001 - H40.063 Glaucoma Suspect H40.10X0 - H40.1194 Primary open-angle glaucoma H40.20X0 - H40.243 Primary Angle-closure Glaucoma

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	H40.61X0 - H40.63X4 Glaucoma Secondary to Drugs Q15.0 Congenital Glaucoma
92025	<p>Computerized corneal topography with interpretation and report</p> <ul style="list-style-type: none"> • Allowable once per 12-month period for the following diagnoses: <p>H11.001 - H11.063 Pterygium H52.211 - H52.213 Irregular astigmatism Q13.4 Congenital anomalies of corneal size and shape</p> • Allowable twice per 12-month period for the following diagnoses: <p>H16.001 - H16.053 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 H18.50 - H18.59 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</p>
92060	<p>Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)</p> <p>As visually necessary.</p>
92071	<p>Fitting of contact lens for treatment of ocular surface disease</p> <ul style="list-style-type: none"> • Allowable diagnosis codes: <p>H16.101 - H16.103 Unspecified superficial keratitis H16.141 - H16.143 Punctate keratitis H16.9 Unspecified keratitis H18.11 - H18.13 Bullous keratopathy H18.51 Endothelial corneal dystrophy H18.54 Lattice corneal dystrophy H18.59 Other hereditary corneal dystrophies H18.831 - H18.833 Recurrent erosion cornea H18.821 - H18.823 Corneal disorder due to contact lens H18.451 - H18.453 Nodular corneal degeneration S05.00XA - S05.02XS Injury of conjunctiva and corneal abrasion without foreign body T15.00XA - T15.02XS Foreign body in cornea T85.318A - T85.318S Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts T85.328A - T85.328S Displacement of other ocular prosthetic devices, implants and grafts T85.398A - T85.398S Other mechanical complication of other ocular prosthetic devices, implants and grafts T86.840 Corneal transplant rejection T86.841 Corneal transplant failure Z94.7 Corneal transplant status</p> <p>Provide location modifier RT or LT.</p>
99070	Supplies and materials (except spectacles). Use for bandage contact lens only.

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	<p>Bill with 92071 only.</p> <p>Provide location modifier RT or LT.</p>
92081	<p>Visual field exam with interpretation and report; limited Allowable twice 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 Allowable twice 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 Allowable twice per 12-month period when visual necessity is established. Bill with an appropriate medical diagnosis code.</p>
92100	<p>Serial tonometry (separate procedure) multiple measure, extended period/time, with interpretation and report; same day VSP pays for serial tonometry as a separate procedure when visual necessity is established.</p>
92132	<p>Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, bilateral</p> <ul style="list-style-type: none"> • Allowable up to two times per 12-month period for the following diagnoses: <p>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</p>

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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"> • Allowable once per 12-month period for the following diagnoses: <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 H35.54 Dystrophies primarily involving the retinal pigment epithelium H35.361 - H35.363 Drusen (degenerative) of macula</p>
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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

- 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

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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
H33.111 - H33.113 Cyst of ora serrata
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 Retrothalamic 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.

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92134	<p>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina</p> <ul style="list-style-type: none"> • Allowable once per 12-month period for the following diagnoses: <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 H35.54 Dystrophies primarily involving the retinal pigment epithelium H35.361 - H35.363 Drusen (degenerative) of macula</p>
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	<p>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</p> <ul style="list-style-type: none">• Allowable twice per 12-month period for the following diagnoses: <p>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</p>
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- 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
- H33.111 - H33.113 Cyst of ora serrata
- 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

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	<p>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.</p>
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation As visually necessary.
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
92202	Ophthalmoscopy, extended, with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral <ul style="list-style-type: none"> • Allowable once per 12-month period for the following diagnoses: <p>A39.82 Meningococcal retrobulbar neuritis A51.43 Secondary syphilitic oculopathy 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</p>

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	<p>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 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, nec 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</p> <p>Do not report 92201, 92202 in conjunction with 92250 (fundus photography)</p> <p>92225, 92226 have been deleted effective 12/31/2019. To report, see 92201, 92202</p>
92227	<p>Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral</p> <ul style="list-style-type: none"> • Allowable once per 12-month period.

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	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, 99201-99350)
92228	<p>Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral</p> <ul style="list-style-type: none"> • Allowable once per 12-month period. <p>Do not report 92227 in conjunction with 92002-92014, 92133, 92134, 922250, 92227 or with the evaluation and management of the single organ system, the eye, 99201-99350)</p>
92250	<p>Fundus photography with interpretation and report</p> <p>If applicable, bill the diagnosis code with the correct eye location: left, right or bilateral.</p> <ul style="list-style-type: none"> • Allowable once per 12-month period. • Allowable twice per 12-month period for the following diagnoses: <p>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</p> <p>Cannot be billed with extended ophthalmoscopy (initial or subsequent) or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).</p>
92250	<p>Fundus photography (retinal screening)</p> <p>Allowable once per 12-month period. Only Signature, Choice and Advantage patients who have diabetes but do not show signs of diabetic eye disease are eligible.</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>Submit claims for retinal screening with modifier 52.</p>
92260	Ophthalmodynamometry Allowable once per 12-month period, as visually necessary.
92270	Electro-oculography with interpretation and report Allowable once per 12-month period, as visually necessary.
92273	Electroretinography (ERG), with interpretation and report; full field (i.e., ffERG, flash ERG, Ganzfeld ERG) Allowable once per 12-month period, as visually necessary. Provide location modifier RT or LT.
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG) Allowable once per 12-month period, as visually necessary. Provide location modifier RT or LT.
92283	Color vision exam, extended Allowable once per 12-month period, as visually necessary.
92284	Dark adaptation exam with interpretation and report

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	Allowable once per 12-month period, as visually necessary.
92285	<p>External ocular photography with interpretation and report of medical progress</p> <p>Procedure 92285 is covered for monitoring possible progression of anterior chamber neoplasm and is not covered for pre-cataract diagnoses.</p> <p>Provide location modifier RT or LT.</p>
92286	<p>Special anterior segment photography with interpretation and report; with specular microscopy/cell count</p> <p>Only covered for the following diagnoses:</p> <ul style="list-style-type: none"> • H18.11 - H18.13 Bullous keratopathy • H18.51 Endothelial corneal dystrophy <p>Provide location modifier RT or LT.</p>
92287	<p>Special anterior segment photography with interpretation and report; with fluorescein angiography</p> <p>As visually necessary. Provide location modifier RT or LT.</p>
92499	<p>Exam with refraction for diabetic patients only who experience vision shifts of ± 1.00 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"> • Allowable once per 12-month period for the following diagnoses: <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E10.3211 - E10.3219 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3291 - E10.3299 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3311 - E10.3319 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3391 - E10.3399 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3411 - E10.3419 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E10.3491 - E10.3499 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E10.3511 - E10.3519 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema</p> <p>E10.3521 - E10.3529 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E10.3531 - E10.3539 Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E10.3541 - E10.3549 Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E10.3551 - E10.3559 Type 1 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E10.3591 - E10.3599 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E11.3211 - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3291 - E11.3299 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p>

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	<p>E11.3311 - E11.3319 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3391 - E11.3399 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3411 - E11.3419 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</p> <p>E11.3491 - E11.3499 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</p> <p>E11.3511 - E11.3519 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye</p> <p>E11.3521 - E11.3529 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula</p> <p>E11.3531 - E11.3539 Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula</p> <p>E11.3541 - E11.3549 Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment</p> <p>E11.3551 - E11.3559 Type 2 diabetes mellitus with stable proliferative diabetic retinopathy</p> <p>E11.3591 - E11.3599 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</p> <p>E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E13.319 Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema</p> <p>E13.3211 - E13.3219 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</p> <p>E13.3291 - E13.3299 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</p> <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</p> <p>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 once per 12-month period, as visually necessary.</p>

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	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.
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Urgent/Emergency Care

Services received from a VSP network provider when medical eyecare services are required for urgent or emergency care (outpatient or inpatient). 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

Online Digital Evaluation and Management Services

Established patient, patient initiated. 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

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
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).

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**Primary EyeCare Core Benefits List as of April 2020. This list is subject to change.
For additional information, please refer to the Primary EyeCare section of VSP's Provider
Reference Manual or contact VSP Vision Care at 800.615.1883.**