



UEI Coding Alert # 2

October 26, 2005

Coding of Eye Exams

General Eye Exam CPT Codes

CPT 92002 Ophthalmological services: Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.

CPT 92012 Ophthalmological services: Medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient.

CPT 92004 Ophthalmological services: Medical examination and evaluation with initiation of diagnostic and treatment program; Comprehensive, new patient.

CPT 92014 Ophthalmological services: Medical examination and evaluation with initiation or continuation of diagnostic and treatment program; Comprehensive, established patient.

CPT 92015 Determination of refractive state. Not payable by Medicare

Note; CPT 92015 is not part of any of the above codes. It is a distinct and separate line item that can be charged in addition to CPT 92002, 92012, 92004, or 92014.

Routine Eye Exam Codes

S0620 Routine ophthalmological examination including refraction; new patient

S0621 Routine ophthalmological examination including refraction; established patient

Note: Routine eye exams are payable by Traditional Medicaid, Texas Health Network Medicaid, but not the HMO Medicaid Plans or Medicare.

Medical Eye Exam Codes

CPT 99201, 99202, 99203, 99204, 99205 New patient codes

CPT 99211, 99212, 99213, 99214, 99215 Established patient codes

These CPT Codes are more typically used for patient encounters where the patient presents with a medical complaint or a continuation of medical case management.

Using the Right Codes:

1. **The patient has both Vision Insurance and Medical Insurance:**
 - a. If the patient presents with a chief complaint and a refractive diagnosis:
 - Bill S0620 or S0621 to the vision insurance
 - Or Bill one of the 920XX codes plus the refraction 92015 to the vision carrier.
 - b. If the patient presents with a chief complaint and a medical diagnosis:
 - Bill medical carrier for the appropriate 920XXcode or 990XX level of service and bill the patient or patient's vision insurance for the refraction, 92015, if one is performed.

2. **The patient has Vision Insurance, but no Medical Insurance:**
 - a. If the patient presents with a chief complaint and a refraction diagnosis:
 - Bill S0620 or S0621 to the vision insurance.
 - Or a 920XX code plus the 92015 refraction to the vision carrier.
 - b. If the patient presents with a chief complaint and a medical diagnosis:
 - Bill the patient for the appropriate 920XX or 992XX level of service and bill the patient's vision insurance for the refraction 92015, if one is performed.

3. **The patient has no Vision Insurance, but has Medical Insurance:**
 - a. If the patient presents for a routine exam and has a refraction diagnosis:
 - Bill S0620 or S0621 to the patient.
 - b. If the patient presents with a chief complaint and a medical diagnosis:
 - Bill the medical insurance for the appropriate 920XX Or 992XX level of service.
 - Bill the patient or the medical insurance for the refraction, 92015, if one is performed. (Medicare will not pay for the refraction).

4. **The patient does not have Vision Insurance or Medical Insurance:**
 - a. . If the patient presents for a routine exam and has a refraction diagnosis:
 - Bill the S0620 or S0621 to the patient
 - b. If the patient presents with a chief complaint and a medical diagnosis:
 - Bill the patient for the appropriate 920XX or 992XX level of service, plus the refraction, 92015, if performed.