Vision Services
Payment policy

Policy

Blue Cross Blue Shield of Massachusetts (Blue Cross*) reimburses contracted health care providers for covered, medically necessary ophthalmology and optometry services.

Vision services involve the diagnosis and medical and surgical treatment of eye diseases, disorders, and injuries. Services include routine eye exams, special ophthalmological services, and surgeries related to the eye and ocular adnexa.

General benefit information

Covered services and payment are based on the member’s benefit plan and provider Agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our eTools page for information on member eligibility and benefits. Member liability may include, but is not limited to: copayments, deductibles, and co-insurance. Member’s costs depend on the member benefits.

Certain services require prior authorization or referral.

Payment information

Blue Cross reimburses health care providers based on your contracted rate and member benefit:

Claims are subject to payment edits, which Blue Cross updates regularly.

Blue Cross reimburses

- Routine eye care
  - Routine eye exams according to the member’s benefit limit when applicable
  - Intermediate and complex ophthalmological services

- Non-routine eye care or special ophthalmological services when medically necessary, such as:
  - Corneal topography
  - Gonioscopy
  - Ophthalmological exam and evaluation under anesthesia
  - Orthoptic training
  - Scanning computerized ophthalmic diagnostic imaging
  - Tonometry
  - Pachymetry

- Diabetic eye care and treatment when medically necessary, including glaucoma testing
- Medically necessary eye surgery and other treatments
  - Professional surgical rate includes all pre- and post-operative visits within the specific global periods defined for each surgical code (0, 10, 90 days) as determined by National Physician Fee Schedule file

- Ophthalmic echography
- Ophthalmoscopy
- Scleral lens when medical policy criteria met
  - A replacement lens is covered once every 12 months.
- Vision hardware in accordance with the member’s benefit and benefit coverage limits
- Contact lenses that are needed to treat keratoconus; or intraocular lenses that are implanted after corneal transplant, cataract surgery, or other covered eye surgery, when the natural eye lens is replaced
- Pediatric vision services in accordance with our Pediatric Vision Services payment policy
- Facility services in accordance with the Outpatient Surgical Services payment policy when the approved medical services are delivered in the acute care hospital setting

Blue Cross does not reimburse

- Refraction when reported with ophthalmology medical exam and evaluation service
- Visual function screening
- Non-prescription sunglasses
- Lacrimal duct implants
• An outpatient or office E/M service when reported with an ophthalmology visit service code

## Billing information

### Specific billing guidelines

- Evaluation and management (E/M) services may be reported using general E/M codes or ophthalmologic E/M codes
- Optometrists should refer to their fee schedule for applicable coding information
- When billing for a scleral lens, bill with either the RA or NU modifier
- If the scleral lens is performed on both eyes, bill two separate lines for each service, using the RT and LT modifiers
  - Bill replacement lens with RA modifier
  - Invoice must be available upon request
- The absence or presence of a procedure code on the grid is not a guarantee of coverage or reimbursement and is subject to change

<table>
<thead>
<tr>
<th>Code</th>
<th>Service description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>66990</td>
<td>Use of ophthalmic endoscope (list separately in addition to code for primary procedure)</td>
<td>Must be billed only with one of the following codes: 65820, 65875, 65920, 66985, 66986, 67036, 67039-67043, 67113.</td>
</tr>
<tr>
<td>67141, 67145</td>
<td>Prophylaxis of retinal detachment</td>
<td>These codes include treatment at one or more sessions that can occur at different encounters. Report once during a defined treatment period.</td>
</tr>
<tr>
<td>67208, 67210, 67218, 67220, and 67229</td>
<td>Destruction of localized lesion of retina/choroid/retinopathy of preterm infant</td>
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<tr>
<td>76511-76519</td>
<td>Ophthalmic diagnostic ultrasound</td>
<td>Reimbursement subject to multiple imaging services payment reduction.</td>
</tr>
<tr>
<td>92002</td>
<td>Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient</td>
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<tr>
<td>92004</td>
<td>Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits</td>
<td></td>
</tr>
<tr>
<td>92012-92014</td>
<td>Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate/comprehensive, established patient</td>
<td></td>
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<tr>
<td>92015</td>
<td>Determination of refractive state</td>
<td>Not separately reimbursed when reported with 92002-92014.</td>
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<tr>
<td>92018, 92019</td>
<td>Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete/limited</td>
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<tr>
<td>92020</td>
<td>Gonioscopy</td>
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<tr>
<td>92025</td>
<td>Computerized corneal topography, unilateral or bilateral, with interpretation and report</td>
<td>Do not report with a bilateral modifier.</td>
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<tr>
<td>92060</td>
<td>Sensorimotor examination with multiple measurements of ocular deviation (example: restrictive or paretic muscle with diplopia) with interpretation and report</td>
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<tr>
<td>92065</td>
<td>Orthoptic and/or pleoptic training, with continuing medical direction and evaluation</td>
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<tr>
<td>92071</td>
<td>Fitting of contact lens for treatment of ocular surface disease</td>
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<tr>
<td>92072</td>
<td>Fitting of contact lens for management of keratoconus, initial fitting</td>
<td></td>
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<tr>
<td>Code</td>
<td>Service description</td>
<td>Comments</td>
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<tr>
<td>92081-92083</td>
<td>Visual field examination, unilateral or bilateral, with interpretation and report; limited/intermediate/comprehensive examination</td>
<td>Do not report with a bilateral modifier.</td>
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<tr>
<td>92100</td>
<td>Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day</td>
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<tr>
<td>92133</td>
<td>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve</td>
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<tr>
<td>92134</td>
<td>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina</td>
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<tr>
<td>92225-92226</td>
<td>Ophthalmoscopy, extended, with retinal drawing (example: for retinal detachment, melanoma), with interpretation and report; initial/subsequent</td>
<td>May be reported unilaterally or bilaterally with appropriate modifier.</td>
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<td>99173</td>
<td>Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determinations for contrast sensitivity, vision under glare)</td>
<td>Not reimbursed for professional providers.</td>
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<td>99174</td>
<td>Screening test of visual acuity, quantitative, bilateral</td>
<td>Not reimbursed when reported with sick, preventive or ophthalmologic E/M codes.</td>
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<tr>
<td>A4262-A4263</td>
<td>Lacrimal duct implants</td>
<td>Not reimbursed.</td>
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<td>G0117</td>
<td>Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist</td>
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<tr>
<td>S0515</td>
<td>Scleral lens, liquid bandage device, per lens</td>
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<tr>
<td>V2531</td>
<td>Contact lens, scleral, gas permeable, per lens</td>
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<tr>
<td>V2500-V2599</td>
<td>Contact lenses</td>
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When submitting claims, report all services with:
- Up-to-date, industry-standard procedure and diagnosis codes, and
- Modifiers that affect payment in the first modifier field, followed by informational modifiers

**Related policies**

- CPT and HCPCS Modifiers
- Diabetic Care
- Evaluation and Management
- General Coding and Billing
- Medical policies
- Non-Reimbursable Services
- Outpatient Surgical Services-Facility
- Radiology-Multiple Imaging
- Surgery-Ambulatory Surgical Center
- Surgery-Professional
- Vision Services, Pediatric

**Policy update history**

- 07/01/2014 Documentation of existing policy
- 08/18/2014 Updated “Related Policies” section
- 05/18/2015 Template update; edits for clarity on refraction services reimbursement policy
- 09/04/2015 Corrected links
- 09/30/2017 Template update and reformatting; added coding grid, edits for clarity; updated non-reimbursed services; removed statement regarding retinal eye exams once per year
This document is designed for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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Payment policies are intended to help providers obtain Blue Cross Blue Shield of Massachusetts’ payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy development takes into consideration a variety of factors, including: the terms of the participating provider’s contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.