

Medicaid Benefits to Change for Nonsurgical Vision Services

Effective for dates of service on or after April 1, 2010, benefit criteria for nonsurgical vision services will change for Texas Medicaid.

The procedure codes in the following table will be new benefits of Texas Medicaid:

Procedure Codes	Place of Service	Providers That May Be Reimbursed
76514 - Total component	Office Outpatient	Physician, optometrist, portable X-ray supplier Hospital
76514 - Professional interpretation component	Office, inpatient, outpatient	Physician, optometrist
76514 - Technical component	Office	Physician, optometrist, portable X-ray supplier
92310	Office, outpatient	Physician, nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA), optometrist, portable X-ray supplier
92311	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier
92312	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier, radiological laboratory, physiological laboratory
92313	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier, radiological laboratory, physiological laboratory
92314	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier, radiological laboratory, physiological laboratory
92315	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier, radiological laboratory, physiological laboratory
92316	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier
92317	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier, radiological laboratory, physiological laboratory
92325	Office, outpatient	Physician, NP, CNS, PA, optometrist, portable X-ray supplier, radiological laboratory, physiological laboratory
V2784	Office, outpatient, other (place of service 9)	Physician, optometrist, optician, dispensing optical company

The following are the rates for the new procedure codes:

Procedure Code	Age	Rates
92310	0 - 20	\$71.31 (relative value unit [RVU]=2.49; CF= \$28.640)
92310	21 - 999	\$67.92 (RVU=2.49; CF= \$27.276)
92311	0 - 20	\$71.31 (RVU=2.49; CF= \$28.640)
92311	21 - 999	\$67.92 (RVU=2.49; CF= \$27.276)
92312	0 - 20	\$80.76 (RVU=2.82; CF= \$28.640)
92312	21 - 999	\$76.92 (RVU=2.82; CF= \$27.276)
92313	0 - 20	\$69.31 (RVU=2.42; CF= \$28.640)
92313	21 - 999	\$66.01 (RVU=2.42; CF= \$27.276)
92314	0 - 20	\$56.42 (RVU=1.97; CF= \$28.640)
92314	21 - 999	\$53.73 (RVU=1.97; CF= \$27.276)
92315	0 - 20	\$50.12 (RVU=1.75; CF= \$28.640)
92315	21 - 999	\$47.73 (RVU=1.75; CF= \$27.276)
92316	0 - 20	\$66.16 (RVU=2.31; CF= \$28.640)
92316	21 - 999	\$63.01 (RVU=2.31; CF= \$27.276)
92317	0 - 20	\$55.85 (RVU=1.95; CF= \$28.640)
92317	21 - 999	\$53.19 (RVU=1.95; CF= \$27.276)
92325	0 - 20	\$22.91 (RVU=0.80; CF= \$28.640)
92325	21 - 999	\$21.82 (RVU=0.80; CF= \$27.276)
76514 - Total Component	0 - 20	\$10.60 (RVU=0.37; CF= \$28.640)
76514 - Total Component	21 - 999	\$10.09 (RVU=0.37; CF= \$27.276)
76514 - Interpretation Component	0 - 20	\$7.45 (RVU=0.26; CF= \$28.640)
76514 - Interpretation Component	21 - 999	\$7.09 (RVU=0.26; CF= \$27.276)
76514 - Technical Component	0 - 20	\$3.15 (RVU=0.11; CF= \$28.640)
76514 - Technical Component	21 - 999	\$3.00 (RVU=0.11; CF= \$27.276)
V2784	0 - 999	\$43.06
CF = Conversion Factor		

Eye Examinations

Clients who are birth through 20 years of age are eligible for an eye examination with refraction testing for the purpose of obtaining eyeglasses or contact lenses once every

state fiscal year (September 1 through August 31). The limitation on these examinations may be exceeded for clients who are birth through 20 years of age only when one of the following occurs:

- The school nurse, teacher, or parent requests the refraction testing because of medical necessity.
- There is significant change in vision, and documentation supports a change of 0.5d or more in the sphere, cylinder, or prism measurement.

Clients who are 21 years of age or older are eligible for an eye examination with refraction testing for the purpose of obtaining eyeglasses or contact lenses once every 2 state fiscal years (September 1 through August 31). The limitation on these examinations may be exceeded for clients who are 21 years of age or older only when there is a significant change in vision, and documentation supports a change of 0.5d or more in the sphere, cylinder, or prism measurement.

A new patient eye examination in any place of service will be denied if history shows that the same provider or same group practice has furnished a medical service, a surgical service, or a consultation service within the past 3 years.

The following procedure codes may be used for eye examinations and refraction testing:

Procedure Code			
92002	92004	92012	92014
92015	S0620	S0621	

Procedure codes 92002, 92004, 92012, and 92014 may be reimbursed to ophthalmologists with an appropriate diagnosis.

Procedure codes 92002, 92004, 92012, and 92014 may be reimbursed to optometrists when one of the following diagnosis codes is submitted:

Diagnosis Codes									
05320	05321	05322	05329	05440	05441	05442	05443	05444	05449
0760	0761	0769	0770	0771	0772	0773	0774	0778	07798
07799	0903	0905	0906	0907	0909	09150	09151	09152	09840
09841	09842	09843	09849	11502	11512	11592	1301	1302	1900
1901	1902	1903	1904	1905	1906	1907	1908	1909	2240
2241	2242	2243	2244	2245	2246	2247	2248	2249	2340
24900	24901	24910	24911	24920	24921	24930	24931	24940	24941
24950	24951	24960	24961	24970	24971	24980	24981	24990	24991
25000	25001	25002	25003	25010	25011	25012	25013	25020	25021
25022	25023	25030	25031	25032	25033	25040	25041	25042	25043
25050	25051	25052	25053	25060	25061	25062	25063	25070	25071
25072	25073	25080	25081	25082	25083	25090	25091	25092	25093
36000	36001	36002	36003	36004	36011	36012	36013	36014	36019
36020	36021	36023	36024	36029	36030	36031	36032	36033	36034

Diagnosis Codes									
36040	36041	36042	36043	36044	36050	36051	36052	36053	36054
36055	36059	36060	36061	36062	36063	36064	36065	36069	36081
36089	3609	36100	36101	36102	36103	36104	36105	36106	36107
36110	36111	36112	36113	36114	36119	3612	36130	36131	36132
36133	36181	36189	3619	36201	36202	36203	36204	36205	36206
36207	36210	36211	36212	36213	36214	36215	36216	36217	36218
36220	36221	36222	36223	36224	36225	36226	36227	36229	36230
36231	36232	36233	36234	36235	36236	36237	36240	36241	36242
36243	36250	36251	36252	36253	36254	36255	36256	36257	36260
36261	36262	36263	36264	36265	36266	36482	36500	36501	36502
36503	36504	36510	36511	36512	36513	36514	36515	36520	36521
36522	36523	36524	36531	36532	36541	36542	36543	36544	36551
36552	36559	36560	36561	36562	36563	36564	36581	36582	36583
36589	3659	3670	3671	36720	36721	36722	36731	36732	3674
36751	36752	36753	36781	36789	3679	36800	36801	36802	36803
36810	36811	36812	36813	36814	36815	36816	3682	36830	36831
36832	36833	36834	36840	36841	36842	36843	36844	36845	36846
36847	36851	36852	36853	36854	36855	36859	36860	36861	36862
36863	36869	3688	3689	36900	36901	36902	36903	36904	36905
36906	36907	36908	36910	36911	36912	36913	36914	36915	36916
36917	36918	36920	36921	36922	36923	36924	36925	3693	3694
36960	36961	36962	36963	36964	36965	36966	36967	36968	36969
36970	36971	36972	36973	36974	36975	36976	3698	3699	37000
37001	37002	37003	37004	37005	37006	37007	37020	37021	37022
37023	37024	37031	37032	37033	37034	37035	37040	37044	37049
37050	37052	37054	37055	37059	37060	37061	37062	37063	37064
3708	3709	37100	37101	37102	37103	37104	37105	37110	37111
37112	37113	37114	37115	37116	37120	37121	37122	37123	37124
37130	37131	37132	37133	37140	37141	37142	37143	37144	37145
37146	37148	37149	37150	37151	37152	37153	37154	37155	37156
37157	37158	37160	37161	37162	37170	37171	37172	37173	37181
37182	37189	3719	37200	37201	37202	37203	37204	37205	37206
37210	37211	37212	37213	37214	37215	37220	37221	37222	37230
37231	37233	37234	37239	37240	37241	37242	37243	37244	37245
37250	37251	37252	37253	37254	37255	37256	37261	37262	37263
37264	37271	37272	37273	37274	37275	37281	37289	3729	37300

Diagnosis Codes									
37301	37302	37311	37312	37313	3732	37331	37332	37333	37334
3734	3735	3736	3738	3739	37400	37401	37402	37403	37404
37405	37410	37411	37412	37413	37414	37420	37421	37422	37423
37430	37431	37432	37433	37434	37441	37443	37444	37445	37446
37450	37451	37452	37453	37454	37455	37456	37481	37482	37483
37484	37485	37486	37487	37489	3749	37500	37501	37502	37503
37511	37512	37513	37514	37515	37516	37520	37521	37522	37530
37531	37532	37533	37541	37542	37543	37551	37552	37553	37554
37555	37556	37557	37561	37569	37581	37589	37600	37601	37602
37603	37604	37610	37611	37612	37613	37621	37622	37630	37631
37632	37633	37634	37635	37636	37640	37641	37642	37643	37644
37645	37646	37647	37650	37651	37652	3766	37681	37682	37689
3769	37700	37701	37702	37703	37704	37710	37711	37712	37713
37714	37715	37716	37721	37722	37723	37724	37730	37731	37732
37733	37734	37739	37741	37742	37743	37749	37751	37752	37753
37754	37761	37762	37763	37771	37772	37773	37775	3779	37991
37992	37993	74300	74303	74306	74310	74311	74312	74320	74321
74322	74330	74331	74332	74333	74334	74335	74336	74337	74339
74341	74342	74343	74344	74345	74346	74347	74348	74349	74351
74352	74353	74354	74355	74356	74357	74358	74559	74361	74362
74363	74364	74365	74366	74369	7438	7439	7840	8700	8701
8702	8703	8704	8708	8709	8710	8711	8712	8713	8714
8715	8716	8717	8719	9180	9181	9182	9189	9210	9211
9212	9213	9219	9300	9301	9302	9308	9309	9400	9401
9402	9403	9404	9405	9409	V431	V5861	V5862	V5863	V5864
V5865	V5866	V5867	V5869	V720					

Procedure codes S0620 and S0621 may be reimbursed when one of the following diagnosis codes is submitted:

Diagnosis Code						
24941	24950	24951	24960	24961	24970	24971
24980	24981	24490	24991	25000	25001	25002
25003	25010	25011	25012	25013	25020	25021
25022	25023	25030	25031	25032	25033	25040
25041	25042	25043	25050	25051	25052	25053
25060	25061	25062	25063	25070	25071	25072

Diagnosis Code						
25073	25080	25081	25082	25083	25090	25091
25092	25093	36201	36202	36203	36204	36205
36206	36207	36220	36222	36223	36224	36225
36226	36227	3670	3671	36720	36721	36722
36731	36732	3674	36751	36752	36753	36781
36789	3679	37182	V720			

Ophthalmological Examination and Evaluation with General Anesthesia

An ophthalmological examination and evaluation under general anesthesia (procedure code 92018 or 92019) may be medically necessary when a client has a significant injury or cannot otherwise tolerate the examination while conscious.

Procedure codes 92018 or 92019 may be reimbursed to physicians in the office, inpatient, and outpatient hospital setting and to outpatient ambulatory surgical centers in the outpatient hospital setting.

Corneal Topography

Corneal topography (procedure code 92025) is limited to one per eye, per day, any provider. Procedure code 92025 must be billed with modifier LT (left) or RT (right) to identify the eye on which the service was performed.

Corneal topography may be reimbursed on the same date of service by the same provider as an eye examination visit or consultation.

Procedure code 92025 may be reimbursed when one of the following diagnosis codes is submitted:

Diagnosis Codes					
37000	37001	37002	37003	37004	37005
37006	37007	37100	37101	37102	37103
37104	37120	37121	37122	37123	37140
37141	37142	37146	37148	37149	37160
37161	37162	37170	37171	37172	37173
37234	37240	37241	37242	37243	37244
37245	37281	37289	8710	8711	9402
9403	9404	99651	V425	V4561	V4569

Ophthalmic Ultrasound

The following procedure codes may be used for ophthalmic ultrasound:

Procedure Codes				
76510	76511	76512	76513	76514
76516	76519	76529	76999	

Ophthalmic ultrasound procedure codes are limited to one per eye, per day, any provider. These procedure codes may be reimbursed with the following diagnosis codes:

Diagnosis Codes											
1900	1901	1984	2240	2441	2340	2388	23981	24941	24950		
24951	24960	24961	24970	24971	24980	24981	24990	24991	25050		
25051	25052	25053	36050	36051	36052	36053	36054	36055	36059		
36060	36061	36062	36063	36064	36065	36069	36100	36101	36102		
36103	36104	36105	36106	36107	36110	36111	36112	36113	36114		
36119	3612	36130	36131	36132	36133	36181	36189	3619	36201		
36202	36203	36204	36205	36206	36207	36210	36211	36212	36213		
36214	36215	36216	36217	36218	36220	36221	36222	36223	36224		
36225	36226	36227	36229	36230	36231	36232	36233	36234	36235		
36236	36237	36240	36241	36242	36243	36250	36251	36252	36253		
36254	36255	36256	36257	36260	36261	36262	36263	36264	36265		
36266	36270	36271	36272	36273	36274	36275	36276	36277	36281		
36282	36283	36284	36285	36289	36340	36341	36342	36343	36361		
36362	36363	36370	36371	36372	36441	36481	36482	36489	36600		
36601	36602	36603	36604	36609	36610	36611	36612	36613	36614		
36615	36616	36617	36618	36619	36620	36621	36622	36623	36630		
36631	36632	36633	36634	36641	36642	36643	36644	36645	36646		
36650	36651	36652	36653	3668	3669	37100	37101	37102	37103		
37104	37105	37110	37111	37112	37113	37114	37115	37116	37120		
37121	37122	37123	37124	37130	37131	37132	37133	37140	37141		
37142	37143	37144	37145	37146	37148	37149	37150	37151	37152		
37153	37154	37155	37156	37157	37458	37160	37161	37162	37170		
37171	37172	37173	37181	37182	37189	3719	3766	37921	37926		
37931	37932	37933	37934	37939	37992	74330	74331	74332	74333		
74334	74335	74336	74337	74339	8704	8715	8716	9300	9301		
9302	9308	9309									

Sensorimotor Examination and Orthoptic and/or Pleoptic Training

Sensorimotor examination (procedure code 92060) and orthoptic or pleoptic training (procedure code 92065) are limited to two per calendar year, any provider and may be reimbursed in addition to an eye examination visit.

Procedure codes 92060 and 92065 may be reimbursed with the following diagnosis codes:

Diagnosis Codes							
36800	36801	36802	36803	37800	37801	37802	37803

Diagnosis Codes							
37804	37805	37806	37807	37808	37810	37811	37812
37813	37814	37815	37816	37817	37818	37820	37821
37822	37823	37824	37830	37831	37832	37833	37834
37835	37840	37841	37842	37843	37844	37845	37850
37851	37852	37853	37854	37855	37856	37860	37861
37862	37863	37871	37872	37873	37883	37950	37951
37952	37953	37954	37955	37956	37957	37958	37959

Ophthalmoscopy and Fluorescein Angioscopy or Angiography

Ophthalmoscopy and fluorescein angioscopy or angiography (procedure codes 92225, 92226, 92230, and 92235) are considered unilateral procedures and can be reimbursed for a quantity of two if both the left and right eyes are evaluated. If two services are billed for the same date of service, one will be reimbursed at the full rate, and the other will be reimbursed at 50 percent of the full rate.

Procedure codes 92225 and 92226 are limited to one service per eye, per day, any provider.

Procedure codes 92225, 92226, 92230, and 92235 must be billed with modifier LT or RT to identify the eye on which the service was performed.

Procedure code 92230 will be denied as part of another service when billed on the same date of service by the same provider as procedure code 92235.

Procedure code 92240 will be denied as part of another service when billed on the same date of service by the same provider as procedure code 92230 and 92250.

Corneal Bandage

A soft corneal plano bandage lens (procedure code 92070) may be medically necessary for eye protection to prevent blindness due to a disease process. Prior authorization is *not* required if placement of the bandage is an emergency. The emergency condition must be documented on the claim. Nonemergency placements require prior authorization that must be obtained before the lens is dispensed.

Procedure code 92070 is limited to one service per eye, per day, any provider.

Procedure code 92070 must be billed with modifier LT or RT to identify the eye on which the service was performed.

The following documentation must be submitted with a request for prior authorization of a corneal bandage:

- Diagnosis that is causing the refractive error, such as keratoconus.
- The procedure code(s) requested
- The current and new prescriptions supporting a change of 0.5d or more in the sphere, cylinder, or prism measurements
- The eye(s) to be treated

The prior authorization request must be signed and dated by the prescribing physician or optometrist.

Other Professional Services

The following procedure codes may be reimbursed when medically necessary:

Procedure Codes				
92020	92081	92082	92083	92100
92120	92135	92136	92140	92265
92270	92275	92285	92286	92287

Procedure codes 92081, 92082, and 92083 may be reimbursed for any appropriate diagnosis and are limited to 2 per calendar year, any provider.

Procedure codes 91235 and 92285 are limited to one service per eye, per day, any provider.

Procedure codes 91235 and 92285 must be billed with modifier LT or RT to identify the eye on which the service was performed.

Procedure code 92120 may be reimbursed with the following diagnosis codes:

Diagnosis Codes				
24900	24901	24910	24911	24920
24921	24930	24931	24940	24941
24950	24951	24960	24961	24970
24971	24980	24981	24990	24991
25000	25001	25002	25003	25010
25011	25012	25013	25020	25021
25022	25023	25030	25031	25032
25033	25040	25041	25042	25043
25050	25051	25052	25053	25060
25061	25062	25063	25070	25071
25072	36500	36501	36502	36503
36504	36510	36511	36512	36513
36514	36515	36520	36521	36522
36523	36524	36531	36532	36541
36542	36543	36544	36551	36552
36559	36560	36561	36562	36563
36564	36565	36581	36582	36583
36589	3659			

Eyeglasses or Contact Lenses

Eyeglasses or contact lenses are limited to once every 2 years. These services may be reimbursed more frequently when documentation in the client's medical record supports medical necessity because of a change of 0.5d or more in the sphere, cylinder, or prism measurements. A benefit period for eyewear begins with the replacement of nonprosthetic eyewear.

Repair

The eyeglass supplier is required to perform, without charge, minor repairs on eyeglasses that they have dispensed regardless of the client's age. Repairs costing \$2 or less are considered minor and are included in the reimbursement for eyeglasses.

Repairs of eyeglasses exceeding \$2 are a benefit for clients who are birth through 20 years of age. The cost of repair supplies for eyeglasses cannot exceed the cost of replacement eyeglasses. All repair supplies must be new and at least equivalent to the original item.

For major eyeglass repairs, providers must bill procedure code V2799. Providers must maintain in the client's medical record an itemized list of repairs and the replacement cost to determine whether criteria are met for repair. Information must be made available for review upon request.

For clients who are 21 years of age or older, repair of nonprosthetic eyeglasses is not a benefit when the actual cost of materials exceeds \$2.

Replacement

Providers must use modifier RB when billing for replacement of prosthetic or nonprosthetic eyeglasses or contact lenses.

Replacement of nonprosthetic eyeglasses or contact lenses because of loss or destruction is a benefit for clients who are birth through 20 years of age. If the eyeglasses or contact lenses are lost or destroyed, the client must sign the Vision Care Eyeglass Patient (Medicaid Client) Certification Form. The signed form must be maintained in the client's medical record.

Replacement of prosthetic eyeglasses or contact lenses may be reimbursed because of loss or destruction or when the client has a significant change in visual acuity, regardless of age.

The provider must maintain documentation in the client's medical record supporting the medical necessity for the replacement eyeglasses or contact lenses. This documentation must demonstrate one of the following:

- How the eyeglasses or contact lenses were lost
- A change of 0.5d or more in the sphere, cylinder, or prism measurement

Contact Lenses

The following procedure codes may be used for prosthetic or nonprosthetic contact lenses:

Procedure Codes				
V2500	V2501	V2502	V2510	V2511
V2512	V2513	V2520	V2521	V2522
V2523	V2530	V2531	V2599	92326

Procedure code 92326 may be reimbursed with the following diagnosis codes:

Diagnosis Codes				
37931	37932	37933	37934	74335

The following procedure codes may be used for contact lens fitting or modifications:

Procedure Codes				
92070	92310	92311	92312	92313
92314	92315	92316	92317	92325

Frames

Procedure codes V2020 or V2025 may be used for frames.

Eyeglass Lenses

For Texas Medicaid, high-powered lenses are lenses with a sphere greater than 7.00d or a cylinder greater than 4.00d.

Eyeglass lenses are not age-restricted.

UV protection (procedure code V2755) may be reimbursed with the following diagnosis codes:

Diagnosis Codes					
37931	37932	37933	37934	74335	V431

The following procedure codes may be used for eyeglass lenses:

Single-Vision Lenses				
V2100	V2101	V2102	V2103	V2104
V2105	V2106	V2107	V2108	V2109
V2110	V2111	V2112	V2113	V2114
V2115	V2118	V2121		
Bifocal-Vision Lenses				
V2200	V2201	V2202	V2203	V2204
V2205	V2206	V2207	V2208	V2209
V2210	V2211	V2212	V2213	V2214
V2215	V2218	V2219	V2220	V2221
Trifocal-Vision Lenses				
V2300	V2301	V2302	V2303	V2304
V2305	V2306	V2307	V2308	V2309
V2310	V2311	V2312	V2313	V2314
V2315	V2318	V2319	V2320	V2321
Variable Asphericity Lenses				
V2410	V2430			

Miscellaneous Lens Codes

V2700	V2710	V2715	V2718	V2730
V2755	V2770	V2780	V2784	

Prosthetic Eyeglasses or Contact Lenses

Prosthetic contact lenses do not require prior authorization.

Prosthetic eyeglasses or contact lenses are lenses that replace the eye's organic lens and may be provided based on medical necessity. Prosthetic contact lenses may be provided for clients of any age with aphakia as a result of a congenital abnormality or defect or an acquired condition due to trauma or cataract removal. Permanent prosthetic eyeglasses or contact lenses are limited to one per lifetime.

Provider must use the VP modifier with a diagnosis of aphakia. Providers must use the VP modifier when submitting one of the following diagnosis codes for prosthetic eyeglasses or contact lenses:

Diagnosis Codes

37931	37932	37933	37934	74335
-------	-------	-------	-------	-------

Temporary prosthetic eyeglasses or contact lenses after cataract surgery may be reimbursed with diagnosis code V431. Temporary prosthetic eyeglasses may be reimbursed for up to 4 months after the date of surgery until the client is ready for permanent lens(es). The date of surgery must be submitted on the claim to determine the convalescence period for the temporary prosthetic eyeglasses. There are no limitations on the number of necessary temporary prosthetic lenses during the postsurgical convalescence period. Temporary lenses will be denied if they are dispensed more than 4 months after the date of surgery.

Nonprosthetic Eyeglasses or Contact Lenses

Nonprosthetic eyeglasses or contact lenses may be provided to clients of any age when there is no other option available to correct or ameliorate a visual defect.

Nonprosthetic contact lenses must be prior authorized. The following documentation must be submitted with a request for nonprosthetic contact lenses, which has been signed and dated by the prescribing physician or optometrist:

- Diagnosis that is causing the refractive error, such as keratoconus
- The current and new prescriptions that support a change of 0.5d or more in the sphere, cylinder, or prism measurements
- The eye(s) to be treated
- The procedure code(s) that are requested
- A brief statement that addresses the medical necessity for vision correction by contact lens(es) and specifies why eyeglasses are inappropriate or contraindicated for the client

Provider Type and Place of Service Changes

The following table shows the procedure codes, provider types, and places of service that may be reimbursed:

Procedure Code	Provider Types	Places of Service
76510 –Total component	Optometrist group Hospital	Office Outpatient
76999 – All components 95930 – Professional interpretation component	Optometrist	Office
76999 – Professional interpretation component	Optometrist	Office, outpatient, inpatient
83516, 83520, 87075 –Total component	Optometrist	Outpatient
95930 – Technical component	Physician, NP, CNS, PA, optometrist	Office
95933 –Total component	Portable X-ray supplier	Office
95933 – Professional interpretation component	No change	Office
95933 – Technical component	Physician, NP, CNS, PA, optometrist	Office
92070	Optometrist	Outpatient
V2115, V2118, V2121, V2215, V2218, V2219, V2220, V2221, V2315, V2318, V2319, V2320, V2321, V2430, V2700, V2710, V2715, V2718, V2730, V2755, V2770, V2780	Physician, NP, CNS, PA, optometrist, optician, dispensing optical company	Office, outpatient, other (place of service 9)
V2410	Physician, NP, CNS, PA, optometrist, optician, dispensing optical company	Office, outpatient, other
V2500, V2501, V2502, V2510, V2511, V2512, V2513, V2520, V2521, V2522, V2523, V2530, V2531, V2599	No change	Other (place of service 9)

Other Benefit Changes

PCCM clients do not require a referral by their primary care physician when procedure code 92018, 92019, 92070, 92135, 92136, 92310, 92311, 92312, or 92325 is performed by an optometrist or ophthalmologist.

The following procedure codes are limited to one service per day, any provider:

Procedure Codes					
92015	92018	92019	92020	92050	92060
92065	92081	92082	92083	92100	92120
92136	92140	92250	92310	92311	92312
92313	92314	92315	92316	92317	92325

92326

Procedure code 92015 may be reimbursed when submitted with the following procedure codes:

Procedure Codes			
92002	92004	92012	92014

In the following table the procedure codes in column A will be denied if they are submitted on the same date of service by the same provider as any of the corresponding procedure codes in column B:

Column A Procedure Codes	Column B Procedure Codes
76511	76506, 76510, 76512
76512	76510
76516	76511, 76519
76519	76511
76529	76512, 76513
92002, 92004, 92012, 92014	96111, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99293, 99294, 99295, 99296, 99298, 99299, 99300, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99477
99211	76519, 92018, 92019, 92020, 92025, 92060, 92065, 92070, 92081, 92082, 92083, 92100, 92120, 92135, 92136, 92140, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 92265, 92270, 92275, 92285, 92286, 92287, 92311, 92312, 92313, 9315, 92316, 92317, 92325, 92326
92100	92140
92130, 92260	92018
92140	92120, 92130
92019	92018
92020	92018, 92019, 92285
90760, 90765, 90772, 90774, 90775,	92018, 92019

Column A Procedure Codes	Column B Procedure Codes
92070, 95060	
92230	92235, 92240
92270	95808, 95810, 95811
92325	92225, 92250, 92311, 92312, 92313, 92315, 92316, 92317, 92326
92504	76513
92541, 92542, 92543, 92544, 92545, 92546, 95867, 95870	92265
92544, 92545, 92546	92270
97803	97802
97802, 97803	92002, 92004, 92012, 92014
97804	97802, 97803
36000, 36200, 36215, 36216, 36217, 36218, 36245, 36246, 36247, 36248, 36410, 76000, 76001, 90760, 90765, 90772, 90774, 90775, 93000, 93005, 93010, 93040, 93041, 93042, 99211	92230, 92235
36000, 36410, 90760, 90765, 90772, 90774, 90775, 92230, 92250, 93000, 93005, 93010, 93040, 93041, 93042, 99211	92240
36000, 36410, 90760, 90765, 90772, 90774, 90775	92287

For more information, call the TMHP Contact Center at 800-925-9126.