

U of M - Routine ophthalmological exam including refraction



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Applies to:

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

Routine ophthalmological exam including refraction

Routine ophthalmological exam including refraction is an ophthalmological examination performed to determine the ability of the eyes to focus. The exam evaluates the outer eye structures, the tear ducts, the cranial nerves, and the internal eye structures. It also tests for visual acuity, peripheral vision, and color vision.

Original Medicare

Original Medicare does not cover routine ophthalmological exam including refraction. Ophthalmological services are a covered benefit under Original Medicare with diagnosis restrictions.

Medicare Plus BlueSM Group PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for routine ophthalmological exam including refraction and ophthalmological services with no diagnosis restrictions are provided to members under the University of Michigan Medicare Plus Blue Group PPO plans. Since Original Medicare doesn't cover routine ophthalmological exam including refraction, the group determines the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing.

Conditions for payment

The table below specifies payment conditions for routine ophthalmological exam including refraction.

Conditions for payment	
Eligible provider	M.D., D.O., ophthalmologist or optometrist
Payable location	No restrictions
Frequency	One routine eye exam per member per calendar year
CPT/HCPCS codes	S0620: new patient S0621: established patient 92002, 92004, 92012, 92014
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

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Reimbursement

Medicare Plus Blue plans' maximum payment amount to providers for routine ophthalmological exam including refraction is available on our provider website on the Medicare Plus Blue enhanced benefits [fee schedule](#). The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost sharing amounts from the member.
- Members who elect to receive a noncovered service are responsible for the entire charge associated with that item or service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost-share.

To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837-equivalent claim.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
 - a. Michigan providers
Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

Policy Number: MAPPO 1040

Effective: 01/01/2024

Reviewed: 12/03/2024

Revised: 06/12/2024

06/12/2024: Added CPT codes 92002, 92004, 92012 and 92014 with no diagnosis restrictions effective 01/01/2024.