

U of M – Routine ophthalmological exam including refraction

Applies to:

- BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Routine ophthalmological exam including refraction

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

Original Medicare

Original Medicare doesn't cover routine ophthalmological exam including refraction. Ophthalmological services are a covered benefit under Original Medicare with diagnosis restrictions.

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that 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 Care Network 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 BCN Advantage group plan. Since Original Medicare doesn't cover routine ophthalmological exam including refraction, the groups that select this benefit determine the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member out-of-pocket cost.

Conditions for payment

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

| Conditions for payment | |
|------------------------|--|
| Eligible providers | 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 |

Blue Care Network of Michigan

bcbsm.com/providers

Reimbursement

To find BCN Advantage plan's maximum payment amount for routine ophthalmological exam including refraction, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share 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 Advance Beneficiary Notice of Noncoverage 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 Care Network before providing the item or service to the member. If a provider issues a noncovered item or 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 use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB 04 or the 837 equivalent claim form.
2. Use the BCN Advantage 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. 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 Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan providers through the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

Effective: 01/01/2024

Reviewed: 12/03/2024

Revised: 09/20/2024, 06/12/2024

09/20/2024: Removed note stating that this is an in-network benefit only.

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