

Nonsurgical Vision Services

Benefits for Nonsurgical Vision Services to Change for Texas Medicaid

Effective for dates of service on or after January 1, 2016, benefits for nonsurgical vision services will change for Texas Medicaid.

Examinations

Limitations for routine eye examinations with refraction testing for the purpose of obtaining eyeglasses will no longer be based on fiscal years. New limitations will be as follows:

- Clients who are birth through 20 years of age are eligible for a routine eye examination with refraction testing for the purpose of obtaining eyeglasses once every 12 months.
- Clients who are 21 years of age and older are eligible for a routine eye examination with refraction testing for the purpose of obtaining eyeglasses once every 24 months.

Procedure codes 92002, 92004, 92012, 92014, and 92060 will no longer be diagnosis restricted.

Procedure codes 92002, 92004, 92012, and 92014 are limited to one service per day, any provider.

Clients with a vision impairment that may require intensive or comprehensive vision impaired related services should be referred to the Department of Assistive and Rehabilitative Services (DARS).

Procedure codes S0620 and S0621 will be denied if billed with the same date of service as procedure code 92020.

Contact Lenses

A contact lens fitting for the placement of a corneal bandage lens may be medically necessary for eye protection and pain control due to a disease process or injury.

Procedure code 92071 will be limited to once per eye, when it is billed by any provider. When procedure code 92071 is performed on both eyes on the same date of service, one procedure may be reimbursed at the full rate and the second procedure may be reimbursed at half rate.

Procedure code 92072 will be limited to one service per lifetime, when billed by the same provider.

Procedure code 92072 will be denied if billed with the same date of service by the same provider as procedure code 92071.

Nonprosthetic contact lenses for emergency placement do not require prior authorization. Documentation must be submitted with the claim.

Prior authorization will be required for all other contact lenses.

Procedure code 92326 will be a benefit when provided by physician, nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA), and optometrist providers for services rendered in the office or outpatient hospital setting. Procedure code 92326 will no longer be diagnosis restricted.

Special Ophthalmological Services

The professional and technical components of procedure codes 92025 and 92065 will be a benefit as follows:

Type of Service (TOS)	Place of Service	Provider Types
Professional	Inpatient hospital, outpatient	NP, CNS, PA, physician, and optometrist

Component (TOS I)	hospital	providers
Technical Component (TOS T)	Office	

Corneal topography (procedure code 92025) is considered medically necessary to diagnose, monitor, and treat various visual conditions such as, but not limited to, the following:

- Corneal abrasion
- Corneal irregularities
- Corneal disease
- Corneal injury
- Keratoconus

Procedure code 92025 will be limited to two per calendar year when billed by any provider, and will no longer be diagnosis restricted.

Procedure code 92140 will no longer be a benefit of Texas Medicaid.

Gonioscopy

Procedure code 92020 will be restricted to the following diagnosis codes:

Diagnosis Codes						
36500	36501	36502	36503	36504	36505	36506
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	36570	36571
36572	36573	36574	36581	36582		

Ophthalmic Ultrasound

Procedure codes 76510, 76511, 76512, 76513, 76516, and 76519 will no longer be diagnosis restricted, but will be limited to two per calendar year when billed by any provider.

Ophthalmoscopy

The professional and technical components of procedure codes 92235, 92240, and 92250 will be a benefit as follows:

Type of Service (TOS)	Place of Service	Provider Types
Professional Component (TOS I)	Inpatient hospital, outpatient hospital	NP, CNS, PA, physician, and optometrist providers

Technical Component (TOST)	Office	
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Procedure codes 92225, 92226, 92230, 92235, and 92240 will be limited to one service per eye per day, and two services per eye per calendar year, when billed by any provider.

Procedure codes 92230, 92235, and 92240 must be billed with modifier LT or RT to identify the eye on which the service was performed.

Procedure codes 92250 and 92260 will be limited to two per calendar year when billed by any provider.

Fundus photography is a benefit and is considered medically necessary when a clinical condition exists which is subject to change in extent, appearance, or size, and where such change would directly affect the management of client care. These conditions include, but are not limited to, the following:

- Macular degeneration
- Glaucoma
- Hypertension
- Neoplasms of the retina
- Choroid (benign or malignant)
- Retinal hemorrhages
- Ischemia
- Retinal detachment
- Choroid disturbances
- Diabetic retinopathy
- Assessment of recently performed retinal laser surgery

Fundus photography performed for a routine screen of a normal eye, in the absence of a clinical condition listed above, that is subject to change in extent, appearance or size is not a benefit of Texas Medicaid.

Ocular Viewing and Diagnostic Testing Procedures

The following procedure codes will be limited to two per calendar year when billed by any provider:

Procedure Codes						
92100	92132	92133	92134	92227	92228	92265
92270	92275	92285	92286	92287		

Procedure code 92136 will be limited to two services per calendar year, when billed by any provider. Procedure code 92136 will be considered for reimbursement as follows:

- The professional component must be billed with modifier LT or RT to identify the eye on which the service was performed.
- The technical component may be reimbursed once when one or both eyes are scanned on the same date of service by any provider.

- The total component may be reimbursed with an additional professional service when both eyes are scanned on the same date of service by any provider.

The professional and technical components of the following procedure codes will be a benefit:

Procedure Codes	Type of Service (TOS)	Place of Service	Provider Types
92081, 92082, 92083, 92136, 92265, 92270, 92275, 92285, 92286, 92287	Professional Component (TOS I)	Inpatient hospital, outpatient hospital	NP, CNS, PA, physician, and optometrist providers
	Technical Component (TOS T)	Office	

Specialized Vision Services

Procedure codes 92285, 92286, and 92287 will no longer be diagnosis restricted.