

To:
HMOs and Other
Managed Care
Programs
Ophthalmologists
Optometrists

Clarification of refraction billing policy

Clarification of coverage for refractions when billed with general ophthalmological examination services

A refraction service (procedure code 92015) is separately covered and reimbursed under Wisconsin Medicaid when billed either separately or with general ophthalmological examination services for new and established patients (procedure codes 92002, 92004, 92012, and 92014) when performed by ophthalmologists or optometrists. This Medicaid policy clarification is consistent with the definitions of these procedure codes as outlined in *Current Procedural Terminology (CPT)*.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about their procedures. Coverage is the same for Medicaid recipients in both fee-for-service and managed care programs.

How to obtain reimbursement for comprehensive exams and refractions for dual entitlements

Medicare does not reimburse providers for refractions. To obtain reimbursement for the comprehensive exam and refractions for dual entitlements (recipients eligible for both Medicare and Medicaid), providers need to:

- Submit a claim to Medicare (using standard Medicare billing procedures) for the comprehensive exam. (Medicare will automati-

cally send [cross over] the Medicare *paid* portion of the claim to the Medicaid fiscal agent for payment of the coinsurance and deductible.)

- Submit a HCFA 1500 claim form directly to the Medicaid fiscal agent indicating the refraction procedure code 92015 in element 24D. You do not need to submit a claim to Medicare for the refraction service because Medicare does not pay for refractions.

Please note: Do not complete element 11 since Medicaid no longer requires the Medicare disclaimer code M-8. This disclaimer code may cause the claim to be denied.

The above billing procedures replace the instructions on page R4-001 of Part R, the Vision Care Services handbook, and apply to claims processed on and after September 1, 1999, regardless of the date of service.

Clarification of coverage of evaluation and management services when submitting a claim for other ophthalmological services

General and special ophthalmological services procedure codes for new and established patients (procedure codes 92002, 92004, 92012, and 92014) should be used when billing other ophthalmological services including refractions.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at www.dhfs.state.wi.us/m Medicaid.

The evaluation and management (E & M) codes generally should not be used when billing for ophthalmological services. Wisconsin Medicaid does not cover E & M services (procedure codes 99201-99205 and 99211-99215) when they are directly related to a covered ophthalmological service. However, when the E & M service is provided in response to a different diagnosis, the E & M service may be covered on the same date of service as the covered ophthalmological code.