



Update of Vision Services Billing For Molina Washington Medicaid Members

Exam Services

The following general ophthalmological services should be billed to VSP regardless of provider licensure (optometry or ophthalmology).

Code	Description
92002	Intermediate exam, new patient
92004	Comprehensive exam, new patient
92012	Intermediate exam, established patient
92014	Comprehensive exam, established patient
92015	Determination of refractive state

Fitting of Spectacle Services

The following fitting of spectacle services should be billed to VSP regardless of provider licensure (optometry or ophthalmology).

Code	Description
	<u>Single Vision Fitting Services</u>
92340	Fitting of spectacles, except for aphakia; monofocal,
92352	Fitting of spectacle prosthesis for aphakia; monofocal
	<u>Bifocal Fitting Services:</u>
92341	Fitting of spectacles, except for aphakia; bifocal
92353	Fitting of spectacle prosthesis for aphakia; multifocal
	<u>Multifocal Fitting Services:</u>
92342	Fitting of spectacles, except for aphakia; multifocal other than bifocal
92353	Fitting of spectacle prosthesis for aphakia; multifocal

Contact Lens Prescription Services

Contact lens prescription services are when visually necessary and in accordance with Washington State Health Care Authority guidelines. The following contact lens prescription services should be billed to VSP regardless of provider licensure (optometry or ophthalmology).

Code	Description
92072	Fitting of contact lens for management of keratoconus, initial fitting
92310	Prescription of optical and physical characteristics of and fitting of contact lenses, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, for aphakia, one eye.

92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, for aphakia, both eyes.
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal scleral lens.

Ordering Eyewear

For eligible children 20 years of age and younger, eyeglass frames, lenses, and contact lenses should be ordered through the Washington State Health Care Authority.

Vision Therapy Services

Vision therapy services are allowed when visually necessary and in accordance with Washington State Health Care Authority guidelines. The following vision therapy services should be billed to VSP regardless of provider licensure (optometry or ophthalmology).

Code	Description
92060	Sensorimotor examination with multiple measurements of ocular deviation with interpretation and report
92065	Orthoptic training

Any 96XXX and 97XXX vision therapy procedure codes, including the codes listed below, should be billed directly to Molina regardless of provider licensure (optometry or ophthalmology). The list below is not inclusive of all vision therapy procedure codes that can be billed directly to Molina.

Code	Description
96111	Developmental testing, with interpretation and report
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Low Vision Services

Low vision services are allowed when visually necessary and in accordance with Washington State Health Care Authority guidelines. The following low vision services should be billed to VSP regardless of provider licensure (optometry or ophthalmology).

Code	Description
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic/other compound lens system

Essential Medical Eye Care Services

Medical eye care services are billable with medical necessity and in accordance with Washington State Health Care Authority guidelines. The following medical eye care services should be billed to VSP regardless of provider licensure (optometry or ophthalmology). If an ophthalmologist or ophthalmology group is not contracted with VSP but is in Molina's provider network, then these claims can be billed to Molina.

65205	68801	83516	92081	92228	99050	99214	99423
65210	68810	83861	92082	92250	99051	99215	99441
65220	68815	87809	92083	92260	99058	99241	99442
65222	76510	92002	92100	92270	99070	99242	99443
65430	76511	92004	92132	92283	99202	99243	99446
65435	76512	92012	92133	92284	99203	99244	99447
67820	76513	92014	92134	92285	99204	99245	99448
67938	76514	92020	92136	92286	99205	92273	99449
68020	76516	92025	92201	92287	99211	92274	99451
68040	76519	92060	92202	92499	99212	99421	99452
68761	76529	92071	92227	95930	99213	99422	

For a complete list of covered services and billable diagnosis codes, please refer to VSP's Provider Reference Manual on VSPOnline at eyefinity.com

For more information, please call Molina's Provider and Member Contact Center at (800) 869-7165, TTY 711, or VSP at (800) 615-1883.