



## Clarification of Vision Billing Services VSP Helpful Hints For Medicaid

### Routine Vision Services

When a routine procedure is billed with a routine diagnosis, services should be billed to VSP regardless of provider licensure.

#### Routine Procedure Codes

Code	Description
<i>Exam Services</i>	
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
<i>Dispensing, Spectacle Lenses</i>	
92340	Fitting of spectacles, except for aphakia; monofocal
92341	Fitting of spectacles, except for aphakia; bifocal
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal
<i>Dispensing, Medically Necessary Contact Lens</i>	
92310	Prescription and fitting of contact lens, both eyes, except for aphakia
92311	Prescription and fitting of contact lens, one eye, for aphakia
92312	Prescription and fitting of contact lens, both eyes, for aphakia
92313	Prescription and fitting of contact lens, cornealscleral lens
92072	Fitting of contact lens for management of kerataconus

#### Routine ICD-10 Diagnosis Codes

Code		
H52.00	H52.213	H52.522
H52.01	H52.219	H52.523
H52.02	H52.221	H52.529
H52.03	H52.222	H52.531
H52.10	H52.223	H52.532
H52.11	H52.229	H52.533
H52.12	H52.31	H52.539
H52.13	H52.32	H52.6
H52.201	H52.4	H52.7
H52.202	H52.511	Z01.00
H52.203	H52.512	Z01.01
H52.209	H52.513	Z13.5
H52.211	H52.519	Z46.0
H52.212	H52.521	

### Molina Vision Therapy Services\*

The following procedure codes for vision therapy should be billed directly to Molina:

Code	Description
96111	Developmental testing
97110	Therapeutic procedure
97112	Neuromuscular reeducation
97530	Therapeutic activities

\*This list is not inclusive of all vision therapy procedure codes that should be billed directly to Molina (Any 96XXX and 97XXX vision therapy procedure codes should be directly billed to Molina Healthcare)

## **VSP Vision Therapy Services**

When the following vision therapy procedures are billed with an appropriate vision therapy diagnosis, services should be billed to VSP regardless of provider licensure.

### **Vision Therapy Procedure Codes**

<b>Code</b>	<b>Description</b>
92060	Sensorimotor examination w/multiple ocular deviation measurements
92065	Orthoptic and/or pleoptic training

### **Routine ICD-10 Diagnosis Codes**

<b>Code</b>				
H50.05	H50.312	H50.53	H52.529	H53.032
H50.06	H50.32	H50.54	H52.531	H53.033
H50.07	H50.331	H50.55	H52.532	H53.039
H50.10	H50.332	H51.0	H52.533	H53.30
H50.111	H50.34	H51.11	H52.539	H53.32
H50.112	H50.40	H51.12	H53.011	H53.33
H50.141	H50.041	H51.8	H53.012	H53.34
H50.142	H50.042	H52.511	H53.013	H55.01
H50.15	H50.411	H52.512	H53.019	H55.02
H50.18	H50.412	H52.513	H53.021	H55.03
H50.21	H50.42	H52.519	H53.022	H55.81
H50.22	H50.43	H52.521	H53.023	H55.89
H50.30	H50.51	H52.522	H53.029	
H50.311	H50.52	H52.523	H53.031	

## **Primary Eye Care Services**

The following services are considered Primary Eye Care.

When performed by an optometrist, they should be billed to VSP.

When performed by an ophthalmologist and not part of Routine Vision services, they should be billed to Molina.

65205	68801	83516	92081	92228	95930	99212
65210	68810	83861	92082	92250	99050	99213
65220	68815	87809	92083	92260	99051	99214
65222	76510	92002	92100	92270	99058	99215
65430	76511	92004	92132	92275	99070	99241
65435	76512	92012	92133	92283	99201	99242
67820	76513	92014	92134	92284	99202	99243
67938	76514	92020	92136	92285	99203	99244
68020	76516	92025	92225	92286	99204	99245
68040	76519	92060	92226	92287	99205	
68761	76529	92071	92227	92499	99211	

**For more information, please call our Provider and Member Contact Center at (800) 869-7165, TTY 711, or VSP at (844) 246-0250**