

Codes for Vision Services that are NOT covered due to Court Decision of June 29th, 2018 for Adults on the Alternative Benefit Plan when Paired with Routine ICD-10 Codes Below

CODE	Description	Fee Schedule
92002	Eye Exam New Patient	\$ 51.67
92004	Eye Exam New Patient	\$ 94.51
92012	Eye Exam Established Patient	\$ 46.92
92014	Eye Exam & TX Established Patient	\$ 69.80
92015	Refraction	\$ 20.22

ICD-10 CODE	Description
Z97.3	Presence of spectacles and contact Lenses
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
H52.01	Hypermetropia, Right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.201	Unspecified Astigmatism, right eye
H52.202	Unspecified Astigmatism, left eye
H52.203	Unspecified Astigmatism, bilateral
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral eye
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction