Diabetic Retinal Eye Examinations

Policy ID:	HWC-PA-RP-012
Approved By:	Highmark Wholecare – Market Leadership
Provider Notice Date:	11/08/2024, 07/27/2026
Original Effective Date:	12/06/2024,
Annual Approval Date:	10/2024,10/01/2026
Last Revision Date:	10/2024, 06/2026
Products:	Pennsylvania Medicare
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Wholecare medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Pennsylvania Department of Health (DHS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Wholecare – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Wholecare members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Wholecare currently services Pennsylvania Medicaid: PA HealthChoices.

Highmark Wholecare Medicare Assured Ruby – Is a Dual Eligible Special Needs Plan (DSNP) and covers those have both Medicare Parts A & B and receive assistance from the state (benefit categories: Specified Low-Income Medicare Beneficiary (SLMB) or Qualified Individual (QI)).

PROCEDURES

Prior Authorization may be required. Please validate codes on the Prior Authorization Lookup Tool https://providers.highmark.com/wholecare/provider-resources/prior-authorization-code-lookup

Eligible Providers
Diabetic eye exams may be provided by optometrists or ophthalmologists only.

Limitations

One diabetic retinal eye examination per calendar year will be reimbursed. If a member requires an additional visit, a copay will incur.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Outpatient

CODING REQUIREMENTS

CPT code	Description
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
92227	Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation, and report, unilateral or bilateral
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral
92250	Fundus photography with interpretation and report

Note: CPT codes ending in ‘F’ are informational only and must be billed with an accompanying CPT or HCPCS code from this list.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

Reference

American Medical Association, *2020 Clinical Quality Measure Flow Narrative for Quality ID #117 NQF #0055: Diabetes: Eye Exam* https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_117_MIPSCQM.pdf

American Medical Association, *Current Procedural Terminology (CPT)*