

<b>Reimbursement Guide Name:</b>	<b>Frequency of Ophthalmological Comprehensive Established Patient Exam (92014)</b>	<b>Reimbursement Guide #:</b>	<b>RG-100</b>
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<b>Reimbursement Guide Information</b>	
<b>Owner Department:</b>	Risk Adjustment and Medical Economics
<b>Owner:</b>	Code Review Program Manager
<b>Affected Departments:</b>	Configuration, Claims, Compliance, Customer Solutions, Provider Network Management, Quality Services, Risk Adjustment & Medial Economics
<b>Reimbursement Guide Applies To:</b>	All product lines
<b>Electronic Signature/Date:</b>	No Users

## Purpose of the Reimbursement Guide

The purpose of this reimbursement guide is to address general payment guidelines related to comprehensive ophthalmologic services.

## Statement of the Reimbursement Guide

Health Alliance Medical Plans provides coverage for CPT procedure code 92014 (ophthalmological services; comprehensive, established patient one or more visits) once within six months.

If the patient is being seen for follow up within six months of the comprehensive ophthalmologic service for the same condition, providers should bill using CPT procedure code 92012 (ophthalmological services, medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate established, patient).

## Procedure

Health Alliance Medical Plans will disallow claims with CPT code 92014 if billed more than once within six months back to the provider.

## References

1. Cotiviti PCA 4584

## History

<b>Created Date:</b>	01/12/2023
<b>Effective Date:</b>	01/01/2020
<b>Next Review Date:</b>	Not Set
<b>Revision Date:</b>	