

Reimbursement Guide Name:	Initial and Subsequent Ophthalmoscopy (92225 & 92226)	Reimbursement Guide #:	RG-101
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Reimbursement Guide Information	
Owner Department:	Risk Adjustment and Medical Economics
Owner:	Code Review Program Manager
Affected Departments:	
Reimbursement Guide Applies To:	All product lines
Electronic Signature/Date:	No Users

Purpose of the Reimbursement Guide

The purpose of this reimbursement guide is to address general payment guidelines related to the frequency of reimbursement for ophthalmoscopy services.

Statement of the Reimbursement Guide

Health Alliance Medical Plans provides coverage for CPT procedure code 92225 (ophthalmoscopy, extended, with retinal drawing, with interpretation and report; Ophthalmoscopy initial) once per year, per eye.

Subsequent services for the same eye should be billed using CPT procedure code 92226 (ophthalmoscopy, extended, with retinal drawing, with interpretation and report; subsequent).

Procedure

Health Alliance Medical Plans will disallow claims for CPT code 92225 if billed more than once per year, per eye back to the provider.

References

1. Cotiviti PCA 4355

History

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