

2018 Medicare Reimbursement Summary ¹

Code	Description		Participating Allowable	Non-Participating ² Allowable	Non-Participating Limiting Charge
92283	Color vision examination, extended, eg anomaloscope or equivalent	Global	\$56.16	\$53.35	\$61.35
		Technical	\$46.80	\$44.46	\$51.13
		Professional	\$9.36	\$8.89	\$10.23
<i>(Color vision testing with pseudoisochromatic plates [such as HRR or Ishihara] is not reported separately. It is included in the appropriate general or ophthalmological service, or 99172)</i>					

Examples of Pertinent Diagnosis Codes ³

ICD-10	Description
E10.31- to E10.35-, E11.31- to E11.35-	Diabetic retinopathy and macular edema
H20.9	Unspecified iridocyclitis
H30.2-	Pars planitis
H30.81-	Harada's disease
H30.9-	Chorioretinitis, unspecified
H31.21	Choroideremia
H35.54	Dystrophies of retinal pigment epithelium
H44.11-	Panuveitis
H44.13-	Sympathetic uveitis
H46.0-	Optic papillitis
H46.1-	Retrolbulbar neuritis (acute)
H46.2	Nutritional optic neuropathy
H46.3	Toxic optic neuropathy
H46.8	Other optic neuritis
H46.9	Optic neuritis, unspecified
H47.01-	Ischemic optic neuropathy
H53.00-	Unspecified amblyopia

November 20, 2018

The reimbursement information is provided by Corcoran Consulting Group based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

Examples of Pertinent Diagnosis Codes (continued)

ICD-10	Description
H53.01-	Deprivation amblyopia
H53.02-	Refractive amblyopia
H53.03-	Strabismic amblyopia
H53.16	Psychophysical visual disturbances
H53.51	Achromatopsia
H53.52	Acquired color vision deficiencies
H53.53	Deutan defect
H53.54	Protan defect
H53.55	Tritan defect
H53.59	Other color vision deficiencies
L93.-	Lupus erythematosus
M05.- to M06.-	Rheumatoid arthritis
M32.-	Systemic lupus erythematosus
Z79.891	Long-term (current use) high-risk medications

National Correct Coding (NCCI) Edits ^{4,5}

Primary Code	Do Not Bill These Codes With Primary Code	Do Not Bill Primary Code With These Codes
92283	99211	none

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- ¹ Rates shown are Medicare's national fee schedule amounts. Local reimbursement varies. Medicare's multiple procedure payment reduction (MPPR) applies; when more than one test is performed at a session, the technical component of the second eye or lesser-value test is reduced by 20%.
- ² Participating physicians (PAR) agree to accept Medicare allowed amounts on all covered services as their maximum payment from all sources. This is known as "accepting assignment". Non-participating physicians (Non-PAR) may accept assignment on a case-by-case basis, but are also limited in the amount they may charge the patient if they do not accept assignment. For additional discussion, see information published by CMS for patients [here](#).
- ³ Listed codes are a representative of covered diagnoses but differences in payment policies exist for many payers. This list is neither exhaustive nor universally accepted. See your payer bulletins.
- ⁴ Bundles shown are common ophthalmic edits. Check the complete NCCI edits for all bundles.
- ⁵ NCCI edits effective October 1, 2018. Edits may change quarterly.

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