

Update on Centene Interpretation of Eye Exam Code Reporting

The American Optometric Association (AOA) is alerting members of Centene's interpretation of CPT codes 92002, 92012, 92004 and 92014. Centene's policy indicates that "refractive diagnoses unaccompanied by complicating comorbidities will be interpreted as routine intermediate ophthalmological examination."

Essentially, the plan has taken the position that solely refractive diagnoses cannot be used to support the reporting of CPT 92004 and CPT 92014.

Doctors in some states have received warning letters for their use of CPT 92004 and CPT 92014. While Centene is not downcoding these claims when 92004/92014 are utilized with only refractive diagnoses, in some cases the claims are denied. Doctors are also being warned of future audits.

AOA continues to believe that this is a misinterpretation of CPT coding requirements and our discussions with Centene are ongoing. AOA's coding experts note:

- Both Intermediate and Comprehensive examinations require the "initiation of a diagnostic and treatment plan."
- The refraction procedure (92015) does include the prescription of lenses including all the specifications, the service of refraction is considered a Special Ophthalmologic Service. Therefore, ordering a refraction does meet the ordering of Special Ophthalmologic testing requirements related to initiating a diagnostic and treatment program
- Comprehensive examinations can be utilized to rule out disease of the visual system in a new or established patient, per CPT.

Centene's policy is noted below:

Comprehensive vs. Intermediate Eye Exam – Correct Coding Education

Intermediate and comprehensive ophthalmological services constitute integrated services in which medical decision making cannot be separated from the examining techniques used. Itemization of service components, such as slit lamp examination, keratometry, routine ophthalmoscopy, retinoscopy, tonometry, or motor evaluation is not applicable.

*Comprehensive ophthalmological services (92004, 92014) describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It ***always includes initiation of****

diagnostic and treatment programs. Therefore, ophthalmological services reported solely with refractive diagnoses (i.e. unaccompanied by complicating comorbidities that involve the initiation of diagnostic and treatment programs) should be reported as routine intermediate ophthalmological examinations (92002, 92012).

‘Initiation of diagnostic and treatment program’ includes: the prescription of medication*, and arranging for special ophthalmological diagnostic or treatment services, consultations, laboratory procedures and radiological services.

*Prescription of lenses, when required, is included in 92015. It includes specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance, and other factors.

Reference: AMA’s CPT 2026 Professional Edition (The only official CPT codebook with rules and guidelines from the AMA’s CPT Editorial Panel.)

While AOA continues to engage Centene regarding this policy, we also want to ensure doctors are aware of the plan’s current interpretation and guidance.

We recognize that doctors are also seeking guidance on how best to report services rendered given the varying interpretations of codes. Ultimately, doctors must take responsibility for services billed. AOA reminds doctors that they are required to:

- Report the CPT code that describes the procedure performed to the greatest specificity possible.
- Document the care provided and medical necessity thereof

Please look for updates in future AOA publications.