

Provider Bulletin

Aug. 14, 2026

Coding for Comprehensive Ophthalmological Services (92004, 92014)

Effective Oct. 1, 2026, Centene Vision will require that claims billed for routine or preventive **comprehensive ophthalmological services (CPT® 92004, 92014)** include a **medical (non-refractive) diagnosis** or comorbidity. This medical diagnosis must follow any refractive/routine diagnoses. **Claims submitted for routine comprehensive services without a secondary medical diagnosis will be denied.**

Services performed for patients with **refractive or routine findings only** should be billed as **intermediate ophthalmological services (CPT® 92002, 92012)**. This policy aligns with the American Medical Association (AMA) CPT® Manual, which states that comprehensive ophthalmological services (92004, 92014) always include the initiation of diagnostic and treatment programs. Intermediate and comprehensive ophthalmological services are considered integrated services, in which medical decision-making is inherent to the level of service billed and cannot be separated from the examination performed.

Example Scenarios:

Comprehensive Service (92004/92014):

A patient presents for an examination and is found to have refractive error and a coexisting medical condition (e.g., ocular allergies). The provider initiates a treatment plan for the medical condition.

- Report CPT® 92004 or 92014, including the refractive diagnosis followed by the medical diagnosis supporting initiation of a diagnostic or treatment program.

Intermediate Service (92002/92012):

A patient presents for an examination and is found to have refractive error only, with no additional medical conditions.

- Report CPT® 92002 or 92012 with the appropriate diagnosis.

If you have any questions, please contact Provider Services at 866-599-1774. Thank you for being our partner in care.