

### Versant Health Billing Guidance

Procedure Code	Procedure Code Description	Versant Health	CareSource PASSE
11200	REMOVAL OF UP TO AND INCLUDING 15 SKIN TAGS		✓
11201	REMOVAL OF SKIN TAGS		✓
11310	SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH		✓
11311	SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH		✓
11312	SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH		✓
11313	SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH		✓
11440	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH		✓
11441	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH		✓
11442	REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH		✓
65205	REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA		✓
65210	REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA OR SCLERA		✓
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA		✓
0509T	PATTERN RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPRETATION AND REPORT		✓
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA WITH SLIT LAMP EXAMINATION		✓
65430	SCRAPING OF CORNEA FOR DIAGNOSIS		✓
65435	REMOVAL OF OUTER LAYER OF CORNEA, CHEMICAL CAUTERIZATION		✓
65855	LASER REPAIR TO IMPROVE EYE FLUID FLOW, 1 OR MORE SESSIONS		✓
66821	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER		✓
67700	INCISION AND DRAINAGE OF EYELID ABSCESS		✓
67800	REMOVAL OF EYELID GROWTH, CHALAZION (CHRONIC INFLAMMATION OF THE MEIBOMIAN GLAND FOR THE EYELID)		✓
67801	REMOVAL OF MULTIPLE GROWTHS OF SAME EYELID		✓
67805	REMOVAL OF MULTIPLE GROWTHS OF DIFFERENT EYELIDS		✓
67820	REMOVAL OF EYELASHES BY FORCEPS		✓
67938	REMOVAL OF EMBEDDED FOREIGN BODY IN EYELID		✓
68020	INCISION AND DRAINAGE OF EYE CYST		✓
68040	REMOVAL OF SCARRING OF LINING OF EYELID DUE TO INFECTION		✓
68761	CLOSURE OF TEAR DUCT OPENING USING PLUG		✓
68801	DILATION OF TEAR-DRAINAGE OPENING		✓
68810	INSERTION OF PROBE INTO THE TEAR DUCT		✓
68811	INSERTION OF PROBE INTO THE TEAR DUCT UNDER ANESTHESIA		✓
68815	PROBING OF NASAL-TEAR DUCT WITH INSERTION OF TUBE OR STENT		✓
68840	PROBING OF NASAL-TEAR DUCT		✓
76511	ULTRASOUND OF EYE DISEASE OR GROWTH		✓
76512	ULTRASOUND OF EYE DISEASE, GROWTH, OR STRUCTURE		✓
76514	ULTRASOUND OF CORNEAL STRUCTURE AND MEASUREMENT		✓
76516	ULTRASOUND TO DETERMINE LENGTH FROM CORNEA TO RETINA		✓
76519	ULTRASOUND OF EYE FOR DETERMINATION OF LENS POWER		✓
82948	BLOOD GLUCOSE (SUGAR) MEASUREMENT USING REAGENT STRIP		✓
83857	METHEMALBUMIN (PROTEIN) LEVEL		✓
92002	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, NEW PATIENT	✓	
92004	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, NEW PATIENT, 1 OR MORE VISITS	✓	
92012	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, ESTABLISHED PATIENT	✓	
92014	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, ESTABLISHED PATIENT, 1 OR MORE VISITS	✓	
92015	ASSESSMENT FOR PRESCRIPTION EYE WEAR USING A RANGE OF LENS POWERS	✓	
92020	EXAMINATION OF CORNEA AND IRIS USING LENS DEVICE AND SLIT LAMP		✓
92060	MEASUREMENT OF EYE MUSCLES TO DETECT DEVIATION OF EYEBALL		✓
92065	EXERCISES TO CORRECT EYEBALL MUSCLE IMBALANCES		✓
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	✓	
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF CORNEAL DEGENERATION	✓	
92081	MEASUREMENT OF FIELD OF VISION DURING DAYLIGHT CONDITIONS, LIMITED EXAMINATION		✓
92082	MEASUREMENT OF FIELD OF VISION DURING DAYLIGHT CONDITIONS, INTERMEDIATE EXAMINATION		✓
92083	MEASUREMENT OF FIELD OF VISION DURING DAYLIGHT CONDITIONS, EXTENDED EXAMINATION		✓
92100	MULTIPLE MEASUREMENTS OF EYE FLUID PRESSURE OVER AN EXTENDED TIME PERIOD, SAME DAY		✓
92132	DIAGNOSTIC IMAGING OF EYES		✓
92133	DIAGNOSTIC IMAGING OF OPTIC NERVE OF EYE		✓
92134	DIAGNOSTIC IMAGING OF RETINA		✓
92136	MEASUREMENT OF CORNEAL CURVATURE AND DEPTH OF EYE		✓
92145	CORNEAL HYSTERESIS DETERMINATION		✓
92201	EXTENDED EXAMINATION OF EYE WITH DRAWING OF RETINA		✓
92202	EXTENDED EXAMINATION OF EYE WITH DRAWING OF OPTIC NERVE AND SURROUNDING AREA (MACULA)		✓
92230	EXAMINATION OF RETINAL BLOOD VESSELS BY OPHTHALMOSCOPE		✓
92250	PHOTOGRAPHY OF THE RETINA		✓
92260	DETERMINATION OF RETINAL ARTERIAL PRESSURE		✓
92273	FULL FIELD RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPRETATION AND REP		✓
92274	MULTIFOCAL RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPRETATION AND REP		✓
92283	EXTENDED COLOR VISION EXAMINATION		✓
92326	REPLACEMENT OF CONTACT LENS	✓	
92340	FITTING OF MONOFOCAL SPECTACLES, EXCEPT FOR APHAKIA	✓	
92370	REPAIR AND REFITTING OF SPECTACLES	✓	
95930	MEASUREMENT AND RECORDING OF NERVE CONDUCTION PATTERNS USING VISUALLY-EVOKED STIMULATION DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPO		✓
96112	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPO		✓
96113	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPO		✓

99172	AUTOMATED OR SEMI-AUTOMATED VISUAL FUNCTION SCREENING OF BOTH EYES		✓
99173	EYE CHART TESTING OF VISUAL ACUITY OF BOTH EYES	✓	
99202	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 15-29 MINUTES		✓
99203	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 30-44 MINUTES		✓
99204	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 45-59 MINUTES		✓
99205	NEW PATIENT OUTPATIENT VISIT, TOTAL TIME 60-74 MINUTES		✓
99211	ESTABLISHED PATIENT OUTPATIENT VISIT, MINIMAL PRESENTING PROBLEM		✓
99212	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 10-19 MINUTES		✓
99213	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 20-29 MINUTES		✓
99214	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 30-39 MINUTES		✓
99215	ESTABLISHED PATIENT OUTPATIENT VISIT, TOTAL TIME 40-54 MINUTES		✓
99221	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 30 MINUTES PER DAY		✓
99222	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 50 MINUTES PER DAY		✓
99223	INITIAL HOSPITAL INPATIENT CARE, TYPICALLY 70 MINUTES PER DAY		✓
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 15 MINUTES PER DAY		✓
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 25 MINUTES PER DAY		✓
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 35 MINUTES PER DAY		✓
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS		✓
99241	PATIENT OFFICE CONSULTATION, TYPICALLY 15 MINUTES		✓
99242	PATIENT OFFICE CONSULTATION, TYPICALLY 30 MINUTES		✓
99243	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MINUTES		✓
99244	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MINUTES		✓
99245	PATIENT OFFICE CONSULTATION, TYPICALLY 80 MINUTES		✓
99251	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 20 MINUTES		✓
99252	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 40 MINUTES		✓
99253	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 55 MINUTES		✓
99254	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 80 MINUTES		✓
99255	INPATIENT HOSPITAL CONSULTATION, TYPICALLY 110 MINUTES		✓
99281	EMERGENCY DEPARTMENT VISIT, SELF LIMITED OR MINOR PROBLEM		✓
99282	EMERGENCY DEPARTMENT VISIT, LOW TO MODERATELY SEVERE PROBLEM		✓
99283	EMERGENCY DEPARTMENT VISIT, MODERATELY SEVERE PROBLEM		✓
99318	NURSING FACILITY ANNUAL ASSESSMENT, TYPICALLY 30 MINUTES		✓
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE		✓
S0500	DISPOSABLE CONTACT LENS, PER LENS	✓	
S0512	DAILY WEAR SPECIALTY CONTACT LENS, PER LENS	✓	
S0518	SUNGLASSES FRAMES	✓	
S0592	COMPREHENSIVE CONTACT LENS EVALUATION	✓	
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT	✓	
S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT	✓	
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM		✓
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS		✓
V2625	ENLARGEMENT OF OCULAR PROSTHESIS		✓
V2626	REDUCTION OF OCULAR PROSTHESIS		✓
V2629	PROSTHETIC EYE, OTHER TYPE		✓
V2020	FRAMES, PURCHASES	✓	
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	✓	
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	✓	
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	✓	
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	✓	
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	✓	
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	✓	
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER	✓	
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER	✓	
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	✓	
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	✓	
V2121	LENTICULAR LENS, PER LENS, SINGLE	✓	
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	✓	
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	✓	
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	✓	
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	✓	
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	✓	
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	✓	
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	✓	
V2219	BIFOCAL SEG WIDTH OVER 28 MM	✓	
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	✓	
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	✓	
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	✓	
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	✓	
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	✓	
V2524	CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCROMIC ADDITIVE, PER LENS	✓	
V2600	HAND HELD LOW VISION AIDS	✓	
V2610	SINGLE LENS SPECTACLE MOUNT	✓	
V2615	TELESCOP/OTHER COMPOUND LENS	✓	
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	✓	
V2715	PRISM, PER LENS	✓	

V2744	PHOTOGREY LENS	✓	
V2745	ADDITION TO LENS; TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATER	✓	
V2750	ANTI-REFLECTIVE COATING, PER LENS	✓	
V2756	EYE GLASS CASE	✓	
V2780	OVERSIZE LENS, PER LENS	✓	
V2781	PROGRESSIVE LENS PER LENS	✓	
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	✓	
V2799	VISION ITEM OR SERVICE, MISCELLANEOUS	✓	

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