

A photograph of an optometrist in a white lab coat and glasses examining an elderly male patient's eye with a handheld instrument. The background shows shelves of eyeglasses.

Remote Comprehensive Eye Exam and Telemedicine Services FAQs

Regular comprehensive eye exams are a critical component of vision healthcare, and are necessary to ensure that a patient is receiving an appropriate standard of care. In order to conduct a comprehensive eye exam, a patient must be in an office that is equipped to perform certain procedures, which cannot be done remotely. However, it is not always necessary for the doctor performing the exam to be in the same office as the patient. This is what is known as a remote comprehensive eye exam.

Heritage Vision Plans will reimburse providers in their network who offer remote comprehensive eye exams, provided certain conditions are met. We have written the following FAQs to provide guidance related to billing for remote services, and to establish the practices we expect from providers who participate in our network.

If you have any questions relating to remote comprehensive eye exams or telemedicine services which are not addressed by this FAQ, please contact provider_relations@heritagevisionplans.com.



Q: What is the level of reimbursement for a remote comprehensive eye exam?

A: Remote eye exams will be reimbursed at the same rate as an in-person exam that is outlined in your provider services agreement.

Q: How do I bill for a remote comprehensive eye exam?

A: Heritage providers that have the capability to offer remote comprehensive eye exams will have the ability to file these claims in-network, which include 92002, 92004, 92012, 92014, S0620, and S0621. Use modifier code 95 (in any position) to indicate exam was performed remotely.

On a 1500 Form, Row 24.B, the Place of Service Exams will be covered for remote exams only if the patient is in the office.

Q: Is a diagnosis code still required when billing for remote services?

A: Yes, you must have a valid ICD-10-CM diagnosis code.

Q: What diagnosis codes are allowed for telemedicine?

A: The delivery of services through telemedicine does not limit or change the diagnosis determination.

Q: With remote comprehensive eye exams, can I still bill separately for retinal screening since I'm required to do retinal imaging/video to complete the exam?

A: Dilation is a requirement to complete a routine eye exam in person. In lieu of dilation, the retinal screening should be considered part of the remote comprehensive eye exam.

Retinal Imaging Code 92250 is non-reimbursable when submitted along with the modified claim and no balance shall be passed on to the patient.

Q: As part of Heritage Vision's remote comprehensive eye exam, can I also bill for contact lens exam services?

A: Yes. When conducting contact lens exam services for either new or existing patients, we trust our providers to determine when a remote exam model is appropriate. The level of reimbursement will be the same as an in-person fitting, as dictated by each plan's design.

Providers should bill the applicable CPT codes (92310 and S0592) for services performed with modifier 95. These must meet the corresponding criteria based on level of service provided. Failure to submit a claim without the appropriate modifier could result in a denial or a delay of reimbursement.

Q: Can a patient receive both an in-person eye exam and a remote eye exam within the same benefit period?

A: No. Unless the client plan dictates that more than one exam will be covered, only one or the other (in-person or remote) comprehensive eye exam is covered.

Q: Does the patient need to consent prior to receiving telemedicine services?

A: Yes. Heritage requires the doctor performing telemedicine services to inform the patient, obtain consent, and maintain appropriate documentation.

Note: Many states mandate patient consent, either verbal or written. We recommend you refer to your local health authority guidelines and the American Optometric Association guidelines, as well as current regulatory guidelines and notices.

Q: How should I document patient consent?

A: A statement of informed consent in the patient’s record is considered the current best practice. The statement need only read “Mr. John Smith has given verbal consent to be examined remotely on [date of the exam].”

If you use paper charts rather than an Electronic Health Record (EHR) system, you may document a patient’s consent for telemedicine services in their chart.

Q: Are there special standard of care guidelines which must be met for a remote eye exam?

A: Doctors should provide the same standard of care in a remote exam as they would an in-person exam. The doctor should make themselves available for any follow-up questions or concerns presented by the patient.

Telemedicine exams must be audio-visual and not just audio; If the patient reports the exam was audio only, the claim will be denied and no further action will be taken.

If the patient does not consent to a remote exam, an alternative must be provided, or the patient should be referred back to Heritage Vision Plans Customer Service.

Failure to meet the minimum standard of care may result in sanctions, fines, or fees from the provider’s issuing State Optometry Board.

Q: Do I need to have telemedicine liability coverage?

A: Yes. To perform telemedicine in your practice, you need to have medical malpractice coverage for telehealth services. Check with your carrier for further details regarding which states you are able to practice telemedicine services in as these may be limited based on your location.

Q: What steps need to be taken to have a provider credentialed to perform remote comprehensive eye exams?

A: The doctor must be properly credentialed with Heritage Vision. If interested in adding telemedicine exams to your services, please contact provider relations team at provider_relations@heritagevisionplans.com.