Special Ophthalmologic Services 92XXX

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92000 Codes
Special Ophthalmological Services

Describe Services in which a special Evaluation of part of the visual system is made, which goes beyond the services, or in which special treatment is given.

Special ophthalmological services may be reported in addition to the general ophthalmological services or evaluation and management services.
Disclaimers

1. Medicare policy changes frequently so links to the source documents have been provided for your reference.
2. This presentation is prepared as a tool to assist providers and is not intended to grant rights or impose obligations.
3. Every reasonable effort has been made to assure the accuracy of the information.
4. Ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.
Disclaimers

6. This presentation is general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

7. The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network’s web page at www.cms.hhs.gov/MLNGenInfo on the CMS website.

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92000 Series Codes

- Extended Ophthalmoscopy*
  - Not a Routine BIO
    - Angiography (Fluorescein / Indocyanine Green)
- Fundus Photography*
- Scanning Laser Technology*
- Color Vision Examination
- Gonioscopy
- External Ocular Photography*
- Sensorimotor Evaluation
- Visual Fields*
Documentation Requirements:

- Reason for performing the examination
- Technique used
- Image or Drawing of the ocular site showing anatomy seen including the pathology
- Legible narrative report of the findings
- Documentation supporting medical necessity must be submitted
Effect of Lenses

Without Lenses

With Lenses
Refraction-92015

- Determination of refractive state
- Statutorily not covered by Medicare
- RVU $38.09
- Consider Modifiers
Refraction 92015

- By CMS Statute a Non-Covered Service
  - Patient Responsibility
  - ABN Not Required but Useful
  - GY Modifier

- Multilevel Refraction Codes 92015?
  - Phoropter
  - Trial Frame
  - Telescope
Modifiers

21- Prolonged E&M Services (NO LONGER EXISTS)
- When the face to face service is prolonged or otherwise greater than that usually required for the highest E & M service within a given category. A report may be appropriate.

22- Increased Procedural Services
- When the work required to provide a service is substantially greater than what is typically required. Documentation must support the substantial additional work and the reason for the additional work. (Time, difficulty of procedure, severity of patient condition)
- Not to be used with E & M
Gonioscopy

- 92020
  - Gonioscopic exam to diagnose injury or disease in the anterior chamber of the eye, performed under local anesthetic due to necessity of placing specialized lens directly on the eye to obtain a clear image
- Bilateral Procedure Code
- LCD Utilization
Topography

92025

- Computerized corneal topography, unilateral or bilateral with interpretation and report
- Detection of subtle corneal surface irregularity and astigmatism
- Report one time only
Indications & Limitations of Coverage:

- Post penetrating keratoplasty
- Post kerato-refractive complications
- Post op irregular astigmatism
- Corneal dystrophy, bullous keratopathy
- Complications of transplanted cornea,
- Keratoconus
Sensorimotor Exam

- 92060
  - Sensorimotor examination (i.e. of the movement of the eye), conducted by taking measurements as the eyes focus on different locations or through one or more prisms. Searches for deviations in normal eye movements, which may result from injury or disease. Includes interpretation and report.
New Codes!!!!  92071

- Fitting of a contact lens for treatment of ocular surface disease
- Report materials *in addition* to this code, using either 99070 or the appropriate HCPCS Level II material code.
- This is the appropriate code to use for fitting a bandage contact lens.
New Codes!!!!  92072

- Fitting of a contact lens for management of keratoconus, initial fitting.
- For subsequent fittings, please use either the 9921X or 9201X codes.
- Report materials in addition to this code, using either 99070 or the appropriate HCPCS Level II material code.
Visual Field Examinations

- 92081  Limited, unilateral or bilateral, with interpretation and report; examination
- 92082  Intermediate, unilateral or bilateral, with interpretation and report
- 92083  Extended, unilateral or bilateral, with interpretation and report
Indications & Limitations of Coverage

- Necessary to establish a diagnosis
- Monitor a course for treatment
- Determine if a change in therapeutic plan
Indications & Limitations of Coverage

- 92081-92082 medically necessary to diagnose and follow retinal disorders
- 92083 diagnosis or follow-up of glaucoma
Coding Guidelines

- All services are considered bilateral
- -50 modifier is not appropriate
- -52 modifier if only doing one eye
Blepharoplasty Guidelines

- Visual field examinations to determine the need for blepharoplasty are sometimes performed twice, once with the eye(s) taped and immediately repeated without the eye(s) taped. In this situation, the repeated service should be submitted with CPT modifier 76 on a separate detail line.
Serial Tonometry

92100 (Separate Procedure) With multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure)

- Bilateral Code
- Modifier if appropriate
Scanning Laser Tests

- Confocal laser scanning ophthalmoscopy (topography)
- Optical Coherence tomography
Coding guidelines

- 92132-3-4 Scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report, unilateral
- Using either a 52- LT or RT modifier if reduced
- CPT codes not covered with SLT:
  - 92225, 92226, 76512, 92250
  - 59 modifier usage
  - GA modifier usage with ABN
92132- SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL

- Narrow angle, suspected narrow angle, and mixed narrow and open angle glaucoma
- Determining the proper intraocular lens for a patient who has had prior refractive surgery and now requires cataract extraction
- Iris tumor
- Presence of corneal edema or opacity that precludes visualization or study of the anterior chamber
- Calculation of lens power for cataract patients who have undergone prior refractive surgery. Payment will only be made for the cataract codes as long as additional documentation is available in the patient record of their prior refractive procedure. Payment will not be made in addition to A-scan or IOL master.
- Certain exceptions that must be determined on a case-by-case basis with the appropriate documentation.
**Glaucoma Indications**

- **SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC NERVE**

- Technological improvements have rendered SCODI as a valuable diagnostic tool in the diagnosis and treatment of glaucoma. These improvements enable discernment of changes of the nerve fiber even in advanced cases of glaucoma.

- It is expected that only two exams/eye/year would be required to manage the patient who has glaucoma or is suspected of having glaucoma.
MILD visual field abnormality (inner circle = 10 degrees, outer circle = 20 degrees)
ICD 9 365.71
MODERATE visual field abnormality (inner circle = 10 degrees, outer circle = 20 degrees)
ICD 9 365.72
SEVERE visual field abnormality (inner circle = 10 degrees, outer circle = 20 degrees)
ICD9 365.73
Glaucoma Severity Level

Scanning Laser Frequency

The current frequency limitations for Scanning Laser for most regions are:

- Mild or Suspect Glaucoma: 1 Time per year
- Moderate Glaucoma: 2 Times per year
- Advanced or Severe Glaucoma: NO Scanning laser. Up to 4 Visual Fields per year
Although CMS guidelines state:

- Only two exams/eye/year are allowed for the patient who has or is suspected of having glaucoma.
- Most LCD state once per year to follow pre-glaucoma patients or those with "mild" damage.
- One or two tests per year for patients with "moderate damage."
  - followed with SLT or visual fields
  - if both SLT and visual fields are used, only one of each tests
- "Advanced damage," field testing preferred by Medicare guidance.
Retinal disorders are the most common causes of severe and permanent vision loss. These technologies are valuable tools for the evaluation and treatment of patients with retinal disease, especially macular abnormalities.

These imaging techniques are useful tools to measure the effectiveness of therapy, and in determining the need for ongoing therapy, or the safety of cessation of therapy.

It is expected that only one exam/eye/2 months would be required to manage the patient whose primary ophthalmological condition is related to a retinal disease. However, for those patients who are undergoing active treatment for macular degeneration or diabetic retinopathy one exam/eye/month may be appropriate for the management of their disease.

The use of fluorescent angiography, indocyanine green angiography and SCODI to study the patient’s same eye per clinical encounter will NOT be authorized. However, SCODI and fluorescein angiography may be obtained on the patient’s same eye per clinical encounter if the medical record substantiates the need for both studies.
Utilization Guidelines-AMD/DR

- Only one exam/eye/2 months is allowed for the patient whose primary ophthalmological diagnosis is related to a retinal disease.
- One exam/eye/month is allowed for the patient who is undergoing active treatment for macular degeneration or diabetic retinopathy.
Extended Ophthalmoscopy

- 92225 - Ophthalmoscopy, extended, retinal drawing with interpretation & report; initial
- 92226 - ... Subsequent
Extended Ophthalmoscopy

- Reserved for the meticulous evaluation of a severe ophthalmologic problem
- Always include indirect ophthalmoscopy & one other method viewing detail
- Retinal drawing with detail a must.
Coding Guidelines:

- unilateral procedure
- Do not report codes with modifier -50
- Service on both eyes, use LT or RT (uncommon)
Documentation Guidelines???

- Drawing has to be a certain size (no)
- Observation with two or more lenses (maybe)
- Scleral Indentation must be done
- Colored Drawings with colored pencils (match international recommendations).
- Must have interpretation and report as well as orders!
92250: Fundus Photography

Fundus photography with interpretation and report
- Bilateral Code
Photography

- Document abnormalities
- Check carrier’s medical policy for limitations or restrictions of coverage
- Obtain filing requirements from carrier for bilateral or multiple procedures
Fundus photography. Generally, it is not medically necessary to repeat fundus photography more often than every 2 years for follow-up of stable glaucoma. Repeat photographs for retinopathy are rarely necessary.
Color Vision

* Color vision examination, extended, eg, anomaloscope or equivalent

(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)
92286

Endothelial Microscopy

- Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
- Unilateral Code
Anterior Segment Photography

- 92285

- External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonio-photography, stereo-photography)

- Medicare Fees National Non-Facility Fee $43.58
92310

Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia:

- Fitting of one eye, append -52 modifier
- Non Covered Service for Medicare
- Non-Facility Fee $91.81

- **HCPCS**: V codes
92311-92313

Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, ..... 

99311-one eye 
99312-two eyes 
99313-corneoscleral lens
Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia:

- Fitting of one eye, append -52 modifier
- Non Covered Service for Medicare
- Non-Facility Fee $72.64

HCPCS: Vcodes
Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, ..... 
92315-one eye 
92316-two eyes 
92317-corneoscleral lens
Contact Lens Evaluations

- 92325
  - Modification of contact lens (separate procedure), with medical supervision of adaptation
  - Lay description - Modification of contact lens, typically by grinder or polisher, to provide a better fit
  - Non-Facility Fee $29.13
Contact Lens Evaluations

- 92326
  - Replacement of contact lens under current prescription (due to damage, loss, etc.).
  - Non-Facility Fee $34.66
Thanks for your time, now......