

Tips for Frequently Coded Services: From A-Scans to YAGs, Part Three

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This month, Savvy Coder continues its A to (almost) Z of the most commonly performed exams, tests and special procedures.

Fundus photography. Use CPT code 92250, *Fundus photography with interpretation and report*. This code is inherently bilateral, which means payment is the same whether the service is performed on one eye or two. The CCI bundles 92250 with 92135, *Scanning computerized ophthalmic diagnostic imaging, posterior segment (e.g., scanning laser) with interpretation and report, unilateral*.

Keratoplasty. Since Jan. 1, there are five CPT codes for corneal transplants: 65710 *Keratoplasty (corneal transplant); anterior lamellar*,

65730 *Keratoplasty; penetrating (except in aphakia or pseudophakia)*, used when the eye still has a natural lens,

65750 *Keratoplasty; penetrating (in aphakia)*, used when the eye is without a lens,

65755 *Keratoplasty; penetrating (in pseudophakia)*, used when the eye has an IOL, and

65756 *Keratoplasty; endothelial*, which has an add-on code, + 65757 *backbench preparation of corneal endothelial allograft prior to transplantation*. Add-on codes are for work that is always done in conjunction with a primary procedure. In other words, you can't bill for CPT code 65757 unless

you also bill for 65756. CPT uses the "+" symbol to flag add-on codes.

Although they are new this year, CPT codes 65756 and 65757 have already received ASC approval.

Lacrimal punctal plugs. There is something unusual about CPT code 68761 *Closure of the lacrimal punctum; by plug, each*—it is the only lacrimal procedure for which payment is per punctum, not per eye. The code is the same whether you are using temporary (collagen) or permanent (silicone) plugs. Typically, it is not necessary to indicate to the payer which of those plugs you used. In 2002, Medicare bundled the supply of the plug(s) with the insertion. However, non-Medicare payers may pay separately for the supply of the plug with: HCPCS code A4262 for collagen, HCPCS code A4263 for silicone, or CPT code 99070 *Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)*. Documentation for the patient complaint should include such terms as dryness, burning, excessive tears and photophobia. You also should document that other methods of treatment—e.g., artificial tears, ointments and humidifier—were tried before plug insertion but hadn't worked.

NEXT ISSUE: From ophthalmoscopy to YAGs.

Coding in San Francisco



THE JOINT MEETING—OCT. 24 TO 27.

Registration, ticket sales and housing open on June 24 for Academy and AAOE members; July 8 for nonmembers.

Buy an Instruction Course ticket.

Want to boost revenues? This year, 10 courses offer tips on appropriately maximizing reimbursement.

Attend three free events. Hear expert insights at Ophthalmology Coding A–Z; Ophthalmic Coding Specialist (OCS) Exam Preparation; and 2010: A Coding Odyssey.

Sign-up for a Coding Camp workshop. There are two of them on Saturday. One is for beginners; the other is at an intermediate/advanced level.

Please note: Except for the two Coding Camps, you must be registered for the Joint Meeting to attend the above events.

To learn more about these events, visit www.aao.org/aaoc2009.