

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

BY SUE VICCHILLI, COT, OCS, ACADEMY CODING EXECUTIVE,
AND KIM ROSS, CPC, OCS, ACADEMY CODING SPECIALIST

In this issue, Savvy Coder concludes its four-part review of frequently performed services. To read earlier installments of this series, go to www.eyenetmagazine.org/archives and select April (A-scans to blepharoplasty), May (cataract extraction to foreign body removal) and June (fundus photography to lacrimal punctal plugs). Here are tips for eight more services.

Ophthalmoscopy. There are two CPT codes:

92225 *Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial, and*

92226 *subsequent.*

As with other procedures that have unilateral payment, 100 percent of the allowable is paid per eye when medical necessity exists. The payment is to reimburse you for creating the drawing. The drawing should be detailed, but payers no longer require that it be colored.

Optic nerve scans. Use CPT code 92135 *Scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report, unilateral.* In 2006 this service was billed to Medicare more than 5 million times. If medical necessity exists, 100 percent of the allowable is paid per eye.

Pachymetry. Use CPT code 76514 *Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral*

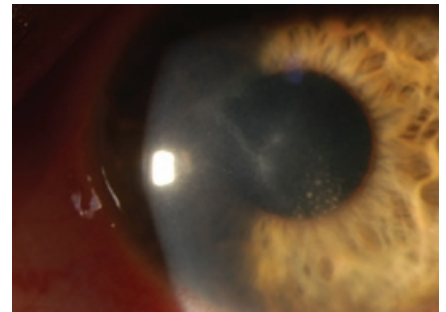
(determination of corneal thickness). Payment is the same whether you performed the test on one eye or on both eyes. For glaucoma it is usually covered on a one-time basis, but for corneal progression it is covered as medically indicated.

Pterygium. There are two CPT codes:

65420 *Excision or transposition of pterygium; without graft, and*
65426 *with graft.*

No matter the source of the graft, it is bundled with the surgical code. Amniotic membrane transplant is not separately billable per the Correct Coding Initiative.

Suture removal. When is suture removal separately payable? Only in two cases: CPT code 15850 *Removal of sutures under anesthesia (other than local), same surgeon* and CPT code 15851 *Removal of sutures under anesthesia (other than local), other surgeon.* In all other cases, either it is part of the global surgical fee or—if you were not the surgeon or if the patient is out of the global period—it is part of the E&M code or Eye Code. A suture is not considered a corneal foreign body, so you should not bill suture removal as foreign body removal. You should also note that laser suture lysis is considered suture removal, so it is inappropriate to bill for that service with CPT code 66250 *Revision or repair of operative wound of anterior segment,*



PTERYGIUM REMOVAL. Pterygia are wing-shaped growths that appear at the 3 and 9 o'clock positions of the bulbar conjunctiva. When growth continues on to the cornea, they may have to be surgically removed.

any type, early or late, major or minor procedure.

Topography. Use CPT code 92025 *Computerized corneal topography, unilateral or bilateral, with interpretation and report.* Payment is the same whether you tested one or both eyes. Until recently, a few non-Medicare payers preferred you to use HCPCS code S0820 *Computerized corneal topography, unilateral,* but that code has now been deleted. Please note, you should be wary about using CPT code 92025 with corneal transplant patients. From the moment when you made the decision to perform surgery through to the end of the surgery's global period, you should not report 92025 in conjunction with any of the

corneal transplant codes. The reason for this is to help maintain the value of the CPT codes for corneal transplant surgeries.

Visual fields. Use one of the following CPT codes:

92081 *Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent),*

92082 *intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33), or*

92083 *extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2).*

Payment is the same whether you tested one eye or both eyes. Use of CPT codes 92081 or 92082 is appropriate for documentation prior to blepharoplasty.

YAG laser capsulotomy. Use CPT code 66821 *Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages).* Local coverage determinations for this service typically indicate that your documentation should reflect the following:

- Vision loss due to decreased light transmission (visual acuity of 20/30 or worse after other causes of acuity loss have been ruled out).
- Increased glare—the results of glare testing must show a two-line decrease of visual acuity.
- Indication of the impact the reduced vision has on the patient's daily activities.

Medicare does not expect to see this procedure performed regularly within the cataract global period. Medicare may request documentation.

Coding in San Francisco

Is your practice being paid in full for its services? Attend some of this year's coding sessions to ensure you are appropriately maximizing your reimbursement. All ticketed events are eligible for CME credits. They are also eligible for JCAHPO, COE or AAPC continuing education units.



SATURDAY

Coding Camp for Beginners: 8 to 11 a.m. Whether you need a primer or a refresher course, this meeting will get you up to speed on the basics of selecting the correct CPT, HCPCS and ICD-9 codes. Learn about documentation requirements, modifiers, special testing services, the difference between E&M and Eye Codes, and much more.

Coding Camp Intermediate/Advanced Course: 12:30 to 3:30 p.m. This intensive meeting will cover all subspecialties. Learn how to code for exams, consultations, special testing services, minor and major procedures, and more.

Please note: Unlike the events listed below, you can attend Saturday's Coding Camps without being registered for the Joint Meeting. For each of these Coding Camps, early registration is \$185 (no later than Aug. 5); advance registration is \$205.

SUNDAY

Glaucoma Coding: 2 to 3 p.m. (Event code "239"; advance ticket fee, \$25).

When to Use E&M and When to Use Eye Codes: 3:15 to 5:30 p.m. ("287"; \$50).

MONDAY

Ultimate Chart Audit: 9 to 11:15 a.m. ("406"; \$50).

2010: A Coding Odyssey: 11:30 a.m. to 12:30 p.m. ("Spe34"; free event).

Complex Cornea and Anterior Segment Coding: 2 to 3 p.m. ("480"; \$25).

ICD-9: Coding the Common and the Complex: 2 to 3 p.m. ("481"; \$25).

Making the Most With Modifiers: 3:15 to 4:15 p.m. ("497"; \$25).

Oculoplastic Coding: 4:30 to 5:30 p.m. ("539"; \$25).

Ophthalmic Coding Specialist (OCS) Exam Preparation: 4:30 to 5:30 p.m. ("Spe46"; free event).

TUESDAY

Coding for Surgical Complications: 9 to 10 a.m. ("623"; \$25).

Costly and Common Retina Coding Errors: 10:15 to 11:15 a.m. ("655"; \$25).

Deal or No Deal: Coding for Ophthalmic Special Testing Services: 11:30 a.m. to 12:30 p.m. ("705"; \$25).

Ophthalmology Coding A to Z: 1 to 3 p.m. ("Spe48"; free event).

FIND OUT MORE ONLINE. Visit www.aa.org/2009 and use the Online Program to look up event descriptions or purchase tickets. To browse the AAOE's full schedule of sessions, visit www.aa.org/aaoe2009.

AAOE CENTRAL. At this year's Joint Meeting, the AAOE educational events will take place in the San Francisco Marriott Hotel, which is located one block from the convention center.

