

CPT Code 92060 for the Sensorimotor Exam: Answers to Your FAQs

CPT code 92060 is frequently billed by pediatric, neuro-ophthalmology, and comprehensive ophthalmology practices for the sensorimotor exam. The code has been in use since Jan. 1, 1989.

92060's official descriptor: "Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)."

When is 92060 billed? This test goes beyond the basic sensorimotor test that is performed in a standard eye exam. It is performed for conditions such as strabismus, nystagmus, amblyopia, torticollis, and craniofacial syndromes, among others.

Common questions about 92060. The following questions have been asked by attendees at AAOE's Codequest events (aao.org/codequest) and during the American Association of Pediatric Ophthalmology and Strabismus (AAPOS) annual coding sessions.

Frequently Asked Questions

Q. What are the documentation requirements?

A. You must document multiple measurements of ocular alignment in different fields of gaze and/or at different distances. You also need to document a sensory test—such as

stereo rings, stereo fly, and/or the Worth 4-dot test.

Q. What if the patient, due to age or diminished mental capacity, is unable to perform the sensory component of the sensorimotor exam?

A. When patients aren't able to fulfill the sensory component, documenting the reason why they were not able to do so would enable you to still meet the criteria for billing this code.

Q. If you bill for an E/M code or an Eye visit code, can you also bill for a 92060 sensorimotor exam that is performed on the same day?

A. For Medicare and commercial plans that follow Medicare's rules, yes. The 92060 exam is much more detailed than the brief sensorimotor exam that is performed as one of the 12 elements of an E/M or Eye visit code. However, due to the 92060 descriptor's "separate procedure" language, some commercial payers will not cover any other service the same day.

Q. When an orthoptist or technician performs a sensorimotor exam at the request of an ophthalmologist, does the physician have to be onsite?

A. For Medicare patients, CMS assigns general supervision to the code's technical component. General supervision means that the procedure is performed under the physician's overall direction and control, but the physician

doesn't have to be present in the office when the service is provided. However, commercial plans that don't follow CMS' rules only recognize direct supervision, which means that a physician of the practice must be onsite when the service is performed.

Q. Does the National Correct Coding Initiative (NCCI) bundle any other service with the sensorimotor exam?

A. CPT codes 99211, 99446, 99447, 99448, 99449, 99451, and 99452 are bundled with 92060.

Q. Often, a few days before strabismus surgery, the surgeon sees the patient to take last-minute measurements. What is the appropriate way to code this encounter?

A. If you already performed the eye exam that determined the need for surgery, you can't bill for a second E/M code or Eye visit code at this patient encounter. However, when documentation supports the performance of the sensorimotor exam, and it is done more than one day before the strabismus surgery, you can submit CPT code 92060. For major surgeries, such as strabismus surgery, exams performed the day before surgery are not separately billable, as they are included in the surgery's global package.

Suppose you use this last-minute patient encounter as an opportunity to discuss the risks and benefits of the surgery with the patient; there would be no separate reimbursement for that discussion, since it was included in your payment for the original exam that you performed to determine the need for surgery.

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