

Surgical Coding for Pediatric and Adult Strabismus

In a pediatric practice, how long does it take to obtain precertification, preauthorization, or predetermination for benefits? “Forever!” said Traci Fritz, COE, who is executive director of Children’s Eye Care of Michigan, which has 4 clinics in and around Detroit.

Be alert for changes to plans. At Ms. Fritz’s practice, there are approximately 40,000 patient visits per year. Most involve either Medicaid or commercial insurance plans. Both types of plans change so frequently that the practice has this rule: Benefits must be checked at every visit, unless the patient was already seen earlier in the same month.

Staying on top of patients’ benefits is a huge time sink. Ms. Fritz said that each clinic has 1 person assigned to checking benefits and it takes 5 or 6 hours to verify a day’s worth of patients. Plus, on the first day of each month, a supervisor and 2 receptionists arrive 2 hours before clinic so they can review each plans’ benefits to check that nothing significant has changed.

What must be preauthorized? It varies depending on the payer, but exams, tests, and minor and major surgeries may require preauthorization. When you request preauthorization, also ask for the allowable (to ensure the payer has an allowable and that your fee schedule is in alignment with it) and confirm coverage at the planned place of service. Not all payers

provide coverage at all facilities.

Muscle Surgeries

The movements of each eye are controlled by 6 muscles—some horizontal, some vertical. The CPT codes for surgery depend on which muscles are involved (see “Strabismus Codes”).

Example 1. One horizontal muscle in the right eye and another horizontal muscle in the left eye, either report CPT code 67311–50 or, as a 2-line entry, report both 67311–RT and 67311–LT.

Example 2. One vertical muscle in the right eye and another vertical muscle in the left eye, report either CPT code 67314–50 or, as a 2-line entry, both 67314–RT and 67314–LT.

Example 3. Two vertical muscles in the left eye and 1 vertical muscle in the right eye, report, using a 2-line entry, both 67316–LT and 67314–RT.

Requirements vary by payer, but in all 3 examples, payment should be 150% of the allowable.

Add-On Codes

The 6 add-on codes listed below can’t be reported as stand-alone codes; instead, use them in addition to any of the primary procedure muscle codes. Add-on codes are exempt from multiple-procedure payment rules, so payment is 100% of the allowable.

- +67320 *Transposition procedure any extraocular muscle*

Strabismus Codes

CPT codes 67311, 67312, 67314, and 67316 are for a strabismus surgery (recession or resection procedure):

- 67311 involves 1 horizontal muscle
- 67312 involves 2 horizontal muscles
- 67314 involves 1 vertical muscle (excluding superior oblique)
- 67316 involves 2 or more vertical muscles (excluding superior oblique).

67343 *Release of extensive scar tissue without detaching extraocular muscle (separate procedure)*

67345 *Chemodenervation of extraocular muscle; also known as Botox.*

67346 *Biopsy of extraocular muscle*

You will also need these 3 modifiers: -LT, for the left eye; -RT, for the right; and -50, if bilateral.

- +67331 *Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles*
- +67332 *Strabismus surgery on patient with scarring of extraocular muscles*
- +67334 *Strabismus surgery by posterior fixation suture technique*
- +67335 *Placement of adjustable suture(s) during strabismus surgery, including postop adjustment(s) of suture(s)*
- +67340 *Exploration and/or repair of detached muscles*

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MORE ONLINE. See this article at aao.org/eyenet for an example of how add-on codes are used.