Testing Services, Part Four
Tests Performed by Staff

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This series on testing services concludes with a review of tests that are typically delegated to staff. For earlier articles in this series, go to www.eyenetmagazine.org/archive and read about eight situations in which mistakes are commonly made (May); learn about documentation, CCI edits, and which tests are not separately billable (June); and review correct coding for gonioscopy, serial tonometry, and ophthalmoscopy (July).

Refraction: 92015
CPT code 92015: Determination of refractive state.
Documentation: Note of performance and findings.
Unilateral/bilateral: Bill once whether testing one or both eyes.
–26/–TC: No.
CCI Version 18.1: 99211.
Supervision: Doesn’t apply.
Payment: Coverage rules vary by payer. Not a covered benefit under Medicare Part B, and consequently you do not need to present patients with an Advance Beneficiary Notice of Noncoverage (ABN). Commercial payers and vision plans may cover it.

CODING TIP: This code should not be used for manual keratoscopy, which is considered part of the E&M or Eye code billed.

Visual Fields: 92081-92083

CPT code 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).
CPT code 92082: Visual field examination, unilateral or bilateral, with interpretation and report; 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).
CPT code 92083: Visual field examination, unilateral or bilateral, with interpretation and report; 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).
Documentation: Note of performance and findings.
Unilateral/bilateral: Bill once whether testing one or both eyes.
–26/–TC: Yes.*
CCI Version 18.1: 65710, 65730, 65750, 65775, and 99211.
Supervision: General supervision.
Payment: $35.10.

CODING TIPS: Gross visual field testing (e.g., confrontation testing) is considered a component of E&M and Eye code exams and is not reported separately. Codes 92081 and 92082 are bundled with blepharoplasty when performed on the same day. It is not appropriate to use code 92083 for documentation prior to blepharoplasty. Many payers no longer require taped visual fields. Best to check your payer coverage policy.
These three codes when performed for photographs may be reported only once even though multiple views may be taken. Many payers do not reimburse for preoperative photography for upper lid procedures.

**CODING TIPS:** Photographs may be reported only once even though multiple views may be taken. Many payers do not reimburse for preoperative photography for upper lid procedures.

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**SCODI:** 92132-92134

**CPT code 92132 (anterior segment):**

Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral.

**CPT code 92133 (glaucoma):** SCODI, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.

**CPT code 92134 (retina):** SCODI, posterior segment, with interpretation and report, unilateral or bilateral; retina.

**Documentation:** Note of performance and findings.

**Unilateral/bilateral:** Bill once whether testing one or both eyes.

$–26/–TC: Yes.*

**CCI Version 18.1:** The CCI edits are as follows.

- 92132: not applicable.
- 92133: 99211 and is mutually exclusive with 92134, 92227, and 92250.
- 92134: 99211 and is mutually exclusive with 92227 and 92250.

**Supervision:** Doesn’t apply.

**Payment:** For 92132—$36.44; for 92133—$44.65; and for 92134—$44.65.

**CODING TIPS:** These three codes were added in 2011, with 92132 replacing a Category III code and 93133 and 92134 replacing 92135, which was deleted.

Do not report 92133 and 92134 at the same patient encounter.

CPT code 92250, which is used for fundus photography, is generally mutually exclusive with code 92133 or 92134 because you would use one or the other to evaluate fundus disease. However, there are a few clinical conditions in which both techniques are medically reasonable and necessary on the ipsilateral eye. In these cases, both codes may be reported by appending modifier –59 to 92250.

**Fundus Photography:** 92250

**CPT code 92250:** Fundus photography with interpretation and report.

**Documentation:** Note of performance and findings.

**Unilateral/bilateral:** Bill once whether testing one or both eyes.

$–26/–TC: Yes.*

**CCI Version 18.1:** 99211 and is mutually exclusive with 92227.

**Supervision:** Direct.

**Payment:** $76.56.

**CODING TIP:** This code is generally mutually exclusive with the SCODI codes 92133 or 92134 (see the tip under “SCODI: 92132-92134,” above).

**External Photography:** 92285

**CPT code 92285:** External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, gonioscopy, stereo-photography).

**Documentation:** Note of performance and findings.

**Unilateral/bilateral:** Bill once whether testing one or both eyes.

$–26/–TC: Yes.*

**CCI Version 18.1:** Not applicable.

**Supervision:** Doesn’t apply.

**Payment:** $14.

**CODING TIPS:** When performed for glaucoma, some payers will only pay for this service once in a patient’s lifetime; for corneal disease, they will pay as medically necessary.

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* “Yes” indicates the global payment for this test can be split into a professional component (modifier –26) and a technical component (modifier –TC). When a patient from a skilled nursing facility (SNF) comes to your office, bill Medicare for the professional component and the SNF for the technical component.