



American Academy of Ophthalmic Executives® Fact Sheet: Billing for Biometry

Published November 2020. Revised August 2022.

CPT Codes

- 76519** Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

CPT Codes

Different payers have different claim submission rules.

Medicare Part B is unique in that it allows:

- One global technical component (-TC) for measuring both eyes and
- One professional component (-26) for each eye
- Measurements are always performed bilaterally so the surgeon can compare eyes and determine, in collaboration with the patient, the appropriate power for each eye.
 - Only in the very rare case of bilateral surgery should the measurement of both eyes be submitted.
 - Payment for the first eye surgery is the global technical component for both eyes and the professional component of the eye undergoing surgery.
 - When surgery on the second eye is performed, the second eye interpretation should be submitted. The date for the second eye could be the date surgery is confirmed, the date the surgeon selected the lens power, or the date of the surgery.

There is a mutually exclusive edit bundling 76519 and 92136, so only the test that provides the lens power should be submitted.

Many payers indicate that after one year, another test can be submitted. For example, the Article for NGS states: "The technical portion of either 76519 or 92136 and the respective interpretations for the same patient should not be billed more than once during a 12-month period by the same provider/physician/group unless there is a significant change in vision.

Claims in excess of these parameters will be considered not medically necessary." It is the surgeon who determines how long the test is valid. Many feel their measurements are valid for years.

If performed in the hospital setting, only the interpretation is payable with place of service 21.

Knowing the payer allowable will confirm you have submitted the claim correctly. For example:

- 76519
 - Global \$68.90
 - Technical component \$36.68
 - Professional component \$32.22
- 92316
 - Global \$64.49
 - Technical component \$32.26
 - Professional component \$32.23

CGS and NGS

When surgery for bilateral cataracts is scheduled several weeks apart, bill only the professional component when the IOL calculation is done within a timeframe that it can be used for the second planned surgery.

When the scan is performed and the calculation done on the first eye, bill the technical portion on one line (76519 -TC or 92136 -TC) and the professional component on a second line [76519 -26 -RT (or -26 -LT) or 92136 -26 -RT (or -26 -LT)].

Billing for Biometry *Continued*

Alternatively, bill the global code and use modifier -RT or -LT to indicate on which eye the professional component was performed [76519 -RT (or -LT) or 92136 -RT (or -LT)].

Do not submit modifier -50.

If the technical and professional components are performed on both eyes on the same date, bill the global service on one line and the second professional component on a second line, indicating the anatomic modifier (-LT/- RT) for the second eye.

One physician may do the technical component and another physician the professional component. Each will need to use the appropriate modifier (eg, -TC for technical component or -26 for professional component). The professional component should also have the anatomic modifier (-LT/-RT) appended.

Noridian

First eye

- 76519
- 92136

Second eye

- 76519 -26 -eye modifier
- 92136 -26 -eye modifier

NOVITAS – Retired policy as of April 30, 2020

Test is performed on both eyes (TC) but calculation is performed on left eye only. Report: 76519 -LT or 92136 -LT

Test is performed on both eyes (TC) but calculation is performed on right eye only. Report: 76519 -RT or 92136 -RT

Test is performed on both eyes (TC) and calculation is performed on both eyes on the same day. Report: 76519 -TC and 76519 -26 -50 or 92136 -TC and 92136 -26 -50.

Today, only the IOL power calculation is performed on the left eye (the IOL power calculation on the right eye and the technical component for both eyes was performed 3 weeks ago). Report: 76519 -26 -LT or 92136 -26 -LT

Palmetto GBA

Do not append an eye modifier on the first eye or second eye submission.

Other Payers

Not all commercial payers follow Medicare's guidelines. There are many variances, so verify with your payer prior to billing.

Examples:

- Not every payer recognizes -TC/-26.
- Some payers do not allow for an eye modifier to be submitted on the first eye.
- However, request one if it is for the second eye.
- When you measure both eyes and surgery is on the right eye, submit 76519 or 92136 without -RT modifier.
- When surgery is later performed on the left eye, submit 76519 -26 -LT or 92136 -26 -LT.