

## Here's What You Need to Know About the CPT Changes for 2013

BY SUE VICCHILLI, COT, OCS, ACADEMY CODING EXECUTIVE, AND  
MICHAEL X. REPKA, MD, MBA, ACADEMY MEDICAL DIRECTOR FOR GOVERNMENTAL AFFAIRS

In the 2013 edition of CPT, there are several changes that impact ophthalmology. These include one deleted code; several revised codes (CPT flags these with the Δ symbol), one of which has been moved out of sequence (flagged by the # symbol); and changes to some cross-reference notes. In the revised codes and reference notes, new language is underlined and eliminated language is ~~crossed out~~.

**Surgery—Eye and Ocular Adnexa**  
**Anterior chamber.** Under the “Incision” subheading, one code has been revised and another deleted.

Δ 65800 *Paracentesis of anterior chamber of eye (separate procedure); with ~~diagnostic aspiration~~ removal of aqueous.*

Code 65805, for paracentesis of the anterior chamber with therapeutic release of aqueous, has been deleted.

**Coding clue.** To report therapeutic release of aqueous, use 65800.

**Rationale.** Because paracentesis of the anterior chamber with therapeutic release of aqueous was similar to paracentesis of the anterior chamber with diagnostic aspiration of aqueous, code 65805 was deleted and the service incorporated into code 65800. The new terminology—“with removal of aqueous”—encompasses both the diagnostic and therapeutic release of aqueous.

**Intraocular lens procedures.** Some

new cross-reference notes direct you to use a Category III code that was added last July—0308T *Insertion of ocular telescope prosthesis including removal of crystalline lens*. (Unlike Category I CPT codes, which are only updated each January, Category III codes are updated in January and July.)

**Coding clue.** Do not report codes 66982, 66983, or 66984 in conjunction with 0308T.

Also in this section, a cross-reference note that appears under code 66985 has been revised: To report supply of intraocular lens prosthesis supplied by physician, use 99070 Supplies and materials.

**Eyelids.** One code has been revised and moved out of sequence.

#Δ 67810 *Biopsy Incisional biopsy of eyelid skin including lid margin*

**Coding clue.** For biopsy of skin of the eyelid, see codes 11100, 11101, and 11310-11313.

**Rationale.** Code 67810 was revised 1) to clarify the depth and type of biopsy required when malignancy is suspected and 2) to distinguish it from codes 11100 and 11101, which are listed in the “Integumentary System” section and are more often performed on benign lesions. Code 67810 is now under the “Incision” subheading of the “Eyelids” subsection instead of the “Excision, Destruction” subheading. The symbol # indicates that it is now out of numerical sequence.

### Medicine—Ophthalmology Special Ophthalmological Services.

There have been some revisions to one of the opening paragraphs defining Special Ophthalmological Services: Interpretation and report by the physician or other qualified health care professional is an integral part of special ophthalmological services where indicated. Technical procedures (which may or may not be performed ~~by the physician~~ personally) are often part of the service, but should not be mistaken to constitute the service itself.

**New instructions after code 92015.** There is a new cross-reference note after code 92015 for determination of refractive state. It states that when you are reporting instrument-based ocular screening, you should code Δ 99174 *Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral.*

**Coding clue.** As a reminder, do not report 99174 in conjunction with codes 92002-92014, 99172, or 99173.

**New instructions after code 92132.** There also is a new parenthetical statement after code 92132 for scanning computerized ophthalmic diagnostic imaging of the anterior segment. It instructs you to use code 92286 (see below) for specular microscopy and endothelial cell analysis.

**Revised codes.** Under the “Other Specialized Services” subheading of “Special Ophthalmological Services,”

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two codes have been revised.

Δ 92286 *Special Anterior segment photography imaging with interpretation and report; with specular endothelial microscopy and endothelial cell count analysis*

Δ 92287 *with fluorescein angiography*

**Rationale.** The codes were revised to update the terminology and to be less specific about the technology utilized for this imaging service.

**Spectacle Services.** Of the four paragraphs introducing the “Spectacle Services” section, two have been revised as follows.

**Fitting** *When provided, fitting of spectacles is a separate service; when provided by the physician, it and is reported as indicated by codes 92340-92371.*

Fitting includes measurement of anatomical facial characteristics, the writing of laboratory specifications, and the final adjustment of the spectacles to the visual axes and anatomical topography. Presence of the physician or other qualified health care professional is not required.

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