



American Academy of Ophthalmic Executives®

Eye Visit Code Checklist

| INTERMEDIATE EXAM CODES 92002/92012 | COMPREHENSIVE EXAM CODES 92004/92014 |
|---|---|
| <p>HISTORY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chief complaint <input type="checkbox"/> History <input type="checkbox"/> General medical observation <p>EXAMINATION Three or more, but less than 12 elements of the exam medically necessary to perform.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visual acuity <input type="checkbox"/> Gross or confrontation visual fields <input type="checkbox"/> Extraocular motility <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Ocular adnexa <input type="checkbox"/> Pupil and iris <input type="checkbox"/> Cornea <input type="checkbox"/> Anterior chamber <input type="checkbox"/> Lens <input type="checkbox"/> Intraocular pressure <input type="checkbox"/> Optic nerve discs <input type="checkbox"/> Retina and vessels <input type="checkbox"/> Dilation: As medically necessary <p>INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescription of medication, glasses or contact lenses <input type="checkbox"/> Arranging for special ophthalmological diagnostic or treatment services <input type="checkbox"/> Consultations <input type="checkbox"/> Laboratory procedures <input type="checkbox"/> Radiological services <input type="checkbox"/> Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure. <input type="checkbox"/> Scheduling necessary follow-up of a medical problem <input type="checkbox"/> Other _____ | <p>HISTORY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chief complaint <input type="checkbox"/> History <input type="checkbox"/> General medical observation <p>EXAMINATION All 12 elements of the exam medically necessary to perform unless unable due to age of patient or trauma.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visual acuity <input type="checkbox"/> Gross or confrontation visual fields <input type="checkbox"/> Extraocular motility <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Ocular adnexa <input type="checkbox"/> Pupil and iris <input type="checkbox"/> Cornea <input type="checkbox"/> Anterior chamber <input type="checkbox"/> Lens <input type="checkbox"/> Intraocular pressure <input type="checkbox"/> Optic nerve discs <input type="checkbox"/> Retina and vessels <input type="checkbox"/> Dilation: As medically necessary. If not dilated, document why. <p>INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescription of medication, glasses or contact lenses <input type="checkbox"/> Arranging for special ophthalmological diagnostic or treatment services <input type="checkbox"/> Consultations <input type="checkbox"/> Laboratory procedures <input type="checkbox"/> Radiological services <input type="checkbox"/> Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure. <input type="checkbox"/> Scheduling necessary follow-up of a medical problem <input type="checkbox"/> Other _____ |

