

# Optometry Coding & Billing Alert

## Boost 92135 Pay With These Insider Secrets

### Experts answer your top SLGT coding questions

If you're using scanning laser glaucoma testing (SLGT) for early detection of eye disease, you've probably found that getting proper reimbursement for this newer technology is a challenge.

Take a look at these expert answers to ensure you're up to speed on how to avoid the common SLGT coding and billing pitfalls.

#### **Question: Should I report all SLGTs the same?**

**Answer:** There are several technologies that you may use to get diagnostic images through SLGTs. The trick is that you should not base your coding on the type of SLGT you use.

CPT has one code to describe all of the SLGTs: [CPT 92135](#). -This [CPT Code](#) is defined as -scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report,- so you would use this for any scanning laser testing,- says **Krystin Keller, CPC**, insurance specialist and billing manager at Five Points Eye Care in Athens, Ga., and consultant with Forch- Consulting Group.

#### **Question: How should I code if I only interpret the SLGT results?**

**Answer:** CMS divides the relative value units (RVUs) for 92135 into a technical component and a professional component. Therefore, you'll need to append a modifier, depending on which portion of the test you perform.

**How it works:** If you perform only the test (technical component) and do not read the results, you should report 92135-TC (Technical component). If another office performs the technical component, however, and you do the interpretation and report, append modifier 26 (Professional component) to 92135.

-In private practice, this would really only come into play if you did not have the equipment and you sent your patient over to a different office that does have the actual equipment to do the test and then your patient returns to you to continue treatment,- Keller says.

If you see patients in a skilled nursing facility (SNF), you would also separate the professional and technical components and bill only for the technical component. The SNF would bill for the professional component, and you would receive payment for the professional services directly from the SNF.

**In dollars:** In Medicare's 2007 [Fee Schedule](#), the total unadjusted RVUs for 92135 are 1.16. Multiplying that by the conversion factor of 37.8975 means that an optometrist performing both the technical and professional components would earn about \$44.

The technical component alone is worth 0.66 RVUs, so if you only performed the technical component, you would receive about \$25 for the service. You would earn 0.5 RVUs for just the professional portion--about \$19 for that service.

#### **Question: Can I report two codes if I perform SLGT on each eye?**

**Answer:** Medicare considers 92135 to be inherently unilateral, Keller says, meaning that the RVUs in the fee schedule represent the work done on only one eye. If you perform an SLGT on only one eye, report one unit of 92135 and append the alphabetic modifier RT (Right side) or LT (Left side) to indicate which eye you tested.

Carriers differ on how you should report a scanning laser test on both eyes. Medicare and many private carriers look for 92135 reported on two lines of the billing form, each with a -1- in the units field and with the LT and RT modifiers appended. On the other hand, some carriers may want you to report one unit of 92135 with modifier 50 (Bilateral procedure) appended.