

Optometry Coding & Billing Alert

Check Out These Carrier Rules To Escape the VF Catch-22

You may be able to report an unlisted-procedure code for a taped visual field test

When an optometrist has to perform two sets of visual fields for a patient about to have eyelid surgery, there is no easy way to bill for both tests. This sore spot for optometrists shows no sign of getting any better -- but there are tricks to help you get the reimbursement you deserve.

Last month we answered several of your frequently asked questions about VFs (see -Using Diagnosis to Determine Your VF Code? Read This First- in the May 2006 Optometry Coding & Billing Alert), but this question is often the most difficult to answer. For pre-blepharoplasty patients, many carriers direct optometrists to perform a visual field test with the patient's eyelids taped out of the way (in addition to a standard VF), showing what the postoperative field of vision will be.

There are three levels of visual field tests, says **Rita Knapp, CPC**, chief compliance officer and senior billing specialist at Abrams Eyecare Associates in Indianapolis:

- 92081 -- Visual field examination, unilateral or bilateral, with interpretation and report; limited examination
- 92082 -- ... intermediate examination
- 92083 -- ... extended examination .

Drawback: Some carriers will only pay for one set of visual fields -- and some carriers state that you can only report 92081 for this service.

-As optometrists, we could perform either a 92081 or a 92082. Either field could be correct,- says **David Gibson, OD, FFAO**, a practicing optometrist in Lubbock, Texas.

Strategy: Your billing depends on what your carrier will allow. One Part B carrier, HGSAdministrators in Pennsylvania, directs you toward an unlisted-procedure code. -Bill for the -untaped- visual field using the appropriate visual field's code (92081-92083),- states their LCD. -In addition, report the -taped- visual field with code 92499 (Unlisted ophthalmological service or procedure), and include on the claim the narrative description -taped visual field.- -

Smart: Check with your local carrier to make sure this coding scenario is acceptable.

Pitfall: Don't expect your modifiers to get you out of this one. Some coders recommend appending modifier 76 (Repeat procedure by same physician) to the second procedure (for example, 92082 and 92082-76), but many carriers reject this method, arguing that modifier 76 should be used with surgical procedures.

Another option is to append modifier 59 (Distinct procedural service) to the second procedure -- but carriers are likely to reject that, too, since the two sets of visual fields are not truly distinct from each other.

Exception: Not all carriers require two sets of visual fields. For example, TrailBlazer's LCD states that one untaped set of visual fields -recorded to demonstrate an absolute superior defect to within 15 degrees of fixation- is sufficient.