

Optometry Coding & Billing Alert

Choose Wisely Between 92082 and 92083 With This Expert Strategy

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With over \$60 on the line, don't risk submitting the wrong code or inadequate documentation

Even small practices are likely to have a Humphrey visual field analyzer, yet many optometrists don't know the secrets for securing adequate reimbursement for these services - and they even go so far as to put themselves at risk for costly audits due to lack of documentation.

Stop Shortchanging Yourself With Intermediate Codes

[CPT](#) lists three different visual field examinations - and the higher the code, the higher the reimbursement, says Chad Warren, practice manager at Asheville Vision Associates in Asheville, N.C.:

1. 92081 - Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
2. 92082 - ... intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
3. 92083 - ... extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2 or 30/60-2).

Pitfall: A common mistake optometrists make is billing 92082 when they could legitimately bill 92083, says **Charles T. Wimbish, OD**, president of the Wimbish Consulting Group in Martinsville, Va. He recalls working with one practice that habitually undercoded, potentially missing out on hundreds of dollars of reimbursement. They had coded every visual field at an intermediate level" " he says "when all of them were extended."

The key to choosing the correct VF code is in the code descriptors themselves. For example if you plot only two isopters on the Goldmann perimeter CPT would call that "intermediate " based on its description of 92082. If you plotted three isopters however that would be an "extended" examination that would qualify for 92083.

"Most optometrists don't bill 92081 and 92082 nearly as often as 92083 " says **David Gibson OD FAO** practicing optometrist in Lubbock Texas. "In my office most visual fields are ordered due to suspected or known glaucoma. The standard field in glaucoma detection and treatment is a full threshold field 92083."

Rule of thumb: An intermediate test is one of the screening tests that you would use if you suspect neurological damage Gibson says. But optometrists use the threshold exam (92083) when they suspect something that causes a slow progressive dimming of peripheral vision like glaucoma.

"Glaucoma causes a loss of vision like a light bulb slowly becoming dimmer and dimmer " Gibson says "while trauma often causes sudden complete loss of central or peripheral vision." In screening fields you are testing whether the retina is "on or off " while in threshold testing you are testing "how dim a light you can perceive."

Document Now to Stop Headaches Later

When you send in a CMS-1500 form Medicare only sees the front part of the form. "What Medicare doesn't see is what's on the other side of that form which is your documentation " Wimbish says. "They assume that your documentation is correct until they do an audit."

If Medicare does an audit and finds that your documentation is not in order you could find yourself having to pay them back for all the claims they find problems with. That's why it's important to carefully document the medical necessity of the visual field exam in the patient's medical record.

One of the areas optometrists are weak in is the "interpretation and report" portion of several codes Wimbish says. [CPT Code 92083](#) provides one example. "Say your record of a Mary's visual fields states 'Informed Mary test for OD showed small area we need to watch; have return in three months.' " In a postpayment audit Medicare will not accept this billing Wimbish says. Why? "Interpretation and report" requires assessment of both eyes.

Remember: When you bill 92083 you are telling Medicare you performed both the technical component (indicated by modifier -TC) and the professional component (modifier -26). "It's best to have a form just for visual fields in addition to your regular notes " Wimbish says. Overkill? Perhaps but in the case of an audit such a form could save you money.

Note: For an example of a form for documenting visual fields see "Stop 92081-92083 Denials With This Documentation Form" on page 83.

Watch your back: Think you're out of the woods for those claims you filed three years ago? Think again: There is no statute of limitations on Medicare claims Wimbish says.

"Optometrists assume that because Medicare doesn't kick back their 1500 forms [immediately] it's OK. But Medicare can come back at any time and look at the very first claim you sent " he says. "They probably won't but they can."

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