

Optometry Coding & Billing Alert

Clarification: Modifiers in an HPSA

An article in the February 2005 [Optometry Coding & Billing Alert](#), "Think You've Mastered Glaucoma Coding? Test Yourself With This Scenario," advised that after billing for a comprehensive eye exam, gonioscopy, corneal pachymetry and OCT during one session with an open-angle glaucoma patient presenting with dry-eye syndrome and eye pain, you should bill 92083-26-QU (Visual field examination, unilateral or bilateral, with interpretation and report; extended examination; professional component; physician providing service in an urban HPSA) for visual fields performed during a future visit.

We neglected to mention that you should also bill for the technical portion of the visual fields, with code 92083-TC (Technical component). Do not append modifier -QU to the technical component. That modifier is only for the professional component.

Use modifier -QU only if your office is in a metropolitan health professional shortage area (HPSA). Use modifier -QB (Physician providing service in a rural HPSA) if your office is in a rural HPSA. If the office is not in an HPSA, neither modifier is needed; bill 92083 without modifiers -26, -TC, -QB or -QU.

Even if you are in an HPSA, you can bill 92083 without modifiers - but since the HPSA bonus only applies to the professional component of a procedure, you will not receive any bonus unless you split the procedure into technical and professional components with modifiers -TC and -26.

We are sorry for the omission.