

Optometry Coding & Billing Alert

Code Only 1 Procedure for Each IOL Patient

Reporting 76519 and 92136 together? Not so fast - take a look at the NCCI rules

Even when clinical circumstances force you to perform both an optical coherence biometry (OCB) and an A-scan in the same visit, it's against Medicare rules to bill for both of them at once. Read on to learn how to get fair reimbursement in the face of this NCCI paradox.

There may be clinical need for them, but there are limits on reporting 76519 (Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation) and 92136 (Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation) with other procedures, as well as with each other.

The National Correct Coding Initiative (NCCI) bundles codes 76519 and 92136 together as a mutually exclusive pair. If you report both codes, Medicare carriers will only reimburse you for 92136.

Example: You perform the technical portion of OCB on the left eye, but dense cataracts prevent you from getting a viable result from the right eye. You perform an A-scan on the right eye, and calculate IOL power for the right eye.

Coding solution: Report one unit of 92136 with the -RT or -LT modifier appended, says **Sue Lemieux**, billing and compliance specialist with Eye Health Services in Quincy, Mass. "Medicare will probably drop the alpha modifier, but you've at least indicated the correct procedure code and would be able to do a phone review if denied," she says.

Do not code 76519 separately from 76511 (Ophthalmic ultrasound, diagnostic; quantitative A-scan only), because NCCI considers 76519 a component of 76511. Likewise, do not report 76516 (Ophthalmic biometry by ultrasound echography, A-scan) separately from 76519, because 76519 includes 76516.