

## Optometry Coding & Billing Alert

### CPT 2011: Prepare to Distinguish Between Optic Nerve and Retina Laser Scans

**Tip: Your bilateral reporting options may change for SCODI next year.**

Frustrated by the lack of specificity in scanning laser coding? Then get ready for 2011 -- next year's CPT manual will not only help you distinguish between anterior and posterior segment scanning, but also provide new codes to distinguish between optic nerve and retinal scans.

Although scanning laser ophthalmic diagnostic imaging (SCODI) is commonly used as a diagnostic test for early detection of glaucoma, it is also a valuable tool for the evaluation and treatment of individuals with retinal disease, including individuals with diabetic retinopathy and macular degeneration. SCODI is able to detail the microscopic anatomy of the retina and the vitreo-retinal interface.

To distinguish between the two diagnostic purposes, CPT will delete the old all-purpose posterior segment SCODI code, 92135 (Scanning computerized ophthalmic diagnostic imaging, posterior segment [e.g., scanning laser] with interpretation and report), and replace it with these two new more specific codes:

- 92133 -- Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- 92134 -- Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.

Examples: An optometrist would report 92133 for "any glaucoma suspect, anybody that failed a vision field screening test like the FDT [frequency doubling technology], pale optic nerves, or any optic nerve defect like a coloboma," says **David Gibson, OD, FAO**, a practicing optometrist in Lubbock, Texas. CPT 92134 would be for macular degeneration, cellophane maculopathy, or determining if a macular degeneration is wet or dry.

It shouldn't be hard to know when to use these new codes, notes **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, Director of Best Practices-Network Operations at Mount Sinai Hospital in New York City. Codes 92133 and 92134 "just depict the difference between scanning the optic nerve versus the retina," she says. "It's not really all that tough to discern between the two areas."

#### Try This New Code for Anterior SCODI

CPT 2011 also introduces a new Category I CPT code for anterior segment SCODI:

- 92132 (Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral).

This permanent code replaces a temporary code introduced two years ago. CPT introduced temporary Category III code 0187T (Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral) in 2009. Anterior segment optical coherence tomography SCODI did not fit under the existing posterior segment scanning code, 92135. Anterior and posterior segment scans use different light wavelengths and require different machines.

#### Watch for Bilateral Coding Changes

A key phrase to keep your eye on in the descriptors of these new codes is "unilateral or bilateral" -- replacing the word

"unilateral" in the descriptor for 92135. This may signal a change in how Medicare will reimburse for SCODI performed on both eyes in 2011.

Currently, Medicare sees 92135 as inherently unilateral, assigning it modifier indicator "3" in the Physician Fee Schedule. If your optometrist performs 92135 on both eyes in 2010, you can bill 92135 bilaterally and expect to be paid fully for both eyes.

However, with their code descriptors specifying "unilateral or bilateral," Medicare may require you to bill 92133 or 92134 only once, regardless of whether the test is performed on one or both eyes. Medicare has not set payment values and restrictions on these codes yet, but keep checking the Optometry Coding and Billing Alert for more details as information about the 2011 fee schedule becomes available.

### **Welcome New Remote Imaging Codes**

If your practice is taking advantage of high-speed Internet access to share diagnostic images with retinal specialists in remote places, in 2011 you can take advantage of two new codes:

- 92227 -- Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
- 92228 -- Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral.

A remote imaging system is capable of taking images of the retina with a wide-angle lens and transmitting them to a qualified retina specialist anywhere in the world. Note that these codes, too, are specified as "unilateral or bilateral."