Optometry Coding & Billing Alert

Diagnostic Tests: Part II: Refraction, Topography, Visual Fields -- Keep Your Diagnostic Test Coding On Point

Follow these expert tips for CPT® 92015, 92025, and 92081-92083.

In the last issue of Optometry Coding & Billing Alert, we gave you a refresher of the general rules and guidelines for ophthalmic tests (see "Part I: Get to the Basics on Diagnostic Test Coding" in Optometry Coding & Billing Alert Vol. 18, No. 2). Read on as we walk you through the specifics of coding the most common diagnostic tests for optometry offices.

Check Carrier for Refraction Rules

CPT® code: 92015 (Determination of refractive state)

What it is: In refraction, the examiner "determines the prescription required for the eyeglasses or contact lenses by evaluating the effectiveness of a series of lenses through which the patient is asked to view a series of charts," says **Becky Shimanek, CPC**, coding manager for Aviacode, who led a seminar on "Ophthalmic Diagnostic Tests" at the recent CodingCon 2015 conference.

Coverage rules vary by carrier, Shimanek notes, and because refraction is not a covered benefit under Medicare Part B, you do not need to present an Advance Beneficiary Notice (ABN). Commercial payers and vision plans may cover refraction, she notes.

Be sure to include in your documentation a note of performance and best-corrected visual acuity. Bill only one instance of the code, whether your examiner tested one or both eyes.

Documentation Is Key for Corneal Topography

CPT® code: 92025 (Computerized corneal topography, unilateral or bilateral, with interpretation and report)

What it is: The procedure is also known as "computer-assisted keratography" or "videokeratography," Shimanek says. A computer images and analyzes the shape and curvature of the patient's cornea and displays results, often as a colored map of the corneal surface. The computer allows detection of much finer detail than other methods of examination and has the advantage that the data can be stored for later comparison if needed.

In your documentation, be sure to note performance and findings, Shimanek says. And check your local carriers for conditions that would demonstrate medical necessity. For example, Medicare Part B carrier United HealthCare has published a local coverage decision (LCD) stating that corneal topography "is a covered service for the following indications when medically reasonable and necessary only if the results will assist in defining further treatment":

- pre-operative evaluation of irregular astigmatism for intraocular lens power determination with cataract
- surgery
- monocular diplopia
- diagnosis of early keratoconus
- post-surgical or post-traumatic astigmatism, measuring at a minimum of 3.5 diopters
- suspected irregular astigmatism based on retinoscopic streak or conventional keratometry
- post-penetrating keratoplasty surgery
- post-surgical or post-traumatic irregular astigmatism
- certain corneal dystrophies
- complications of transplanted cornea

- post-traumatic corneal scarring
- pterygium and/or corneal ectasia that cause visual impairment.

Note: UnitedHealthCare does not cover corneal topography for routine follow-up testing.

Because the code descriptor specifies "unilateral or bilateral," you would report this code only once whether the optometrist tested one or both eyes. No modifier appendage is required either way, says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE,** AHIMA-approved ICD-10 CM/PCS trainer and president of Maggie Mac-Medical Practice Consulting in Clearwater, Fla.

Don't miss: CPT® code 92025 is not used for manual keratoscopy, which is part of a single-system evaluation and management (E/M) or ophthalmological service (92002-92014), according to CPT® rules.

Consider Some Visual Fields Part of E/M

CPT® codes: 92081-92083 (Visual field examination, unilateral or bilateral, with interpretation and report...)

What it is: A VF test measures the extent of a patient's field of vision as the eye fixates straight ahead with standard illumination, Shimanek explains. The test can help the optometrist discern peripheral vision lost and blind spots, which are plotted on visual field charts.

There are three CPT® codes for VF: 92081 (limited), 92082 (intermediate), and 92083 (extended).

Examples of indications for testing include glaucoma, trauma, visual pathway disorders, and optic nerve disorders, Shimanek says. And if the optometrist wants to report two VF codes together, you are out of luck, as Correct Coding Initiative (CCI) edits bundle the codes into mutually exclusive bundles, with the note that they cannot be unbundled (reported separately) under any circumstances.

Tips: Gross VF testing is considered a component of E/M and eye code exams, not to be reported separately, Shimanek says. Also, CPT® codes 92081 and 92082 are bundled into blepharoplasty (CPT® codes 15820-15823) when performed on the same day, and it is not appropriate to use code 92083 as documentation prior to the surgery, she says.

Optometrists often perform VFs prior to blepharoplasty to determine the extent to which drooping eyelids are limiting the patient's vision. Traditionally, many payers required two sets of visual fields: one with the patient's eyelids untaped, and the other with the eyelids taped up, to show how much the visual fields improved. However, many payers no longer require two sets of VFs, Shimanek says, so check with the local coverage policy.

Note: Check Optometry Coding & Billing Alert's next issue for Part III, which will address the coding rules and guidelines for more specific diagnostic tests.