

Optometry Coding & Billing Alert

Diagnostic Tests: Part III: SCODI, FA, Fundus Photography, and Gonioscopy Round Out Your Diagnostic Coding Arsenal

Warning: Don't get tripped up by tricky bilateral rules.

In the last issue of Ophthalmology Coding Alert, we gave you a refresher of the general rules and guidelines for ophthalmic tests (see "Part II: Refraction, Topography, Visual Fields □ Keep Your Diagnostic Test Coding On Point" in Optometry Coding & Billing Alert Vol. 14, No. 1). Read on as we break down the particulars of coding more of the most common diagnostic tests for optometry offices.

Know Anterior/Posterior Distinction for SCODI

CPT® codes: 92132-92134 (Scanning computerized ophthalmic diagnostic imaging...)

What it is: 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.

For a scan of the anterior segment, report 92132 (... anterior segment, with interpretation and report, unilateral or bilateral), says **Becky Shimanek, CPC**, coding manager for Aviacode, who led a seminar on "Ophthalmic Diagnostic Tests" at the recent CodingCon 2015 conference. For a scan of the optic nerve in the posterior segment to test for glaucoma, report 92133 (... posterior segment, with interpretation and report, unilateral or bilateral, optic nerve). For a scan of the posterior segment to look for retinal conditions, report 92134 (... posterior segment, with interpretation and report, unilateral or bilateral, retina).

Documentation: Should include a note of performance and findings, says Shimanek.

Don't miss: Report only one unit of the code regardless of whether one or both eyes are tested □ the phrase "unilateral or bilateral" in the descriptions of all three codes means that Medicare will reimburse only once for the procedure.

Tip: Do not report 92133 and 92134 at the same encounter, Shimanek warns.

Know Bilateral Rules for Fluorescein Angiography

CPT® code: 92235 (Fluorescein angiography [includes multiframe imaging] with interpretation and report)

What it is: The provider uses a special dye that causes the blood vessels in the eye to stand out in photographic images taken with the use of multiframe timing. Photography continues in 10 to 30 minute increments to check for late leakage of dye, Shimanek says. Indications for the study include some macular diseases, retinal vascular diseases, inflammatory retinal or choroidal diseases, optic nerve disorders, tumors, and preparation for some forms of laser treatment.

Documentation: Typically, documentation contains a dictated report of findings, Shimanek says.

Bilateral rules: You can report 92235 per eye and code it twice when your optometrist performs the test on both eyes.

Depending on your carrier's preference, you should append modifier 50 (Bilateral procedure) or modifiers LT (Left side) and RT (Right side) to 92235 when billing bilaterally.

You can confirm that billing 92235 bilaterally is appropriate by checking its bilateral status indicator on the Medicare physician fee schedule, available at <https://www.aapc.com/codes/>. Code 92235 has a "3" status indicator. That means when a physician performs the service bilaterally, you can append modifier 50 or LT/RT. Carriers will reimburse you at 100 percent of the allowed for each side.

Documentation Is Key With Fundus Photography

CPT® code: 92250 (Fundus photography with interpretation and report)

What it is: The code describes the taking of fundus photographs □ photographs of the posterior segment of the inner aspect of the eye to document alterations in the optic nerve head, retinal vessels and retinal epithelium. It can be used to document baseline retinal findings, and track disease progression.

"The camera is, in effect, a large ophthalmoscope that allows viewing of the retina and a light flash system for producing color photographs of the retina," Shimanek says.

Documentation: Includes note of performance and findings, Shimanek says.

Bilateral rules: Medicare considers 92250 to be inherently bilateral. In other words, it bases its reimbursement on the procedure being performed on both eyes. Therefore, there is no need to append modifier 50 (Bilateral procedure) to 92250 if the optometrist performs it on both eyes.

Reduced services: If the optometrist only photographs one eye, modifier 52 (Reduced services) may be your best bet, say experts. You can then append modifier LT (Left eye) or RT (Right eye) to specify which eye was photographed, although those modifiers are informational and do not affect reimbursement.

Use 92020 for Gonioscopy

CPT® code: 92020 (Gonioscopy [separate procedure])

What it is: Using a gonioscope, the practitioner looks at the front part of the eye (anterior chamber) between the cornea and the iris. After applying an anesthetic to the eye, using a special lens (goniolens) and a special microscope (slit lamp) the optometrist places the goniolens on the cornea and shines a bright light into the patient's eye and examines the angle between the iris and the cornea. The test is done as part of an examination for glaucoma to determine the type of glaucoma, if present, as either open- or closed-angle type.

Bilateral rules: Most insurance companies, including Medicare, consider 92020 a bilateral procedure code. This means that you cannot report the code twice when your optometrist performs a gonioscopy on each eye.