

Optometry Coding & Billing Alert

Know Carrier Rules for Bilateral Billing

Appending modifier -50 to the wrong diagnostic eye codes can spark denials

Having a list handy of diagnostic optometric procedures that you can - and cannot - bill bilaterally can save your optometry practice from denials and time-consuming resubmissions and appeals.

Carriers usually consider these diagnostic tests to be bilateral procedures, says **Regan Bode, CPC, OCS**, clinic administrator at the Northwest Eye Clinic in Lynden, Wash.:

1. 92015 - Determination of refractive state
2. 92020 - Gonioscopy (separate procedure)
3. 92070 - Fitting of contact lens for treatment of disease, including supply of lens
4. 92081 - Visual field examination, unilateral or bilateral, with interpretation and report; limited examination
5. 92082 - ... intermediate examination
6. 92083 - ... extended examination
7. 92100 - Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day
8. 92250 - Fundus photography with interpretation and report
9. 92285 - External ocular photography with interpretation and report for documentation of medical progress.

Report these codes once, Bode says, with no modifiers to show that one or both eyes were tested. Check with your local carriers, however; some might want you to append modifier -52 (Reduced services) on any bilateral test you perform on only one eye. "They probably won't reduce your payment," Bode says, "but they're going to want to see that you only did the left or right eye."

Carriers consider these diagnostic tests unilateral:

10. 92135 - Scanning computerized ophthalmic diagnostic imaging with interpretation and report, unilateral (GDx, OCT, HRT)
11. 92225 - Ophthalmoscopy, extended, with retinal drawing, with interpretation and report; initial
12. 92226 - ... subsequent.

Bill these codes once per eye, Bode says.