Optometry Coding & Billing Alert

Perfect Your Coding Technique With These Expert Scenarios

5 cases illuminate a day in the life of an optometrist

In a single day at the office, you can face a wide range of coding conundrums, from the mundane to the most difficult. Not only do you have to sort through documentation to identify the diagnoses and rendered services, but reimbursement hinges on your ability to select the appropriate codes. Check out these five real-life coding scenarios. Do any of these cases look familiar to you? Would you code them any differently or can you call yourself an expert?

Case #1: A 50-year-old patient with type 1 diabetes presents with a chief complaint of blurred vision (both distance and near). The patient says she made the appointment because her internist told her "to get her eyes examined." The patient's health is good other than the diabetes she has had for the past five years.

Procedures: The optometrist performs a comprehensive eye exam and detects retinopathy, which leads him to order fundus photographs and an extended threshold fields examination.

Diagnosis: Documentation indicates mild nonproliferative diabetic retinopathy and mild diabetic macular edema.

Correct Coding: Because there is no specific ICD-9 code for diabetic macular edema, you should report 362.01 (Background diabetic retinopathy) to cover both listed diagnoses in the chart, says **David Gibson, OD, FAAO,** a practicing physician in Lubbock, Texas.

You could also list a secondary diagnosis of 368.8 (Blurred vision NOS) for the patient's complaint of blurred vision. However, the carrier will probably only need one diagnosis code, and it's best to report the code for the cause of the blurred vision rather than the symptom of blurred vision, Gibson says.
For procedures, you should report:

1. 92004 - Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits (for the eye exam)
2. 92250 - Fundus photography with interpretation and report
3. 92083 - Visual field examination, unilateral or bilateral, with interpretation and report; extended examination ... (for the threshold fields exam).

Case #2: A 68-year-old man presents for a second opinion. He has been seeing another doctor for treatment of his glaucoma and monitoring of his cataracts, but he decided to schedule a visit with your optometrist because his wife has been a patient for several years. The patient's medical history shows hypertension and thyroid disorder, but his chief presenting complaint is blurred vision with his current spectacle prescription.

Procedures: The optometrist performs a confirmatory consultation, a corneal pachymetry, an extended threshold fields exam, fundus photographs, a provocative glaucoma test with IOP before and after dilation, and a retinal laser scan.

Diagnosis: The primary diagnosis codes for the visit will depend on the type of cataracts and the type of glaucoma the patient has, Gibson says. Likely diagnoses for this patient are nuclear sclerosis (366.16) and primary open angle glaucoma (365.11), he adds.

Correct Coding: For procedures, you should report:

4. 99275 - Confirmatory consultation
5. 76514 - Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral
6. 92083 for the threshold fields exam
7. 92250 for the fundus photographs
8. 92140 - Provocative tests for glaucoma, with interpretation and report, without tonography
9. 92135 - Scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report, unilateral (for the retinal laser scan)
10. 92020 - Gonioscopy (separate procedure).

Note: You must use the appropriate glaucoma code to support all of the above procedure codes except for 99275. You could submit 99275 with either the glaucoma code or the appropriate cataract diagnosis code, Gibson says.

Case #3: A 67-year-old established patient presents for an exam complaining of mild itching of both eyes that appears to be seasonal. Previous exams have been within normal limits, but today the optometrist notes an early nasal step on the Humphrey FDT in the right eye.

Procedures: The patient receives a comprehensive eye exam, a provocative glaucoma test with IOP before and after dilation, an extended threshold fields exam, and extended ophthalmoscopy.

Diagnosis: The optometrist documents chronic conjunctivitis and borderline glaucoma with an open angle.

Correct Coding: You should link diagnosis code 372.10 (Chronic conjunctivitis, unspecified) to 92014 (Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits) for the basic eye exam, Gibson says. Then link 365.01 (Open angle with borderline findings) for suspected glaucoma to the CPT codes for the provocative glaucoma test (92140) and the extended threshold fields test (92083), he adds.

You should also report 92225 (Ophthalmoscopy, extended, with retinal drawing [e.g., for retinal detachment, melanoma], with interpretation and report; initial) for the extended ophthalmoscopy. Code 92014 includes routine ophthalmoscopy, but you can report extended ophthalmoscopy separately, says **Tami Bindas,** office manager at Hazleton Eye Center in Hazleton, Pa. And make sure to note that 92225 indicates an extended ophthalmoscopy on only one eye.

If the optometrist performs the service on both eyes, bill 92225 and append modifier -50 (Bilateral procedure), says Marsha H., a biller with Sussex Eye Center in Selbyville, Del.

Case #4: A 37-year-old former patient visits your optometrist for a checkup and complains only of a very vague symptom: visual field loss that appears to come and go. The patient says that when the defect is present, it seems to be in the shape of a letter "C." The patient has no history of migraine headaches and says that headaches do not follow her visual field loss events. The patient is otherwise in good health and is unable to establish any pattern of occurrence or length of the visual events.

Procedures: The optometrist performs a comprehensive exam and decides also to do an extended threshold visual field exam.

Correct Coding: You should link diagnosis code 368.10 (Subjective visual disturbance, unspecified) to 92014 for the established patient comprehensive eye exam, Gibson says. Remember also to report 92083 for the visual field exam.

Case #5: A 76-year-old established patient presents with no complaints and says his visit is simply because it's summer and he always has an eye exam during the summer. The optometrist's additional questioning about blurred vision, asthenopia, itching, burning, eye strain and the results from previous eye exams yields no additional complaints. The exam reveals nothing significant - the patient's corrected acuities are 20/20 in right and left eyes, and IOPs are normal.

Correct Coding: This is a routine exam, so you should report S0621 (Routine ophthalmological examination including refraction; established patient) with diagnosis code 367.4 (Presbyopia), Gibson says. Why 367.4? In this case, you don't know if the patient is myopic or hyperopic, but because he is 76 years old, the optometrist knows for sure he is presbyopic, he says.

Caution: Medicare will not pay on this code because it is routine care. Since the patient doesn't present with any complaints, you should code the visit as a routine exam no matter what diagnoses the optometrist finds during the examination, Gibson says.