Codify
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Optometry Coding & Billing Alert

Prevent Uni-Bi Reporting Errors With This Expert Insight

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Don't let tricky prefixes stand in the way of maximum deserved reimbursement for your practice. Read on to learn when you can expect double payment for a service and how to ethically make the most of modifiers.

Dispel Prefix Confusion

The most common mistake new optometry coders make is tripping over the unilateral-bilateral conundrum. Here is the breakdown:

Unilateral means there is a 100 percent allowance per eye. In effect, two unilateral procedures results in a payment equal to 200 percent of the fee, explained **Raequell Duran, CPC,** president of Practice Solutions, a coding, compliance, and reimbursement consulting firm based in Santa Barbara, Calif., at The Coding Institute's December conference in Orlando.

Bilateral means there is a 100 percent allowance for both eyes. In other words, you can only bill for a bilateral service one time.

Bottom line: Pay special attention when reporting procedures performed on both eyes to avoid missing out on a double reimbursement. Often, but not always, the code description will give you a clue that the procedure can be billed as unilateral.

The following are unilateral procedures that generally fall under an optometrist's scope of practice, Duran offered:

• 92070 -- Fitting of contact lens for treatment of disease, including supply of lens

• 92135 -- Scanning computerized ophthalmic diagnostic imaging, posterior segment (e.g., scanning laser), with interpretation and report, unilateral

• 92136-26 -- Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation; Professional component

• 92225 -- Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial

• 92226 --... subsequent

Know Which Modifier Fits the Bill

Even though a code may be inherently unilateral, you should include the proper modifiers to document that the doctor performed the service on both eyes.

Example: If you are reporting 92135, append modifier 50 (Bilateral procedure) with a unit of 2 to bill for two eyes, says **Kennard Singh, CPC, CCS-P,CHCO**, from the SUNY College of Optometry in New York, N.Y.

Follow this rule: To use modifier 50, you must use the same diagnosis code for both eyes, emphasized Duran. If the diagnosis code is different, use RT/LT modifiers instead, she added.

If you scan both eyes, "you must have a diagnosis in both eyes," says **David Gibson, OD, FAAO,** a practicing optometrist in Lubbock, Texas. "They can be different diagnoses in the two eyes, but you can't scan both eyes just because the right eye looks suspicious." **Example:** If the ICD-9 codes you're reporting for each eye are different, report 92135-RT (Right side) on line 1 of the claim form and 92135- LT (Left side) on line 2, offers **Sylvia Conrad,** insurance coordinator with Your Eye Solution in Jacksonville, Fla.

When coding a bilateral procedure, remember that in almost every case you would report only one unit and refrain from appending a modifier, explains Singh. For Iexample, the following procedures will almost always be bilateral:

• 92250 -- Fundus photography with interpretationand report

• 92083 -- Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degree, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or30/60-2).

Exception: If you've been coding long enough, you know that special circumstances may arise. For example, if the doctor is performing 92250 on a patient with one blind eye, you would append modifier 52 (Reduced services) to represent the lower level of service associated with this typically bilateral code, Conrad points out.

Last word: When in doubt, reference the "Bilateral Surgery" column (column Z) in Medicare's Physician Fee Schedule to see if Medicare assumes that a procedure is bilateral, suggests Conrad. For 92250, you will find a "2" in column T, meaning you will only receive reimbursement for this procedure once per allowable period. Likewise, a "0" or a "3" in the T column also indicates absence of bilateral payment. On the other hand, a "1" in column T means you're free to append modifier 50 when appropriate to earn a double payment.