

Optometry Coding & Billing Alert

Reader Question: Ace In-Office A-Scan Coding

Question: What are the rules for coding the A-scans we perform in the office?

New Jersey Subscriber

Answer: One way to keep up with all of your ultrasound codes is to separate the A-scans from B-scans.

A-scans, 76511, 76516 and 76519, are the shortened names for A-mode scans, one-dimensional ultrasonic measurement procedures, CPT says.

According to Georgia Medicare, the A-scans perform the following functions: 76511 diagnoses eye-related complications such as eye tumors, hemorrhages, retinal detachment, etc.; 76516 determines the length of the eye; and 76519 determines the intraocular lens calculation prior to cataract surgery only.

Each A-scan code has separate requirements when billed bilaterally. For example, 76511 is considered unilateral, requiring the use of modifiers -LT/-RT/-50 (Left, Right, or Bilateral procedure) or the units value of "2." But 76516 is considered inherently bilateral and shouldn't have modifier -50 appended to it. Codes have bilateral "indicators" from the fee schedule, which should be national.

How you bill bilateral scans really depends on the service and code used. Unfortunately, Medicare makes this even more complicated by determining the technical component of one of the A-scan codes to be bilateral, and the calculation, or professional component, to be unilateral. Many non-Medicare carriers, on the other hand, want you to bill by line and don't typically divide the professional and technical components, so it is imperative that you determine which carrier you are coding for and what its policy is for billing A-scans. Because most patients who have cataract surgery are of Medicare age, it should not be too often that you have to be concerned with changing your billing procedure for 76519.