

Optometry Coding & Billing Alert

Reader Question: Clear Up Cataract Coding

Question: A Medicare patient presented with a cataract in his right eye. Our optometrist performed an A-scan with intraocular lens (IOL) calculation in preparation for cataract removal. I coded 76519-RT-LT-26 and Medicare rejected it. Both eyes were scanned for comparison. What did I do wrong?

New Mexico Subscriber

Answer: Code 76519 (Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation) accounts for the technical component of both eyes but only the professional component of the right eye (the one with the cataract).

If and when cataract surgery is performed on the left eye, the optometrist will typically use the same ultrasound, compare the patient's visual outcome with the first IOL selection, and select the IOL power for the fellow eye.

Other private carriers vary on what billing method they will accept for 76519. Some carriers will pay for 76519-RT followed by 76519-LT a few weeks later, without requiring you to use modifier -26 (Professional component), because they consider 76519 inherently unilateral. Don't make the mistake of only billing the professional component of 76519 assuming you have already been reimbursed for the technical component for both eyes -- check with the patient's insurance carrier first.

-- Answers to You Be the Expert and Reader Questions contributed by **David R. Gibson, OD, FAAO**, a partner in an optometric partnership in Lubbock, Texas.