Optometry Coding & Billing Alert

Reader Questions: Look to Fee Schedule Database for Bilateral Guidance

Question: If I place punctal plugs in both of a patient's eyes, should I code it bilaterally? How will that affect reimbursement?

North Carolina Subscriber

Answer: You should definitely code 68761 (Closure of the lacrimal punctum; by plug, each) bilaterally. Append modifier -50 (Bilateral procedure) to 67861 to indicate that you placed plugs in both eyes.

Tip: To find out how reporting a CPT code bilaterally might affect your reimbursement, look at the Bilateral Surgery Indicator in column T of the **Physician Fee Schedule** Database. Here's what those numbers mean:

1.   0 - You cannot append modifier -50. The procedure is considered unilateral.

2.   1 - You can append modifier -50. The payer will pay you whichever is lower: the actual total charge for both sides, or 150 percent of the **Fee Schedule** amount for a single code.

3.   2 - You cannot append modifier -50. The procedure is inherently bilateral.

4.   3 - You can append modifier -50. The carrier will pay the lower of the actual charge for each side or 100 percent of the fee schedule amount for each side.

5.   9 - The bilateral concept does not apply.

   Code 68761 has 4.85 RVUs (for a fully implemented nonfacility) and a bilateral surgery indicator of "1." Therefore, reporting 68761-50 should yield 150 percent of the RVUs, or 7.275 RVUs. Multiply this by the conversion factor, 37.3374, to find your total reimbursement - $271.63.

   Note: These reimbursement figures represent Medicare's Physician Fee Schedule payment amount unadjusted for geographic region.

   - Answers to Reader Questions and You Be the Expert provided and/or reviewed by **David Gibson, OD, FAAO**, practicing optometrist in Lubbock, Texas.