

Optometry Coding & Billing Alert

Reader Questions: Prove Necessity for Gonioscopy

Question: Which diagnosis codes prove medical necessity for gonioscopy?

Ohio Subscriber

Answer: Check with your carrier. Each carrier may have different policies regarding reimbursement for 92020 (Gonioscopy [separate procedure]). In many cases, you can search for local medical review policies (LMRPs) or local coverage decisions (LCDs) on the carrier's Web site.

For example, the "Ophthalmological Testing" LCD for Palmetto GBA, the Part B carrier for Ohio, states, "Gonioscopy ... may be covered when clinically indicated in patients with appropriate signs and symptoms indicating the presence of or likelihood of visual impairment." The ICD-9 codes they list to support medical necessity for 92020 include:

1. 190.0-191.9 - Malignant neoplasm of eye or brain
2. 198.3 - Secondary malignant neoplasm of brain and spinal cord
3. 224.0 - Benign neoplasm of eyeball, except conjunctiva, cornea, retina and choroid
4. 225.1 - Benign neoplasm of cranial nerves
5. 362.31 - Central retinal artery occlusion
6. 362.35 - Central retinal vein occlusion
7. 364.00-364.9 - Disorders of iris and ciliary body
8. 365.00-365.9 - Glaucoma
9. 379.32-379.34 - Aphakia and other disorders of lens
10. 921.3 - Contusion of eyeball
11. 996.51 - Mechanical complication of prosthetic corneal graft
12. 996.53 - Mechanical complication of ocular lens prosthesis
13. 996.69 - Infection and inflammatory reaction due to other internal prosthetic device, implant and graft.

Other carriers may list even more ICD-9 codes that prove medical necessity.