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Optometry Coding & Billing Alert

Using Diagnosis to Determine Your VF Code? Read This First

Depending on the stimulus, you may be able to bill an extended exam--and bump pay to $74 each time

If you-re like many optometry practices, visual fields are one of the most common auxiliary tests you perform. But are you sure that the code you-re reporting will get you the reimbursement you deserve for your work?

Read the answers to these frequently asked questions to learn the nuances for coding and billing the different levels of VFs.

Question: What's the difference between the -limited,- -intermediate- and -extended- examinations?

Answer: There are three levels of visual field tests, says **Rita Knapp, CPC**, chief compliance officer and senior billing specialist at Abrams Eyecare Associates in Indianapolis:

- 92081--Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter or single stimulus level automated test, such as Octopus 3 or 7equivalent)

- 92082--... intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

- 92083--... extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quanti- tative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2 or 30/60-2).

Rule of thumb: In most optometry offices, visual fields are most often performed for suspected or known glaucoma. The standard field in glaucoma detection and treatment is a full threshold field, 92083--optometrists turn to that test when they suspect something that causes a slow, progressive dimming of peripheral vision. An intermediate test is one of the screening tests that you would use if you suspect neurological damage. -The most common [VF test] we use is the 92083,- Knapp says.

However: The suspected condition should not be the only factor that determines the VF code. -The tests are different due to the type of stimulus used, not the number of points or the probable diagnosis,- says **David Gibson, OD, FAAO**, practicing optometrist in Lubbock, Texas. -Threshold tests (92083) are the only tests appropriate for glaucoma, and suprathresholds (92082) are more commonly used in neural problems. But sometimes I do a threshold test when I think a patient probably has a neural problem but I-m not totally sure what I-m looking for.-

According to the 2006 Physician Fee Schedule, Medicare reimburses $64.19 for 92082 and $73.90 for 92083, unadjusted for geography.

Some visual field analyzers have options to design a custom test, Gibson says. -I designed a custom test that concentrates more on the upper field, which is the area of interest for pending blepharoplasty patients. My custom test could be filed either as a 92081 or 92082 depending on whether the stimulus is a simple screening stimulus like the 92081 or a suprathreshold like the 92082,- he says.

Question: Is there a frequency limit for billing VF for glaucoma patients?

Answer: Medicare carriers have set limits for how often you can perform 92081-92083 to follow glaucoma. The allowed testing frequency is based on the severity of the disease process and how well-controlled the disease is, says **Krystin**

Keller, CPC, billing manager at Five Points Eye Care in Athens, Ga. Part B carrier TrailBlazer lists in detail the different levels of severity and control as follows:

- Glaucoma suspect or mild damage with good control: Visual field once every 12 months. (If you cannot establish a baseline with the first VF, you may report another that year with documentation of medical necessity.)

- Glaucoma with moderate/advanced damage, good control: Once every 12 months.

- Glaucoma with moderate/advanced or mild damage, borderline control: Two times every 12 months.

- Uncontrolled glaucoma: Three times per 12 months.

Question: How does Medicare define -mild damage- and -good control-?

Answer: If you-re billing VF more than once a year for a patient, Medicare may want to see proof of the level of control of the glaucoma, as well as the damage it's caused. Make sure that proof is in your documentation. Medicare carriers judge how well glaucoma is controlled by intraocular pressure (IOP) measurements:

- **Good control:** IOP at or below the target pressure without significant adverse effects.
- **Borderline control:** IOP near but higher than the target pressure.
- **Uncontrolled:** IOP significantly above target pressure, accompanied by evidence of glaucoma progression.

-All acute glaucoma is by definition uncontrolled,- TrailBlazer says.

Check your carrier for a list of indicators for mild, moderate and severe glaucomatous damage. For instance, hallmarks of -mild damage- may include mild reduction in retinal sensitivity and mild constriction of isopters. -Moderate damage- may be indicated by moderate reduction in retinal sensitivity and moderate constriction of isopters. And -severe damage- may be indicated by a severe reduction in retinal sensitivity and severe constriction of isopters.

Example: A patient's visual fields indicate moderate reduction in retinal sensitivity and moderate constriction of isopters. The patient's IOP is slightly higher than the target pressure. This patient has moderate damage with borderline control, and should be eligible for two VF tests every 12 months, according to Medicare.

Note: For a free form to help you document your interpretation and report of visual fields, send an e-mail to jerrys@eliresearch.com.