

Optometry Coding & Billing Alert

Visual Fields: Don't Let These VF Myths Narrow Your Reimbursement Field

Are you regularly coding 92082 when you could justifiably code 92083? You're not alone.

Visual field testing (CPT® codes 92081-92083, Visual field examination...) is a big component of many ophthalmic practices, used on patients from glaucoma suspects to blepharoplasty candidates. Whether you're a VF coding newbie or a seasoned expert, one of these myths could be keeping you from getting all of your deserved reimbursement.

Myth: All of the visual fields codes are inherently unilateral. If the optometrist performs visual fields on both eyes, he can bill the code twice.

Reality: When deciding whether to bill for services "unilaterally," per eye, or "bilaterally," for both eyes, the first thing to do is read the code description in CPT®. All of the visual field testing codes have in their description the phrase "unilateral or bilateral":

- 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 7 equivalent)
- 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 quantitative, 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).

This means that the payment that has been established for the service is for one or two eyes, and you should only submit a the code without an RT/LT or 50 modifier, says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, AHIMA-approved ICD-10 CM/PCS trainer and president of Maggie Mac-Medical Practice Consulting in Clearwater, Fla. □ even if the optometrist performed it on both eyes.

Myth: For VFs ordered by an outside doctor, you can bill for the entire service.

Reality: If the patient is not being seen by any doctor in the practice, and the visual field is being sent back to the ordering doctor for interpretation, you would report only the technical portion of 92081-92083. Append modifier TC (Technical component) to the code to report your work. The ordering doctor should report his work by appending modifier 26 (Professional component) to the code.

Myth: An optometrist plots three isopters on the Goldmann perimeter. This is an intermediate VF (92082).

Reality: A common mistake optometrists make is billing 92082 when they could legitimately bill 92083.

The key to choosing the correct VF code is in the code descriptors themselves. For example, if the optometrist plots only two isopters on the Goldmann perimeter, CPT® would call that "intermediate," based on its description of 92082. If you plotted three isopters, however, that would be an "extended" examination that would qualify for 92083.

Rule of thumb: An intermediate test is one of the screening tests that you would use if you suspect neurological damage. But optometrists use the threshold exam (92083) when they suspect something that causes a slow, progressive dimming of peripheral vision, like glaucoma.

Glaucoma causes a loss of vision like a light bulb slowly becoming dimmer and dimmer, while trauma often causes sudden, complete loss of central or peripheral vision. In screening fields, you are testing whether the retina is "on or off," while in threshold testing you are testing "how dim a light you can perceive."

Bottom line: Document medical necessity for the level of visual field testing that is ordered, say experts.

Myth: For extended visual fields performed by a tech, the optometrist must provide direct supervision.

Reality: The incident-to rules don't always apply to diagnostic tests, which are governed by separate supervision requirements. You would code these tests under the physician's name and unique physician identification number (UPIN), but not as an incident-to service.

What to do: In the Medicare Physician Fee Schedule, you can find the supervision indicators that describe what Medicare requires for diagnostic tests. Look for the list of requirements for supervision in the "Phys Supv" column of the Physician Fee Schedule Database.

A "1" in that column means the test "must be performed under the general supervision of a physician," according to Medicare. The physician maintains overall direction and control of the procedure but his presence is not required. In other words, the physician must order the diagnostic test but does not need to be in the office when the technician performs the test.

Besides 92081-92083, these are the diagnostic tests that have a general supervision requirement:

- 92060 □ Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
- 92065 □ Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
- 92133 □ Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- 92134 □ Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
- 92136 □ Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
- 92250 □ Fundus photography with interpretation and report
- 92285 □ External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo-photography).

Look for: A "2" in the "Phys Supv" column, however, indicates that direct supervision is always necessary. The physician must be present in the office suite and immediately available to direct and assist in the procedure. Tests requiring direct supervision include:

- 92235 □ Fluorescein angiography (includes multiframe imaging) with interpretation and report
- 92240 □ Indocyanine-green angiography (includes multiframe imaging) with interpretation and report.