Optometry Coding & Billing Alert

You Be the Expert: Look to Signs and Symptoms for Normal VF

Question: We had a patient present with high intraocular pressure, a sign of glaucoma, and the optometrist decided to perform a visual field (VF) examination. The results of the visual field were normal, and the doctor ruled out the possibility of glaucoma. Which diagnosis code should I link to the VF procedure?

Minnesota Subscriber

Answer: Because the results of the VFs were negative -- they did not confirm glaucoma or any condition -- you should report the signs and symptoms that prompted the exam, link the diagnosis code(s) to the applicable VF code, and include any additional observations from the VFs in the office notes.

In this case, the appropriate diagnosis code is 365.01 (Borderline glaucoma [glaucoma suspect]; open angle with borderline intraocular pressure or cupping of optic disks). Some payers require 365.00 (Preglaucoma, unspecified) when the diagnostic testing does not confirm glaucoma. Your best bet is to check with your local carrier to determine if billing guidelines exist. But if a patient presents with signs and symptoms of glaucoma, and a VF confirms the condition, you should report the code for the confirmed diagnosis.

Example: You perform visual fields for a patient who presents with high intraocular pressure, open angles, and the VFs confirm the presence of small scotomas in the areas of the VF important in glaucoma. The diagnosis code should be linked to the appropriate glaucoma diagnosis, in this case 365.10 (Open-angle glaucoma, unspecified). Scotomas in other areas may suggest another diagnosis.

Diagnosis code 365.10 is appropriate for the following VF examination codes:

• 92081 -- Visual field examination, unilateral or bilateral, with interpretation and report; limited examination ...

• 92082 -- ... intermediate examination ...

• 92083 -- ... extended examination ... .

The extended procedure, 92083, is more appropriate because it is the most diagnostic.