

## Optometry Coding & Billing Alert

### You Be the Expert: Performing Tech Component of Topography

**Question:** A patient was referred to us for just corneal topography. We performed the test and sent the results to the referring doctor for interpretation. We did not interpret the test ourselves. How should I code for just the technical component of corneal topography?

Washington Subscriber

**Answer:** Now, the only way to report corneal topography to Medicare is with an unlisted-procedure code, 92499 (Unlisted ophthalmological service or procedure). Put -corneal topography, technical component- into the comments area or Box 19 on your claim form, and send a description of the service with the claim.

Unlisted-procedure codes are -stand-alone- codes, meaning you cannot append modifiers like 26 (Professional component) or TC (Technical component) to signify that you only performed the technical component of the global service.

Non-Medicare carriers may recognize HCPCS code S0820 (Computerized corneal topography, unilateral), but note that this code is not divided into technical or professional components, either. Leave off the modifiers if you report this code.