

Optometry Coding & Billing Alert

You Be the Expert: Routine Exam for Keratoconus Patient

Question: How should I bill for a routine exam with the diagnosis post-keratoplasty in the right eye, and keratoconus in the left eye? What would the correct diagnosis codes be?

Alabama Subscriber

Answer: Report ICD-9 code 371.60 (Keratoconus, unspecified), 371.61 (Keratoconus, stable condition) or 371.62 (Keratoconus, acute hydrops) for the keratoconic left eye. To show the post-keratoplasty status in the right eye, report V42.5 (Organ or tissue replaced by transplant; cornea).

Keep in mind, however, that some insurers balk at reimbursing for V-codes. Policies vary depending on which specific carrier you're billing. If the carrier denies your claim with V42.5, you can try reporting 367.22 (Irregular astigmatism) instead.

Note: If you're fitting a keratoconus patient for contact lenses, stay away from 92310 (Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia). Use that code only when prescribing contacts to correct a refractive error. If the patient has keratoconus, which is a medical condition, bill 92070 (Fitting of contact lens for treatment of disease, including supply of lens).