Codify
BY AAPC

Optometry Coding & Billing Alert

You Be the Expert: VF Defect Due to Pituitary Adenoma

Question: How would you code a visual field defect arising from pituitary adenoma?

Florida Subscriber

Answer: In this particular case, pituitary adenoma is most likely the cause of the visual field defect. Therefore, you would code the tumor as the secondary diagnosis with 239.7 (Neoplasm of unspecified nature; endocrine glands and other parts of nervous system).

For the visual field examination, you can use any of the following CPT codes depending on the case:

• 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).

Visual fields also allow you to bill the field defect as your diagnosis code. For example, pituitary adenomas often show a heteronymous field defect (368.47). This diagnosis will work equally as well for the diagnosis, especially when the optometrist finds the visual field before the endocrinologist finds the pituitary problem.