

Optometry Coding & Billing Alert

You Be the Expert: VF & Temp Plugs

Question: A patient came in for visual field (VF) tests. During the same visit, the optometrist put in temporary plugs. Can we get paid for all services on the same day? I know the office visit needs a modifier. Do I need to put one on the VF, too?

Florida Subscriber

Answer: Provided the optometrist made the decision to perform the tests during this visit, you may bill for the office visit and the testing. You should be able to get paid for all services using three modifiers -- one on the office visit as you indicated, and one on each plug code. You do not need a modifier on the VF (92081-92083, Visual field examination, unilateral or bilateral, with interpretation and report ...).

Warning: If the patient was scheduled to come in for the VF testing as the result of a previous office visit, you should bill only the VF testing.

Unless there is a need for the physician to perform another office visit evaluation (worsening symptoms, new symptoms), do not report the office visit. Inserting a plug (68761, Closure of the lacrimal punctum; by plug, each) is a minor procedure that includes related evaluation and management work. You should only report an E/M when documentation supports the service as significant and separately identifiable from the plug insertion. In these cases, you need modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) on the office visit (99201-99215, Office or Other Outpatient Services).

Make sure to use separate diagnoses for the problem and for the primary reason or diagnosis for the visit.

Money-saver: Code 68761 is per plug. Therefore, use the insurer's preferred method of designating eye location. Indicate the affected the lacrimal punctums closed with the appropriate body-side modifiers (LT, Left side; and/or RT, Right side) or E modifiers (such as E1, Upper left, eyelid). Although Medicare carriers require the E modifiers, most private payers want RT and/or LT.

So if the patient had the upper punctums of each eye closed, the services for an insurer not recognizing E modifies could include:

- modifier 25 on 99201-99215 for the office visit
- 68761 listed twice, once with modifier RT and once with modifier LT for the two plug placements
- no modifier on 92801-92803 for the VF.