

## Optometry Coding & Billing Alert

### You Be the Expert: Weigh Pros and Cons of VF Codes

**Question:** We have a patient who is "glaucoma suspect." He is returning to our office for a visual field examination. When I bill this, do I have to bill it individually per eye? Can I bill for another visit to our office, including the actual test, verifying the results, and discussing them with the patient?

Texas Subscriber

**Answer:** Your confusion is understandable considering you have three possible visual field codes to choose from:

1. 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)
2. 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)
3. 92083 -- ... extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30o, 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).

For a glaucoma suspect, you will more than likely need to report a code for a threshold field: 92083. You should link this service to a primary diagnosis of either 365.00 (Preglaucoma, unspecified) or 365.01 (Open angle with borderline findings), if the results of the field are normal. If a patient is glaucoma-suspect by pressure, history, or disk appearance and the results of the field are normal, your Texas Medicare carrier will probably require you to link 92083 to 365.01. Private insurers, on the other hand, may prefer that you link the VF code to 365.00, even when the results of the field are normal.

When the results of the visual field are abnormal and confirm the presence of glaucoma, you should link the VF code to the appropriate glaucoma diagnosis code.

The VF codes are considered inherently bilateral, and you can report them on the same day as an office visit code for most carriers. Many optometrists will recheck IOPs, take a second look at the disk, and they may dilate and evaluate the optic nerve with a Volk lens and draw pictures (92225), take fundus photographs (92250), and/or perform scanning computerized ophthalmic diagnostic imaging (92135).

With the proper documentation, you should report a level-two or level-three office visit code, depending on all of the factors of time and difficulty, two units of 92225 or one unit of 92250, two units of 92135, and one unit of 92083. Bill only one unit of 92225 and 92083 because Medicare defines them as bilateral procedures.