## Part B Insider (Multispecialty) Coding Alert

## READER QUESTION: Zoom In on Fluoroscein Use When Detecting, Treating Corneal Abrasions

Hint: Billing for a fluoroscein stain will usually be included as part of the physician's $E / M$ service for the day

Question: Our physician performed a fluorescein staining for detecting a corneal abrasion. When he performed this in the emergency department (ED), he says he used a specific code. Has CPT introduced a fluorescein code? If not, should I use 92012 ?

Answer: Your physician may be thinking of 92230 (Fluorescein angioscopy with interpretation and report). But keep in mind that this code requires an angioscopy, which involves injecting the fluorescein (an orange dye) into the arm, and it does not sound like your physician performed that service.

Although he may have treated the patient in the ED, your office probably doesn't have the supply and equipment necessary for this complicated procedure.

CPT has no specific code for dipping a strip into the eye, so none of the codes in CPT's ophthalmology section will be able to help you.

You should instead include the fluorescein stain in the E/M service (such as 99201-99215, Office or other outpatient visit).

If you had to interrupt the schedule to treat a patient with acute eye pain, you may want to add on special services inoffice emergency code 99058 (Service[s] provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service) to the E/M code.

Beware: Although CPT does not limit codes to specific physicians, ophthalmological services (92002-92014) are performed mostly by ophthalmologists. Insurers may not cover other physicians- use of these codes.

Plus, their descriptions, such as 92012 's -ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient,- may go beyond the services your physician provides.

