

## Part B Insider (Multispecialty) Coding Alert

### Reader Questions: Modify Eye Codes Just Like E/M Codes

Question: I just started working in an ophthalmologist's office and I have a question about modifiers. Can we append modifiers 25 or 57 to the eye codes 92002-92014? The descriptions of the modifiers only specify E/M codes -- do the eye codes count?

Answer: Medicare and most other carriers treat the eye codes -- 92002 (Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient), 92004 (... comprehensive, new patient, one or more visits), 92012 (Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient) and 92014 (... comprehensive, established patient, one or more visits) -- the same as E/M codes.

Therefore, if there is a separately identifiable service, you can report it with an eye code or an E/M code and append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) or modifier 57 (Decision for surgery).

Chapter 11 of the National Correct Coding Policy Manual for Part B Medicare Carriers makes the comparison official: "When evaluation and management codes are reported, these general ophthalmological service codes ... are not to be reported; the same services would be represented by both series of codes." This means you can report either an E/M code or an eye code.