Alert: 2020 CPT® Code Changes!

Doctors of optometry should be aware of coding changes that will impact billing in 2020. The use of outdated codes can cause denials and delays in payment. Be sure your staff is aware of these changes.

Ophthalmoscopy

For 2020, CPT codes 92225, 92226 have been deleted and two new codes (92201, 92202) have been added to the CPT code set. The full code descriptions are below:

92201 Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral

92202 with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral

Note: Do not report 92201, 92202 in conjunction with 92250.

With regard to these code changes, CPT has clarified that “Prior to 2020, the descriptors for codes 92225, 92226 included of initial and subsequent, retinal drawing however, the work for an initial or subsequent review was not different. The new codes specify what portion of the eye is examined an extensive comprehensive eye exam. Peripheral retinal disease and examination of the optic nerve are the typical two sections of the eye that are evaluated.

Code 92201 describes retinal drawing and scleral depression, of peripheral retinal disease and code 92202 describes drawing of optic nerve or macula. Interpretation and report are included in both codes and, therefore, it must be performed in order to report both codes.”

As CPT clarified, the new codes specify what portion of the eye is examined an extensive comprehensive eye exam. Peripheral retinal disease and examination of the optic nerve are the typical two sections of the eye that are evaluated. For code 92201, it is important to note the inclusion of the requirement of scleral depression during examination. This was not in either of the previous codes and were only required when the physician felt necessary. With this change, any time that the use of 92201 coding is being billed, scleral depression must be done. If not completed, examination of the peripheral retina should be included with the appropriate general ophthalmologic (92000) or evaluation and management code (99000). As a reminder, by inserting the tip of the scleral depressor between the globe and the orbit, the space occupied by the probe displaces the retina inward and creates an elevation. This technique enhances the contrast between a retinal lesion and the surrounding retinal tissue. In doing so, scleral depression helps you locate and diagnose lesions that may otherwise go undetected. In conjunction with binocular

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indirect ophthalmoscopy (BIO), scleral depression is an excellent (but often neglected) method for seeing a detailed view of the peripheral fundus.

Additional to note is that both new codes are listed as unilateral or bilateral. This means that it should not be submitted per eye, nor with bilateral (50) modifiers if examining both eyes.

**Need more help?**

Here are three ways that AOA members can make the most of AOA’s coding resources:

1. **Ask the Coding Experts.** AOA’s Coding Experts are available to answer questions about ICD-10 and other coding topics through the online form available here. Also, find the experts’ regular column in *AOA Focus*.

2. **Use AOA Coding Today.** This online, comprehensive database contains information in real-time for CPT, ICD-10 and HCPCS coding and research. *AOA Coding Today* is tailored specifically to optometry, and assists doctors and staff in correct reimbursement and compliance with an easy-to-use code diagnosis ability based on region.

3. **Watch AOA’s coding webinars.** Register for AOA’s upcoming webinar on E/M code changes at 8 p.m. ET, Thursday, Jan. 16, 2020. Or, browse *AOA’s webinar library* for additional coding tutorials. The code changes covered in this article will be reviewed on the Jan. 16 webinar.