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General Ophthalmologic Services

Topics to be covered:

- 92002 and 92012
- 92004 and 92014
- Other Ophthalmic Services
  - Refraction
  - Special Testing
- S codes
New vs Established

**New patient:**
No professional services from the physician/qualified health care professional (QHP) or another physician/QHP of the exact same specialty and subspecialty who belongs to the same group practice within past 3 years

**Established patient:**
Professional services from the physician/QHP or another physician/QHP of the exact same specialty and subspecialty who belongs to the same group practice within past 3 years

### General Ophthalmologic Services Codes

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<thead>
<tr>
<th>Code</th>
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<tr>
<td>92002</td>
<td>92012</td>
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<td>92004</td>
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General Ophthalmologic Codes vs Evaluation and Management (E&M) Codes?

- No mandated use of one code set over the other
- Report code(s) most accurately identifies service(s) or procedure(s) performed
- General ophthalmological service codes are specific for services typical of ophthalmological visit

Please note that some carriers state: Services that require minimal ophthalmologic examination techniques are reported with the E/M CPT codes (99201 through 99499)

Difference between General Ophthalmologic and E&M Codes

General ophthalmologic services
- Intermediate and comprehensive
- Do not require three key components
  - History
  - Examination
  - Medical decision-making
- Do not use documentation guidelines of CMS to determine proper code selection
CPT Definitions

• HIPAA requires all providers and insurers to use CPT codes and definitions for describing services provided to patients

• CPT copyright requires anyone who uses the codes to comply with the definitions for the codes

• Choosing codes by matching the content of the record to the CPT definition provides effective support in the case of a payer audit

CPT® Codes

Note: Current Procedural Terminology© American Medical Association is the only accepted source of definitions for these services.

92002
Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

92004
Comprehensive, new patient, 1 or more visits
**CPT® Codes**

92012  
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

92014  
Comprehensive, established patient, 1 or more visits

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**CPT® Definition**

**Comprehensive Ophthalmological Services**

Comprehensive ophthalmological services describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.
Comprehensive Ophthalmological Services

92004 & 92014
Introduction in CPT®
General evaluation of the complete visual system (1 or more sessions)
Includes:
- History
- General medical observation
- External examination
- Ophthalmoscopic examination
- Gross visual fields
- Basic sensorimotor examination
Often includes:
- Biomicroscopy
- Examination with cycloplegia or mydriasis
- Tonometry.
Always includes:
Initiation/continuation of diagnostic and treatment programs

CPT® Definition
Intermediate Ophthalmological Services

Intermediate ophthalmological services describes an evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; may include the use of mydriasis for ophthalmoscopy.
Intermediate Ophthalmological Services

92002 and 92012

Introduction in CPT®
Evaluation of new/existing condition complicated by new
diagnostic/management problem not necessarily related to primary diagnosis

Includes
- History
- General medical observation
- External examination
- Adnexal examination

May Include
- Other diagnostic procedures
- Mydriasis of ophthalmoscopy

Always includes
- Initiation/continuation of diagnostic and treatment programs

Diagnostic and Treatment Program

Includes, but not complete list:
- Prescription of medication
- Special ophthalmological diagnostic or treatment services
- Consultations
- Laboratory procedures
- Radiological services
How Differ from E&M Intermediate & Comprehensive Ophthalmological Services:

Medical decision making cannot be separated from examining techniques
Itemization of service components is not applicable
- Slit lamp examination
- Keratometry
- Routine ophthalmoscopy
- Retinoscopy
- Tonometry
- Motor evaluation

General Ophthalmological Services

Intermediate

General Ophthalmological Services

Some Medicare Carriers further define what constitutes Intermediate and Comprehensive Ophthalmic Examinations

Source appears to be CPT Assistant Article August 1998 and the CPT introduction and definitions

This review helps in determining intermediate vs comprehensive service levels

COMPREHENSIVE
Ten Elements of Ophthalmologic Examination

- Confrontation fields
- Eyelids/adnexa
- Ocular motility
- Pupils/iris
- Cornea
- Anterior Chamber
- Lens
- Intraocular pressure
- Retina (vitreous, macula, periphery, and vessels)
- Optic disc

(Should be 12 elements including acuity and bulbar and palpebral conjunctiva but not always listed)

Comprehensive examination eight or more elements including:

Fundus examination with dilation**
Motor evaluation

**Note that CPT definitions do NOT require dilation but some carriers do- some with further statement “with dilation unless contraindicated”
Intermediate Examination

Seven or fewer elements

AND

General Ophthalmologic Services

General Ophthalmologic examination can also includes:

None of the following special tests have individual CPT codes so are included in intermediate and/or comprehensive general ophthalmologic examinations:

- Laser interferometry
- Potential acuity meter
- Keratometry
- Exophthalmometry
- Transillumination
- Corneal sensation
- Tear film adequacy
- Phacometry
- Schirmer’s test
- Slit lamp
- History
- General medical observation
Example of Comprehensive Services
From CPT®

The comprehensive services required for diagnosis and treatment of a patient with symptoms indicating possible disease of the visual system, such as glaucoma, cataract or retinal disease, or to rule out disease of the visual system.

Examples of Intermediate Examination
From CPT®

- Acute complicated condition (e.g., iritis) not requiring comprehensive ophthalmological service
- Review of history
- External examination
- Ophthalmoscopy
- Biomicroscopy
Examples of Intermediate Services
From CPT®

- Established patient with known cataract not requiring comprehensive ophthalmological services
- Review of interval history
- External examination
- Ophthalmoscopy
- Biomicroscopy
- Tonometry

* Given as examples, not required by the CPT definition.

Coding Guidelines

- Chief Complaint - Reason for visit
  - Still necessary
- Documentation
  - To establish medical necessity
- General medical observations
- Require dilation for 92004/92014- (? per CPT)
- Must include initiation/continuation of diagnostic and treatment programs
Coding Guidelines

- Refraction not covered by Medicare
  May file for denial
  GY modifier may be necessary
    • indicates that the service is
    statutorily excluded from
    Medicare coverage

- Annual dilated exam for diabetics
  Special code for glaucoma screening
  G0117 with V90.1

Special Ophthalmological Services

92015 to 92140

- Special evaluation of part of the visual system
- 1. Beyond the services included for general ophthalmological services
  or
- 2. Special treatment is given

Reported in addition to general ophthalmological services or E&M services

- Interpretation and report by the physician or QHP is integral part of special
  ophthalmological services where indicated
General Ophthalmologic Services

Routine Examination Codes

- S0620 – Routine ophthalmologic examination including refraction, New Patient
- S0621 – Routine ophthalmologic examination including refraction, Established Patient
- No valuation
- No further definitions
- Insurers free to interpret at will

Summary

- General ophthalmologic code set requirements is more straightforward than E&M code set requirements
- Do NOT include refraction
- Some carriers have specific definitions for intermediate and comprehensive levels apparently beyond what CPT® states

IMPORTANT: Initiation of diagnostic and treatment program seems to be the most audited item in Medicare
Resources

AOA Third Party Executive Center

WWW.AOACODINGTODAY.COM
- Free AOA Member benefit
- Online code look up and more

WWW.AOA.REIMBURSEMENTPLUS.COM
- Available at discount to AOA members
- Online cloud-based

http://www.aoa.org/x6167.xml

Codes for Optometry-AOA
- Book with diagnoses code etc +CPT book

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