



## **Billing and Reimbursement Policy:Ophthalmology Exams**

Key coding and reimbursement points include:

- Procedures included in a comprehensive level exam include those performed under an intermediate level exam plus:
  - Dilated ophthalmoscopy
  - Motor evaluation
  - Biomicroscopy, if indicated
  - Examination with cycloplegia or mydriasis (dilated ophthalmology), if indicated
  - Tonometry, if indicated
  - A comprehensive examination always includes initiation of diagnostic and treatment programs as indicated
- When performing a comprehensive eye examination, it is important that the following exam elements are documented in the patient's records:
  - History
  - General medical observation
  - External and ophthalmoscopic exam
  - Confrontation visual fields
  - Basic sensorimotor exam
- The coding for the comprehensive eye exam can be submitted using the general ocular medical examination CPT codes (CPT codes 92002-92014).
- Other non routine exams can be billed using the evaluation and management (E/M) services CPT codes (CPT codes 99201-99350).
- The components of a comprehensive ophthalmology examination may be provided in one visit or on the subsequent day.
- The date of service that is submitted on the claim is the date that all the components are completed and documented.
- Medical diagnostic evaluation is included in visual field testing and should not be reported separately.
- Neighborhood does not reimburse for commercial and senior visual field testing (e.g. 92225 - 92284), unilateral procedures, when reported with a -50 (bilateral) modifier.



- Codes 92225 92284 are considered unilateral.
- Valid modifiers include modifiers 22,26,32,51,52,53,55,56,57,58.
- Valid post-operative modifiers include modifiers 59, 76, 77, 78, 79, 90, 99.
- Notes may be requested.
- This policy applies to place of service 11, 21, 22, 23 and 50.

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