Getting Paid for Technology
Harvey Richman, OD
Rebecca Wartman, OD

Disclaimers for Presentation
1. All information was current at time it was prepared
2. Drawn from national policies, with links included in the presentation for your use
3. Prepared as a tool to assist doctors and staff and is not intended to grant rights or impose obligations
4. Prepared and presented carefully to ensure the information is accurate, current and relevant
5. No conflicts of interest exist for presenters—financial or otherwise. However, both Rebecca and Harvey write for Optometric Journals and Rebecca consults with Eye Care Centers OD PA.
6. Of course the ultimate responsibility for the correct submission of claims and compliance with provider contracts lies with the provider of services
7. AOA, AOA Coding Committee, its presenters, agents, and staff make no representation, warranty, or guarantee that this presentation and/or its contents are error-free and will bear no responsibility or liability for the results or consequences of the information contained herein
8. The content of the COPE Accredited CE activity was prepared with assistance from AOA Staff and Doug Morrow OD

Cornea and Anterior Segment

Topography
92025
1. Computerized corneal topography, unilateral or bilateral with interpretation and report
2. Detection of subtle corneal surface irregularity and astigmatism
Elevation maps
Various overlay and fit zone options

Indications & Limitations of Coverage:
- Post penetrating keratoplasty
- Post kerato-refractive complications
- Post op irregular astigmatism
- Corneal dystrophy, bullous keratopathy
- Complications of transplanted cornea
- Keratoconus

Reasons for Denial
- Non-covered for refractive procedures
- Billable privately or included in exam fee for contact lens evaluations

Corneal wavefront allows direct comparison of corneal and ocular wavefronts

Corneal Wavefront Analysis
- Currently, no separate code for Corneal Wavefront Analysis
- Cannot use Corneal Topography for this
- 92499 possible but miscellaneous service often not covered and often require special report with claim
- Consider using ABN to collect from patient

Collagen Cross-Linking

Collagen cross-linking of cornea
(including removal of the corneal epithelium and intraoperative pachymetry when performed)

Corneal Hysteresis

92145
Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

No utilization guidelines or published LCDs
National Non-facility Medicare Fee $17.66
Cornea's ability to absorb and dissipate energy
Low Corneal Hysteresis

- Optic nerve damage
- Visual field loss
- Functional progression of GLC
- Larger magnitude of IOP reduction
- Dynamic finding may increase with medications

0198T

Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report

Often not paid current since Category III
Consider using an ABN

92286

Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
Bilateral code
Medicare National Non-facility Fee: $39.64

92286 Justified

Slit lamp evidence of endothelial dystrophy (guttata) & corneal edema
Undergoing secondary intraocular lens implant
Previous ocular surgery now requires cataract surgery
Fitting with extended wear contact after ocular surgery
Limitations
- Not eligible if only visual problem is cataract considered part of presurgical examination.
- Preoperative evaluation of refractive keratoplasty not covered

Corneal Confocal Microscopy

Examines unmyelinated corneal nerve fibers @ high magnification, using laser-scanning CCM to image corneal sub-basal nerve plexus
Can predict insipient peripheral neuropathy in Type 1 DM (63% Sensitive; 74% Specific)
Reduced Corneal NFL length & Corneal sensitivity = increased severity diabetic peripheral neuropathy
Previous studies demonstrate utility for CCM in other neuropathies
No Code - 92499 Miscellaneous with ABN
Not included in 92286
Blepharoplasty Guidelines

- Visual fields sometimes used determine medical necessity
- Often performed with taped lids then untapped lids
- Repeated service should be submitted with CPT modifier 76 on a separate detail line
- 2 fields often denied

External Photos now often used
Review carrier LCD

New Blepharoplasty Guidelines

- CGS: Complaint - Physical findings - Visual fields
- Noridan: Complaint - Physical finding - Photos
- WPS: Complaint - Physical findings - Visual fields – Photos
- Palmetto: Complaint - Physical findings - Photos

4 Carriers with LCD for Blepharoplasty
2 have eliminated Visual Fields requirement

92285

- External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, gonio-photography, stereo-photography)
  (For tear film imaging, use 0330T)
  (For meibomian gland imaging, use 0507T)
- Medicare Fees National Non-Facility Fee $21.98
- Bilateral

External Ocular Photography 92285

Check carrier for limitations or restrictions of coverage
- External ocular photography is covered when special camera is used to obtain magnified photographs of lesions (e.g., the cornea, iris or lids) for purpose of monitoring and following the patient’s condition
- Medical quality images may be of digital, Polaroid Macro 3 SLR or equivalent
- Photographs for purpose of documenting for medicolegal purposes or preauthorization (e.g., gross trauma, amount of ptosis or redundant lid tissue) are not separately reimbursed - not medically necessary

MGD Dysfunction

Ocular Surface Interferometer

MGD Imaging
CPT III CODES

0330T
Tear film imaging, unilateral or bilateral, with interpretation and report

0207T
Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral

0507T
Near infrared dual imaging (i.e., simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report

Again, CPT III codes typically not covered without specific carrier guidance
Consider using an ABN

0514T
Intraoperative visual axis identification using patient fixation
(List separately in addition to code for primary procedure)
(Use 0514T in conjunction with 66982, 66984)

Lens Autofluorescence

Integral to General Ophthalmologic or E&M Now
No LCD/ Medical Policy Guidance
92499 could be considered but not recommended

Gonioscopy

92020
Used to diagnose injury or disease in anterior chamber of eye, performed under local anesthetic due to necessity of placing specialized lens directly on the eye to obtain a clear image
Bilateral Procedure Code
Medicare National Non-facility Fee: $28.11
Utilization as medically necessary
**Anterior OCT**

Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral.

- **92132**
- NOT GONIOSCOPY
- National Medicare Non-facility Fee $32.07

---

**Pupilometry**

CPT 0341T

- Quantitative pupillometry with interpretation and report, unilateral or bilateral
- RVU=0 (Local Carrier Priced)
- Consider using an ABN

---

**Pupilometry**

**Efferent Pupillary Defects**

- Detects efferent pupillary defects including: parasympathetic nerve deficits (e.g., oculomotor nerve, brainstem, Adie's pupil)
- Sympathetic nerve defects (e.g., Horner's syndrome) and pharmacological causes of unequal pupils.

---

**Visual Field Examinations**

- **92081** Limited, unilateral or bilateral, with interpretation and report; examination
- **92082** Intermediate, unilateral or bilateral, with interpretation and report
- **92083** Extended, unilateral or bilateral, with interpretation and report
Indications & Limitations of Coverage
- Necessary to establish diagnosis
- Monitor course for treatment
- Determine change in therapeutic plan
- 92081-92082 medically necessary to diagnose and follow retinal disorders
- 92083 diagnosis or follow-up of glaucoma or neurologic disease

Visual Field Coding Guidelines
- All services are considered bilateral
- -50 modifier not appropriate
- -52 modifier if can only doing one eye
- -76 modifier if doing repeat procedure

Visual Field Technology
0378T
Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional

Scanning Laser Tests
- Confocal laser scanning ophthalmoscopy (topography)
- Optical Coherence tomography

Versatile Multi-Modality Imaging
Glaucma

Coding guidelines
- 92133: Scanning computerized opthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report, unilateral or bilateral: optic nerve
- 92134: Scanning computerized opthalmic diagnostic imaging (e.g., scanning laser) with interpretation and report, unilateral or bilateral: retina
- Do not use with -52, LT or RT modifier if reduced service
- Not covered with HCPCS: 92227, 92250
- 59 modifier usage (and CMS -59 alternatives)
- CAUTION: GA modifier usage with ABN
Glaucoma Severity/Staging
Level Scanning Laser Frequency

- **Current frequency limitations for Scanning Laser for many regions:**
  - **Mild or Suspect Glaucoma:** 1 Time per year
  - **Moderate Glaucoma:** 2 Times per year
  - **Advanced or Severe Glaucoma:** NO Scanning laser but up to 4 Visual Fields / year

Read your LCD's and other payer guidance!

---

**92133**
Utilization Guidelines-GLC

- **Although CMS guidelines state:**
  - Only two exams/eye/year are allowed for patient who has or is suspected of having glaucoma
  - Most LCD state once per year to follow pre-glaucoma patients or those with "mild" stage

- **One or two tests per year for patients with "moderate staging,"**
  - followed with SLT or visual fields
  - If both SLT and visual fields are used, only one of each tests

- **"Advanced stage" field testing preferred by Medicare guidance**

---

**92134**
Utilization Guidelines-AMD/DR

- **Only one exam/eye/2 months is allowed for the patient whose primary ophthalmological diagnosis is related to a retinal disease**

- **One exam/eye/month is allowed for the patient who is undergoing active treatment for macular degeneration or diabetic retinopathy**

---

**Ganglion Cell Analysis: Use 92134**

- Isolates Ganglion Cell Layer
- Measures thickness for sum of GCL and IPL layers using data from Macular cube scans.

- RNFL distribution in the macula depends on individual anatomy, while the GCL+IPL appears regular and elliptical for most normal individuals

- Propriety algorithms are adapted for specific anatomy, use GCL and IPL thickness

---

**Visual Evoked Potential - VEP**

95930

**UPDATE 2018**

- Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
  - **Bilateral Code**
  - **General Supervision**
  - **Special Training?**
  - **Utilization Guidelines**
  - **Carrier Dependent**

**0464T**

**Visual Evoked Potential, testing for glaucoma, with interpretation and report**

May NOT use any other VEP code with glaucoma diagnosis

NEW CODE
**Acuity Screening Only**

0333T

Visual evoked potential, screening of visual acuity, automated, with report

(For visual evoked potential testing for glaucoma, use 0464T)

---

**Retinal Imaging CPT III Code**

0380T

Computer-aided animation + analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report

---

**Fundus Autofluorescence (FAF)**

- Potential info health & function of entire retina
- Photoreceptors contain light-sensing molecules susceptible to damage/x-linking, & shed their damaged outer segments
- RPE phagocytize the segments & molecules stored in liposomes, forming lipofuscin (LF)
- Disease states & oxidative damage = LF
- Hyper-fluorescence = excess LF accumulation
- Hypo-fluorescence = RPE cells die/are absent

---

**LASER Speckle Flowgraphy**

- Noninvasive way to assess ocular blood flow
- CRVO study completed

---

**Angiography software-OCTA**

- Non-invasive, dyeless
- Hi-resolution, 3-D visualization of retinal vasculature
- Images motion of scattering particles such as RBCs using sequential OCT x-sectional scans
**Wide Field Retinal Screening**

*S9986 or 92499*

- **S9986:** Not Medically Necessary Service
  - Patient is aware not medically necessary
- **92499:** Unlisted ophthalmological service or procedure
  - Screenings are not covered in most cases
  - Consider using ABN

---

**Macular Pigment Densitometers**

- **0506T**
  - Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report

---

**Preferential Hyperacuity Perimeter**

Detection and characterization of central and paracentral metamorphopsia in patients with AMD

- Discontinued 92082
- 92499?
  - Consider an ABN

---

**0469T**

- **Retinal polarization scan, ocular screening with on-site automated results, bilateral**
- **Retinal Birefringence scanners (RBS)**
  - Hand held instruments
  - Measure the changes in the polarization of light
  - Detect eye misalignment or strabismus
  - No LCD
  - Medical Policy E/U
Electroretinography (ERG) is used to evaluate function of the retina and optic nerve of the eye, including photoreceptors and ganglion cells. A number of techniques that target different areas of the eye, including full field (flash and flicker), multifocal, and pattern (0509T) for retinal ganglion cells are used. Multiple additional terms and techniques are used to describe various types of ERG.

If the technique used is not specifically named in the code descriptors for 92273, 92274, 0509T, use the unlisted procedure code 92499.

92273 (new 2019)
Electroretinography (ERG), with interpretation and report; full field (flash and flicker) (92273) for a global response of photoreceptors of the retina

92274 (new 2019)
Electroretinography (ERG) with interpretation and report; multifocal (0509T) for photoreceptors in multiple separate locations in the retina, including the macula

0509T (new 2019)
Electroretinography (ERG) with interpretation and report, pattern (0509T)

92250: Fundus Photography
Fundus photography with interpretation and report

Bilateral Code
Photography

- Document abnormalities
- Check carrier’s medical policy for limitations or restrictions of coverage
- Obtain filing requirements from carrier for bilateral or multiple procedures

92250 Utilization Guidelines

- Some carriers state it is not medically necessary to repeat fundus photography more often than every 2 years for follow-up of stable glaucoma.
- Repeat photographs for retinopathy are rarely necessary.

Fundus Photography & SCODI

- Continued confusion on billing photography and SCODI on same date of service
- They are “mutually exclusive” as defined by current NCCI
- Mutually exclusive is defined as “procedures that cannot reasonably be performed at the same anatomic site or same encounter.”

Fundus Photography & SCODI

- There has been no specific document defining when you can use 92133 and 92134 with 92250
- This means there is no official CMS guidance on using “mutually exclusive” codes on the same date of service.

National Correct Coding Initiative (NCCI)

- Developed with RBRVS 2003
- Insures proper Medicare payments (Resource Based Relative Value System)
- Identify pairs of services not billed together (same physician for same patient on same day)
- Component element edits
  - 92012 and 92014
- Medically Unlikely Edits (MUE) policy manual
  - 92133 or 92134 and 92250 but MAY use -59 modifier
  - 92133 and 92134 may NOT be used together even with -59 modifier

NCCI Edits

- MUE together, column 1 code is paid
- MUE MAY be allow together
  - 0 not allowed
  - 1 allowed
  - 9 non-applicable
  - If clinical circumstances justify appending a modifier to column 2 code of code pair, payment for both codes may be allowed
- MUST READ AND UNDERSTAND WHAT CAN BE DONE TOGETHER AND WHEN
- Cannot use a modifier just to get paid
Fundus photography (CPT code 92250) and scanning ophthalmic computerized diagnostic imaging (e.g., CPT codes 92132, 92133, 92134) are generally mutually exclusive of one another in that a provider would use one technique or the other to evaluate fundal disease. However, there are a limited number of clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye. In these situations, both CPT codes may be reported appending modifier 59 to CPT code 92250. (CPT code 92135 was deleted January 1, 2011.)

Treatment of posterior segment structures in the eye constitutes treatment of a single anatomic site. (See example 5: Modifier 59)

Modifier 59 should not be used if both procedures are performed during the same operative session because the retina and choroid are contiguous structures of the same organ.