

 Billing and Reimbursement Guideline:
 Ophthalmology Exams

 Guideline Publication Date:
 September 1, 2010

Key coding, documentation 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.

| September 1, 2010          |
|----------------------------|
| -                          |
| Format change, minor edits |
|                            |

Neighborhood Health Plan of Rhode Island Billing and Reimbursement Guidelines



- 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 to support separate reimbursement of services.
- This guideline applies to both CMS-1500 and UB-92 claim submissions.

*Please refer to Neighborhood's provider website at <u>http://www.nhpri.org</u> for specific provisions by product line.* 

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

| Version History<br>Original Publish Date: | September 1, 2010          |
|---|----------------------------|
| Revision Date (s):                        |                            |
| 9/1/2013                                  | Format change, minor edits |

Neighborhood Health Plan of Rhode Island Billing and Reimbursement Guidelines