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General Ophthalmological Service Codes

Adjudication Rule

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Responsible:
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Related Adjudication Rules:
None

Abstract

For Members

Billing Rules are the adjudication rules, which are in compliance with official CPT, ICD-CM and HAAD/CCSC coding guidelines.

A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc.

It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular insurance plan administered by Daman.

For Medical Professional

General ophthalmologic service codes, when coded for covered ophthalmological services with appropriate ICD9 codes listed under the requirements is covered for all health insurance plans administered by Daman.

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Scope

This adjudication rules describes proper use of General Ophthalmological Services Codes defined by CPT codes, 92002, 92004 and 92012, 92014.

Adjudication Policy

Eligibility / Coverage Criteria

General ophthalmologic service codes when coded for covered ophthalmological services with appropriate ICD codes listed under the requirements is covered for all health insurance plans administered by Daman.

Requirements for Coverage

Specific ICD-9 M codes are to be reported to the highest level of specificity not of preventive nature.

Non-Coverage

The procedure will not be covered if the required ICD-CM codes are not reported or if the procedure is performed by anyone other than an Ophthalmologist or the benefit does not exist.

Payment and Coding Rules

Please apply HAAD payment rules and regulation and relevant coding manuals for ICD-9, CPT, etc.

Ophthalmological Services Codes are selected based on:

- Patient type as New or Established
- Service type as Intermediate and Comprehensive Services

Intermediate ophthalmological services:

Describe 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; this may include the use of mydriasis for ophthalmoscopy.

Comprehensive ophthalmological services:

Comprehensive ophthalmological services describe a general evaluation of the complete visual system.

A new patient is defined as an individual who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice within the previous three years.

An established patient is an individual who has received professional services from the physician or another physician of the same specialty who

belongs to the same group practice within the previous three years.

Intermediate ophthalmological services:

Some examples of an intermediate ophthalmological service listed in CPT include:

- a. Review of history, external examination, ophthalmoscopy, bio-microscopy for an acute complicated condition (e.g. iritis) not requiring comprehensive ophthalmological services; and
- b. Review of interval history, external examination, ophthalmoscopy, bio-microscopy and tonometry in established patient with known cataract not requiring comprehensive ophthalmological services.

Comprehensive ophthalmological Services

The service includes - history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination.

It often includes, as indicated: bio-microscopy, examination with cycloplegia or mydriasis, and tonometry.

It always includes initiation of diagnostic and treatment programs.

As stated above, the comprehensive ophthalmological services include a history, general medical observation, external and ophthalmoscopic examinations, gross visual fields, and basic sensorimotor examination.

When performing an external examination, the physician generally examines the eye and adnexa, which may include but is not limited to the following: eyelids, lashes, eyebrows, alignment of the eye, and motility of the eye, conjunctiva, cornea, and iris.

Ophthalmoscopic examinations are useful to examine the ocular media, the retina, and optic nerve. Examination of the visual field of each eye helps to detect any visual field defects. This is a very rudimentary test performed with a confrontation technique.

General Ophthalmological Services Codes VS Evaluation and Management codes

When should a physician report the general ophthalmologic services codes versus the evaluation and management services codes?

It is important to note that there is no mandate that states that the ophthalmology codes must be used instead of the E/M codes. As stated in the instructions for use of CPT, the physician should report the code(s) that most accurately identifies the service(s) or procedure(s) performed, whether it is an E/M service code or an ophthalmology visit code.

Specific procedures included under 'General Ophthalmological Services' code should not be

unbundled and billed with the E/M. Instead code the specific General ophthalmological service code.

When E/M codes are reported, these general ophthalmological service codes (e.g., CPT codes 92002-92014) are not to be reported; the same services would be represented by both series of codes. Daman does not pay consultation/E&M and General ophthalmological service codes together.

- There must be initiation of treatment or a diagnostic plan for a comprehensive service to be reported.
- An intermediate service requires initiation or continuation of a diagnostic or treatment plan.
- General ophthalmological services codes are for both eyes. They cannot be requested separately for each eye.
- Whenever a General ophthalmological services code for New patient (92002 & 92004) is claimed, the patient's Mednext history should be checked to confirm 'the new patient' status.
- Follow-up of successfully fitted extended wear lenses is a part of the general ophthalmological services using 92012 and 92014, and is not a separately reportable service with these codes.
- When Contrast Sensitivity testing is used to evaluate abnormal vision, it is considered to be an incidental part of an eye exam or consultation; no separate CPT code describes the test.

The following procedures (with CPT 4 codes) can be reported separately (from general ophthalmological services codes):

- Computerized Corneal topography (CPT code 92025)
- The prescription of contact lenses
- Refraction service (CPT code 92015). Prescription of lenses, when required is included in 92015.
- Special ophthalmological services which go beyond the services included under general ophthalmological services.

Ophthalmic ultrasound, echography, diagnostic corneal pachymetry, unilateral or bilateral determination of corneal thickness (CPT code 76514).

Adjudication Examples

Example 1

Question: Daman member underwent consultation for blurred vision of both eyes. Diagnosed as B/L cataract. Provider billed CPT4 code 92002 & 92225.

What is the correct payment? Will Daman pay the claim?

Answer: Payment would be for code 92002. 92225 is to be rejected as extended ophthalmoscopy and not required for diagnosing a cataract. Moreover routine ophthalmoscopy is included in the code 92002. Extended ophthalmoscopy requires supporting documentation.

Example 2

Question: Daman member underwent consultation for conjunctivitis. Provider also billing the E&M 99213 in addition to CPT4 code 92002. What is the correct payment?

Answer: Correct payment is CPT4 code 92002.

Denial codes

Code	Code description
PRCE-002	Payment is included in the allowance for another service
CODE-015	Activity/diagnosis is inconsistent with the provider type
CODE-010	Activity/diagnosis inconsistent with clinician specialty
NCOV-001	Diagnosis(es) is (are) not covered
NCOV-003	Service(s) is (are) not covered
PRCE-010	Use bundled code

Appendices

A. References

1. CPT book 2011
2. HAAD coding manual 2012
3. AMA CPT assistant 2011
4. References of 3M Consulting Services
5. Dictionary of Eye Terminology, Barbara Cassin, Sheila Solomon, 1984
6. General Ophthalmology, 8th Edition, D. Vaughan, MD, T. Asbury, MD, 1977.
7. Textbook of Ophthalmology, 9th Edition, Harold G. Scheie, MD, Daniel M. Albert, 1977.

B. Revision History

Date	Change(s)
01-07-13	V 2.0: New template
15-07-14	1. V4.0 2. Disclaimer updated as per system requirements

3. Restored original effective date