

# General Ophthalmological Services

## Adjudication Guideline

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## Table of Contents

|     |                                      |   |
|-----|--------------------------------------|---|
| 1.  | Abstract .....                       | 3 |
| 1.1 | For Members.....                     | 3 |
| 1.2 | For Medical Professionals.....       | 3 |
| 2.  | Scope .....                          | 3 |
| 3.  | Adjudication Policy.....             | 3 |
| 3.1 | Eligibility / Coverage Criteria..... | 3 |
| 3.2 | Requirements for Coverage .....      | 3 |
| 3.3 | Non-Coverage.....                    | 3 |
| 3.4 | Payment and Coding Rules .....       | 4 |
| 4.  | Denial Codes.....                    | 6 |
| 5.  | Appendices .....                     | 7 |
| 5.1 | References .....                     | 7 |
| 5.2 | Revision History .....               | 7 |

# 1. Abstract

## 1.1 For Members

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.

## 1.2 For Medical Professionals

Billing Rules are the adjudication rules, which are in compliant with official CPT, ICD and Regulator coding guidelines.

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

# 2. Scope

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

# 3. Adjudication Policy

## 3.1 Eligibility / Coverage Criteria

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

## 3.2 Requirements for Coverage

Specific ICDs codes should be reported to the highest level of specificity, not of preventive nature.

## 3.3 Non-Coverage

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

### 3.4 Payment and Coding Rules

Please apply Regulator payment rules and regulation and relevant coding manuals for ICDs, 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.

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

- Review of history, external examination, ophthalmoscopy, bio microscopy for an acute complicated condition (e.g., iritis) not requiring comprehensive ophthalmological services
- 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:**

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 group practice within the previous three years.

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 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 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 CPT code 92002 & 92225. What is the correct payment? Will Daman pay the claim?

**Answer:** Payment would be for code 92002. 92225 will 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 CPT code 92002. What is the correct payment?

**Answer:** The proper payment is CPT code 92002.

## 4. Denial Codes

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

## 5. Appendices

### 5.1 References

- <https://www.aapc.com/codes/cpt-codes-range/92002-92499/?srsId=AfmBOooYC4hDwMMRAjDg0IZhi07kzvOHLZ2cOWT-Ct-jtUdLSJNYaNDN>
- <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57071&ver=26&>
- <https://www.aao.org/practice-management/news-detail/e-m-level-3-4>
- <https://shafafiyaportal.doh.gov.ae/dictionary/guidance/DataStandardsPanel.xls?>

### 5.2 Revision History

| Date       | Change(s)                                                                                                                       |
|------------|---------------------------------------------------------------------------------------------------------------------------------|
| 01/07/2013 | Release V2.0 <ul style="list-style-type: none"> <li>• New Template</li> </ul>                                                   |
| 15/07/2014 | Release V4.0 <ul style="list-style-type: none"> <li>• Disclaimer updated</li> <li>• Restored original effective date</li> </ul> |
| 27/12/2024 | Release V5.0 <ul style="list-style-type: none"> <li>• New Template</li> <li>• General content update</li> </ul>                 |

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