

OPHTHALMOLOGY CODING BEST PRACTICES GUIDE



Quest

National Services, LLC

OPHTHALMOLOGY CPT CODE RANGES IN 2022

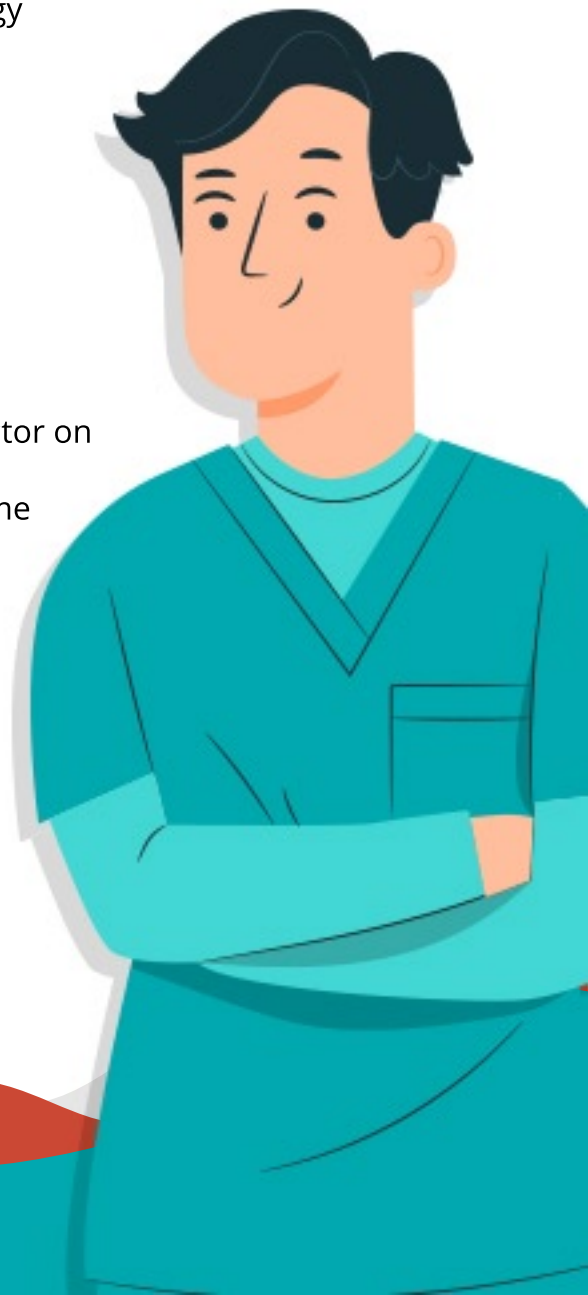
Below is a general list of the code ranges for ophthalmology services and procedures in 2022:

- 92002-92014** – General Ophthalmological Services and Procedures
- 92002-92004** – New Patient General Ophthalmological Services and Procedures
- 92012-92014** – Established Patient General Ophthalmological Services and Procedures
- 92015-92287** – Special Ophthalmological Services and Procedures
- 92015-92145** – Ophthalmological Examination and Evaluation Procedures
- 92201-92260** – Ophthalmoscopy Procedures
- 92265-92287** – Other Specialized Ophthalmological Services and Procedures
- 92310-92326** – Contact Lens Services
- 92340-92371** – Spectacle Services (Including Prosthesis for Aphakia)
- 92499** – Other Ophthalmological Services or Procedures

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Below is a list of the common modifiers used in ophthalmology billing:

- RT** – right eye
- LT** – left eye
- E1** – upper left eyelid
- E2** – lower left eyelid
- E3** – upper right eyelid
- E4** – lower right eyelid
- 24** – Use for unrelated E/M by the same doctor during the postoperative period
- 25** – Used when a distinct service is provided by the same doctor on the same day as another procedure
- 51** – Use when multiple procedures are performed on the same day during the same encounter
- 59** – Used when two different procedures that are not normally reported together are appropriately billed together under the set circumstances
- 79** – Use for unrelated procedures during the postoperative period performed by the same doctor



E/M Codes versus Eye Codes

E/M Codes

E/M codes are used to bill for all types of medical services including, but not limited to, the eyes. These codes can be used for any type of visit, including initial visits, follow-ups, and consultations. There are several different e/m codes available, and each one is specific to a certain type of visit. E/M codes have been suggested as being easier to defend under audit.

Eye Codes

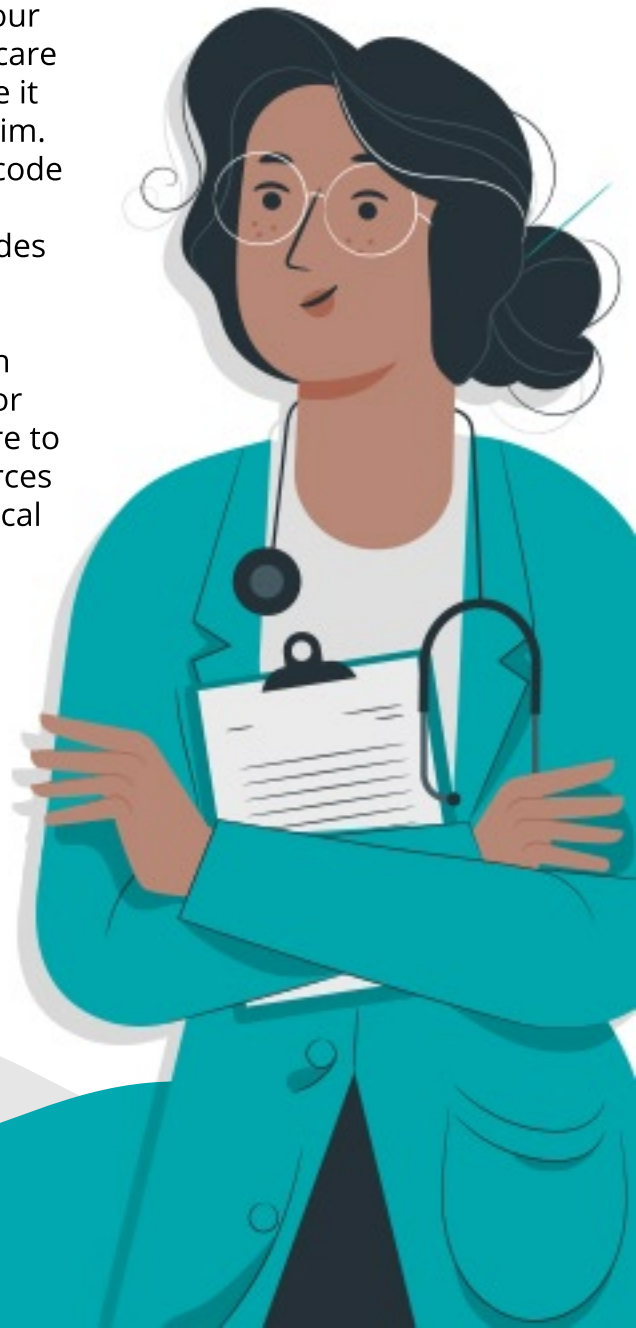
Eye codes are used to bill for services that are related to the eyes but tend to be vague. These codes can be used for exams, treatments, and procedures. There are also several different eye codes available, and each one is specific to a certain type of service.

How to Pick the Right Code

So, which code should you use for ophthalmology billing? The answer depends on what type of services you are providing. It should also take into consideration compliance, medical necessity, and financial optimization.

Choosing the correct code is important for ensuring that your ophthalmology billing is accurate and compliant with Medicare and other insurance providers. If you select the wrong code it could lead to lost revenue for the practice or denial of a claim. If a worst-case scenario were to arise, selecting the wrong code could lead to an audit and potential paybacks. It's an understatement to say that routinely choosing the right codes is important for the success of your practice.

If you are unsure which code to use, be sure to consult with your billing specialist for assistance. And if you're looking for more information on ophthalmology medical billing, be sure to check out our other blog posts! We have a variety of resources available that can help you get started in the world of medical billing.



Questions about improving your practice?
We'd love to chat about solutions that can reduce your stress
and increase your profitability. Visit us at questns.com or
email us at info@questns.com.



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