Definitions of Eye Examinations

- Optometry School definition
- Federal Government definition
- State Government definition
- Medicare definition
- Other Payor definition
- Medicolegal definition
- Current Procedural Terminology definition

Optometry School Definition

- Patient History
- Visual Acuity
- Tonometry
- General Medical Observation
- Gross Visual Fields
- Basic Sensorimotor Examination
- External Examination
- External Ocular Examination with Biomicroscopy
- Ophthalmoscopy
- Initiation of Diagnosis and Treatment Program
- Refraction

Federal Government Definition

- A patient is a person who has had an eye examination.
- An eye examination is the process of determining the refractive condition of a person’s eye or the presence of any visual anomaly by the use of objective or subjective means.
- A prescription is the written specification for lenses for eyeglasses which are derived from an eye examination, including all of the information specified by state law, if any, necessary to obtain lenses for eyeglasses.

Texas Definition of Eye Examination

- The Texas Administrative Code describes a “Spectacle Examination” and lists the documentation requirements of the procedure.
- These documentation requirements only apply to patients receiving an initial, signed prescription for ophthalmic lenses.

Medicare Definition in Texas

- Patient History
- General Medical Observation
- Gross Visual Fields
- Basic Sensorimotor Examination
- External and Conjunctival Inspection
- Ophthalmoscopy through a dilated pupil*
- Initiation of a Diagnostic and Treatment Program

Coverage Decision-Making

- For patients with Medicare, the coverage of an eye examination is dependent upon the purpose of the examination. If the purpose of the visit is for correction of refractive errors, the examination is not payable.
- The patient must have a complaint or symptoms of an eye disease or eye injury to create medical necessity when using Medicare insurance.
- For patients with vision insurance and medical insurance, the final decision-making involves professional judgment of the optometrist regarding the intensity of the eye disease.

Medicolegal Definition

- **Helling vs. Carey.** A young woman sues her ophthalmologist for failure to diagnose glaucoma over a 10-year period. The M.D. argues that standard-of-care is to measure IOP only in older patients. Judge’s decision created the new standard-of-care, measuring IOP on every patient regardless of age.
- **Keir vs. United States.** Evaluated on a military base for a “routine exam”. Less than a year later, pupil turned white and diagnosed with retinoblastoma. Judge determined that the doctor should have performed BIO. Result is new dilation standard.

Current Procedural Terminology

- **Current Procedural Terminology (CPT)** has designated four specific procedure codes that are used for Medical Eye Examinations and they are called **General Ophthalmological Services**.
- General Ophthalmological Services can be provided in two levels of intensity:
  1. Intermediate Services
  2. Comprehensive Services
- The intensity of an eye examination is a function of **medical necessity**.

General Ophthalmological Services

- CPT Code 92004 – Comprehensive eye exam, new patient
- CPT Code 92014 – Comprehensive eye exam, established patient
- CPT Code 92002 – Intermediate eye exam, new patient
- CPT Code 92012 – Intermediate eye exam, established patient

Medical Decision-Making

- The intensity of an eye examination is defined by the number and type of **service components** that are performed during the examination.
- The decisions regarding examination intensity are based upon the following:
  1. The clinical judgment of the optometrist
  2. The patient’s history
  3. The nature of the presenting problem

CPT Codebook: Service Components

- Patient History
- General Medical Observation
- Gross Visual Fields
- Basic Sensorimotor Examination
- External Examination
- Adnexal Examination
- External Ocular Examination with Biomicroscopy
- Ophthalmoscopy
- Initiation of a Diagnostic and Treatment Program
**CPT Codebook: Clinical Indications**

- Comprehensive services may be indicated for the diagnosis and/or treatment of a patient with symptoms indicating possible disease of the complete visual system such as glaucoma, cataract, macular degeneration or retinopathy.
- Comprehensive services be indicated to rule out disease of the complete visual system.
- Intermediate services may be indicated when a patient requires an evaluation of a new or existing condition complicated with a new diagnostic or management problem.
- Intermediate services may be indicated when a patient's condition is failing o change as expected and/or worsening.

**Patient History**

- The CPT Codebook provides no documentation guidelines for performing a patient history.
- The level of patient history that is documented is dependent on the clinical judgment of the optometrist and the nature of the presenting problem.
  1. Chief Complaint
  2. History of Present Illness
  3. Past, Family and/or Social History
  4. Review of Systems

**General Medical Observation**

- The CPT Codebook provides no documentation guidelines for performing a general medical observation. In general, this is the act of watching the patient carefully and attentively in an attempt to identify the presence of ocular or systemic conditions that may exist without symptoms.
- Common observations include as assessment of the patient's general appearance, mobility limitations or compensatory adaptations such as a head tilt secondary to a binocular vision disorder.

**General Medical Observation**

- General appearance encompasses the following areas of interest:
  1. Development
  2. Nutrition
  3. Body habitus (describing a person’s physique)
  4. Deformities
  5. Attention to grooming

- Documentation requirements for this service component of the medical eye examination include a written description of what is seen or noticed by the optometrist.

**Gross Visual Fields**

- The CPT Codebook provides no documentation guidelines for examining the visual field.
- The most common method of fulfilling this documentation requirement is the confrontation visual field test.
- For a comprehensive examination, it would generally be considered that all four quadrants of the visual field would be evaluated.
- Other methods of examining gross visual fields include using a tangent screen, an automated perimeter, or instruments that utilize frequency doubling technology.
Basic Sensorimotor Examination

- Both the CPT Codebook and Texas’ Medicare carrier refer to an evaluation of the *complete visual system* when describing the clinical indications of a comprehensive eye examination.
- Vision is a process that starts with the eyeballs. They capture light stimuli, refract it, and deliver it to the retina. Once there, the light stimuli produces physical and chemical alterations in the retinal receptors. The alterations provoke physiochemical and electrical changes in the retinal neurons that are transmitted as impulses along the optic nerve to the central nervous system.

Eventually, visual sensations form, and spacial relationships appear in our consciousness. This sequence of events may be called the sensory aspect of the visual process.

The events in the sensory part of the visual system also give rise to a chain of responses in the motor system of the eyes. The motor system includes the extraocular muscles of the eyes and their central and peripheral nervous system connections to the brain.

The examination involves assessing the following ocular functions:

1. Ocular Motility
2. Accommodation
3. Binocular Vision Function

The results of the basic sensorimotor examination allows the doctor to evaluate the different components of the sensorimotor system and to determine how they interact with each other.

You can do as much or as little as you like.

External Examination

- The CPT Codebook provides no documentation guidelines for performing an external examination.
- In a general sense, the external examination is an inspection of the external ocular and facial areas.
- The inspection should be performed in a well-lighted room with particular attention to the skin and eyelids.
- This is a face-to-face inspection, not biomicroscopy.
- In addition to inspection, it may be necessary to examine the skin and subcutaneous tissue by palpation.

Adnexal Examination

- Eyelids (e.g., ptosis)
- Extraocular Muscles
- Orbits
- Preauricular Lymph Nodes
- Lacrimal Apparatus
  1. A network of anatomical structures, appendages, ducts, and lands that secrete tears and then drain them from the surface of the eye.
  2. The drainage system includes the punctum, the lacrimal cannaliculus, the lacrimal sac and the duct.
External Ocular Examination

“With Biomicroscopy”

- Eyelids
- Eyelashes
- Tear Film
- Palpebral Conjunctiva
- Bulbar Conjunctiva
- Cornea
- Sclera
- Anterior Chamber
- Iris
- Lens

Ophthalmoscopy

- The CPT Codebook does not specify the type of ophthalmoscopy (direct or indirect) that is used during the examination and also does not specify that the examination be performed through a dilated pupil.

- In general, an ophthalmoscopic examination includes visualization of the retina and the optic disc.
  1. Vitreous
  2. Macula
  3. Vessels
  4. Retinal periphery

Initiation of Diagnostic and Treatment Program

- According to the CPT Codebook, at the conclusion of the Medical Eye Examination, one or more of the following actions must be taken to justify billing the General Ophthalmological Services.
- The prescription of medication, ophthalmic lenses, and/or other therapy
- Arranging for special ophthalmological diagnostic or treatment services
- Arranging consultations
- Ordering laboratory or radiological studies

Utilization Guidelines

- Most Medicare carriers and medical insurance companies have internal audit programs that screen for the frequency of comprehensive eye examinations.

- Usually, any more than two comprehensive eye examinations per year will be denied or down-coded to a less intense level of service.

- Approximately 37% of all medical eye examinations performed at my office are comprehensive eye examinations.

Joe’s Last Words

- Quote from Barton McCann, M.D., M.P.H.
  He is the Senior Health Care Officer for Health Care Financing Administration. (As told by Dr. McCann and heard by Dr. Joe DeLoach at the National Carrier Advisory Committee Member Meeting in Baltimore, Maryland, October 2007)

“I have no explanation why an optometrist or ophthalmologist would ever use an E/M code under any condition.”