



American Academy of Ophthalmic Executives®

Eye Visit Code Checklist

Reviewed October 2021. Reviewed August 2023.

Intermediate Exam Codes 92002/92012	Comprehensive Exam Codes 92004/92014
<p>History</p> <ul style="list-style-type: none"><input type="checkbox"/> Chief complaint<input type="checkbox"/> History<input type="checkbox"/> General medical observation <p>Examination</p> <p>Three or more, but less than 12 elements of the exam medically necessary to perform.</p> <ul style="list-style-type: none"><input type="checkbox"/> Visual acuity<input type="checkbox"/> Gross or confrontation visual fields<input type="checkbox"/> Extraocular motility<input type="checkbox"/> Conjunctiva<input type="checkbox"/> Ocular adnexa<input type="checkbox"/> Pupil and iris<input type="checkbox"/> Cornea<input type="checkbox"/> Anterior chamber<input type="checkbox"/> Lens<input type="checkbox"/> Intraocular pressure<input type="checkbox"/> Optic nerve discs<input type="checkbox"/> Retina and vessels<ul style="list-style-type: none"><input type="checkbox"/> Dilation: As medically necessary <p>Initiation of Diagnostic and Treatment Program</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Prescription of medication, glasses or contact lenses<input type="checkbox"/> Arranging for special ophthalmological diagnostic or treatment services<input type="checkbox"/> Consultations<input type="checkbox"/> Laboratory procedures<input type="checkbox"/> Radiological services<input type="checkbox"/> Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure.<input type="checkbox"/> Scheduling necessary follow-up of a medical problem<input type="checkbox"/> Other _____	<p>History</p> <ul style="list-style-type: none"><input type="checkbox"/> Chief complaint<input type="checkbox"/> History<input type="checkbox"/> General medical observation <p>Examination</p> <p>All 12 elements of the exam are medically necessary to perform unless unable due to age of patient or trauma.</p> <ul style="list-style-type: none"><input type="checkbox"/> Visual acuity<input type="checkbox"/> Gross or confrontation visual fields<input type="checkbox"/> Extraocular motility<input type="checkbox"/> Conjunctiva<input type="checkbox"/> Ocular adnexa<input type="checkbox"/> Pupil and iris<input type="checkbox"/> Cornea<input type="checkbox"/> Anterior chamber<input type="checkbox"/> Lens<input type="checkbox"/> Intraocular pressure<input type="checkbox"/> Optic nerve discs<input type="checkbox"/> Retina and vessels<ul style="list-style-type: none"><input type="checkbox"/> Dilation: As medically necessary. If not dilated, document why. <p>Initiation of Diagnostic and Treatment Program</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Prescription of medication, glasses or contact lenses<input type="checkbox"/> Arranging for special ophthalmological diagnostic or treatment services<input type="checkbox"/> Consultations<input type="checkbox"/> Laboratory procedures<input type="checkbox"/> Radiological services<input type="checkbox"/> Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure.<input type="checkbox"/> Scheduling necessary follow-up of a medical problem<input type="checkbox"/> Other