AMERICAN ACADEMY OF OPHTHALMOLOGY®

American Academy of Ophthalmic Executives®

Fact Sheet: Billing for Biometry

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CPT Codes

76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

CPT Codes

Different payers have different claim submission rules.

Medicare Part B is unique in the following ways:

- One global technical component (-TC) for measuring both eyes is allowed
- One professional component (-26) for each eye is allowed
- Measurements are always performed bilaterally so the surgeon can compare eyes and determine, in collaboration with the patient, the appropriate power for each eye.
    - Only in the very rare case of bilateral surgery should the measurement of both eyes be submitted.
    - Payment for the first eye surgery is the global technical component for both eyes and the professional component of the eye undergoing surgery.
    - When surgery on the second eye is performed on the second eye, the second eye interpretation should be submitted. The date for the second eye could be the date surgery is confirmed, the date the surgeon selected the lens power or the date of the surgery.

A mutually exclusive edit bundles 76519 and 92136, so only the test that provides the lens power should be submitted.

Many payers indicate that after one year, another test can be submitted. For example, Article A56549 for National Government Services (NGS) contains the following clarification:

> *The technical portion of either 76519 or 92136 and the respective interpretations for the same patient should not be billed more than once during a 12-month period by the same provider/physician/group unless there is a significant change in vision. Claims in excess of these parameters will be considered not medically necessary.*

The surgeon determines how long the test is valid. Many feel their measurements are valid for years.

If the biometry is performed in a hospital setting, only the interpretation is payable with place of service 21. Knowing the payer allowable will confirm that the claim has been submitted correctly as shown below:

- 76519
    - Global $68.90
    - Technical component $36.68
    - Professional component $32.22
- 92316
    - Global $64.49
    - Technical component $32.26
    - Professional component $32.23

Cigna Government Services (CGS) and NGS

When surgical procedures for bilateral cataracts are scheduled several weeks apart, only the professional component should be billed when the IOL calculation is done within a time frame that can also be used for the second planned surgery.

When a scan is performed and the calculation is done on the first eye, the technical portion should be billed on one line (76519 -TC or 92136 -TC) and the professional component on a second line (76519 -26 -RT [or -26 -LT] or 92136 -26 -RT [or -26 -LT]).

Alternatively, the global code could be billed and modifier -RT or -LT used to indicate on which eye the professional component was performed (76519 -RT [or -LT] or 92136 -RT [or -LT]).

Modifier -50 should not be submitted.

If the technical and professional components are performed on both eyes on the same date, the global service should be billed on one line and the second professional component on a second line, indicating the anatomic modifier (-LT/- RT) for the second eye.

One physician may do the technical component and another physician the professional component. Each will need to use the appropriate modifier (eg, -TC for the technical component or -26 for the professional component). The professional component should also have the anatomic modifier (-LT/- RT) appended.

Noridian

First eye

- 76519 or
- 92136

Second eye

- 76519 -26 -eye modifier or
- 92136 -26 -eye modifier

NOVITAS – Retired policy as of April 30, 2020

The test is performed on both eyes (-TC), but the calculation is performed on the left eye only: Report 76519 -LT or 92136 -LT.

The test is performed on both eyes (-TC), but the calculation is performed on the right eye only: Report 76519 -RT or 92136 -RT.

The test is performed on both eyes (-TC), and the calculation is performed on both eyes on the same day: Report 76519 -TC and 76519 -26 -50 or 92136 -TC and 92136 -26 -50.

Today, only the IOL power calculation is performed on the left eye (the IOL power calculation on the right eye and the technical component for both eyes were performed 3 weeks ago): Report 76519 -26 -LT or 92136 -26 -LT.

Palmetto GBA

Do not append an eye modifier on the first eye or the second eye submission.

Other Payers

Not all commercial payers follow Medicare's guidelines. There are many variances, so verify with your payer's prior to billing.

Examples:

- Not every payer recognizes -TC/-26.
- Some payers do not allow an eye modifier to be submitted on the first eye. However, one can be requested for the second eye.

- When both eyes are measured and surgery is on the right eye, code 76519 or 92136 without modifier -RT should be submitted.
- When surgery is subsequently performed on the left eye, code 76519 -26 -LT or 92136 -26 -LT should be submitted.