

How to Use the New Contact Lens Codes and the New Femto Add-On Codes

BY SUE VICCHIRILLI, COT, CCS
ACADEMY CODING EXECUTIVE

Prominent among this year's changes to the Current Procedural Terminology (CPT) are four new codes for ophthalmology. Two of these are Category III codes for femtosecond laser-assisted keratoplasty (see next page). The other two are Category I codes for fitting contact lenses—92071, for treatment of ocular surface disease, and 92072, for management of keratoconus. The latter two codes replace the eliminated code 92070 *Fitting of contact lens for treatment of disease, including supply of lens*. These changes went into effect on Jan. 1.

Code 92071

Definition. 92071 *Fitting of contact lens for treatment of ocular surface disease*. This code is used when a prescriptive or nonprescriptive contact lens is fitted for therapeutic purposes to treat a diseased or injured eye. A soft contact lens is placed on the cornea to protect a damaged eye or help heal a corneal ulcer or other damage.

Payment. Payment is unilateral, or per eye, when medically indicated. The national average payment is \$27 if the fitting is done in an office; \$24 if it is done in a facility.

National Correct Coding Initiative (CCI) edits. Do not report 92071 in conjunction with 92072 or with 99211, which is the technician code.

Modifiers. Submit 92071 with mod-

ifiers –RT, –LT or –50

Diagnosis codes. Use 351.0 *Bell's palsy*; 370.00 *Corneal ulcer, unspecified*; 370.06 *Perforated corneal ulcer*; 370.07 *Mooren's ulcer*; 370.23 *Filamentary keratitis*; 370.33 *Keratoconjunctivitis sicca (excludes Sjögren's syndrome)*; 370.34 *Exposure keratoconjunctivitis*; 371.42 *Recurrent erosion of cornea (excludes Mooren's ulcer)*; 374.00 *Entropion, unspecified*; 374.10 *Ectropion, unspecified*; 710.2 *Sicca syndrome, Keratoconjunctivitis sicca, Sjögren's*; 918.1 *Superficial injury of cornea (excludes injury due to contact lens)* or 930.0 *Corneal foreign body*.

Supervision rules don't apply. Typically performed by a physician.

Report supply of the lens separately.

You can use the following codes:

- 99070 *Supplies and materials*,
- 92326 *Replacement of contact lens*, or
- V2599 *Contact lens, other type*.

Code 92072

Definition. 92072 *Fitting of contact lens for management of keratoconus; initial fitting*. This definition covers the fitting of a prescriptive or nonprescriptive contact lens to treat keratoconus in order to reshape the cornea to correct the patient's vision.

Payment. Although published with unilateral payment, the intent of the code was for bilateral payment. CMS has been notified of the error. The national average payment is \$87 if the

fitting is done in an office; \$70 if in a facility.

National CCI edits. Do not report 92072 in conjunction with 92071 or with the technician code 99211.

Modifiers. Submit 92072 with modifiers –RT, –LT or –50.

Diagnosis code. Use 371.62 *Keratoconus, acute hydrops*.

Supervision rules don't apply. Typically performed by a physician.

Further fittings. Any subsequent fittings should be reported using either E&M or Eye codes.

Report supply of the lens separately. You can use the following codes:

- 99070 *Supplies and materials*,
- 92326 *Replacement of contact lens*,
- V2500 *Contact lens, PMMA, spherical, per lens*,
- V2501 *Contact lens, PMMA, toric or prism ballast, per lens*,
- V2502 *Contact lens, PMMA, bifocal, per lens*,
- V2510 *Contact lens, gas permeable, spherical, per lens*,
- V2511 *Contact lens, gas permeable, toric, prism ballast, per lens*,
- V2512 *Contact lens, gas permeable, bifocal, per lens*,
- V2513 *Contact lens, gas permeable, extended wear, per lens*,
- V2530 *Contact lens, scleral, gas impermeable, per lens*,
- V2531 *Contact lens, gas permeable, per lens* or
- V2599 *Contact lens, other type*.


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New Category III Codes

There are two new codes for femtosecond laser–assisted keratoplasty.

+0289T—performing femto on the donor cornea. +0289T *Corneal incisions in the donor cornea created using a laser, in preparation for penetrating or lamellar keratoplasty. (List separately in addition to code for primary procedure.)* Use +0289T when the physician shapes the donor cornea incisions. If this is done by the eye bank, the physician would not report +0289T.

+0290T—performing femto on the recipient cornea. +0290T *Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty. (List separately in addition to code for primary procedure.)* +0290T is used for shaping the recipient cornea incisions. This is done in a coordinated fashion to match the donor cornea incisions. The procedure is typically performed in a laser suite, and then the patient is moved from the laser suite to the operating room for completion of the keratoplasty procedure.

How to use the two codes. These tips apply to both +0289T and +0290T.

- Use the codes in conjunction with codes 65710, 65730, 65750 and 65755.
- The two codes should not be used in conjunction with endothelial keratoplasty, CPT code 65756. Instead, use CPT code +65757, which is the separate add-on code for backbench preparation of the endothelial allograft.
- No RVUs are assigned to these two codes.
- Since these are Category III codes, payment is at the payer's discretion.
- For Medicare patients, it is advisable that you obtain an Advance Beneficiary Notice from them and append modifier –GA.

Billing for Femto

The Academy and ASCRS have developed joint guidelines for cataract indications when using the femtosecond laser. To download the guidelines, go to www.aao.org/coding and select “New in Coding.”