



PROVIDER BULLETIN NO. 03-27

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TO: Visual Care Providers Participating in the Nebraska Medicaid Program

FROM: Robert J. Seiffert, Administrator
Medicaid Division

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RE: Clarification for the use of CPT Procedure Codes 92225 and 92226

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Please share this information with administrative, clinical and billing staff.

This memo is intended to provide clarification of the appropriate use of CPT codes 92225 and 92226 when billing Nebraska Medicaid.

92225 Ophthalmoscopy, extended, with retinal drawing, with interpretation and report; initial.

92226 Ophthalmoscopy, extended, with retinal drawing, with interpretation and report; subsequent.

Code 92225 should be used:

When diagnostic evaluation is more extensive and time consuming than routine ophthalmoscopy;

For detailed documentation of a severe ophthalmic problem needing continued follow-up unable to be documented by photography;

For a pre-operative evaluation to help plan the surgical procedure.

Code 92226 should be used subsequent to 92225 and there is documentation that:

Vitreoretinal or optic nerve pathology is suspected with a high degree of certainty;

There is a persistence or worsening of the patient's symptoms;

There is a change in the patient's complaint.

92225 and 92226 are to be used only when there is a comprehensive evaluation of the eye and with detailed documentation of a severe ophthalmologic problem when photography is not adequate or appropriate. The physician or the optometrist who is qualified to treat the patient, based on the drawing and identified clinical problem must document this service as part of the overall treatment of the patient.

A serious retinal condition must be documented in the medical record based on ophthalmoscopy, which requires further study. Extended ophthalmoscopy must be medically necessary. Examples of medical necessity would include but not be limited to evaluation of retinal tumors, retinal tears, detachments, hemorrhages, exudative detachments, uncontrolled glaucoma, proliferative diabetic retinopathy and retinal defects without detachment.

Please refer to your reference coding manual for the appropriate CPT code for eye health and vision exam(s) when an exam other than those explained in this bulletin is completed.

Beginning with service dates of **December 1, 2003 and after**, Nebraska Medicaid providers will need to include the following documentation when billing for codes 92225 and 92226:

Documentation of the patient's chief complaint at the time of the visit.

Diagnosis

Documentation of method of examination and findings of the extended ophthalmoscopy including an extended colored retinal drawing. Sketches and templates will not be acceptable.

Documentation of subsequent service (92226) must include an assessment of the change from previous examinations.

Lack of appropriate documentation to substantiate medical necessity will result in denial of the claim for these services.

If you have questions about this Provider Bulletin or require clarification, please contact Terrie Johansen at (402) 614-2951.