

OPHTHALMIC BIOMETRY

Policy # 54

Implementation Date: 1/1/08

Revision Dates: 9/4/10, 9/3/14

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

When a patient is facing cataract removal with an intraocular lens (IOL) insertion, the ophthalmologist must perform either an A-scan (76519) or an IOL Master measurement (92136) to determine the type and power the IOL should be.

An IOL Master measurement, code 92136, *ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* is becoming the gold standard for IOL measurements. It is a test that describes a non-invasive, non-contact diagnostic procedure to serially measure the axial length, corneal curvature, and anterior chamber depth using partial coherence interferometry. (This code is in the Special Ophthalmological Services section of the CPT book.)

The technical component of CPT code 92136 is considered a bilateral service. In contrast, when billed with a -26 modifier for the professional component (9213626), it is considered unilateral.

This is supported in the Medicare Physician Fee Schedule Database (MPFSDB) with the assigned "2" BILAT indicator on codes 92136 and 92136TC, which means their values have been calculated as bilateral and the assigned "3" BILAT indicator on code 9213626, which means its value has been calculated as unilateral. Because of these issues, the billing is complicated.

Unlike other CPT codes, 92136 when billed without any modifiers, includes two (2) technical components (i.e., both left and right eye) and one (1) professional component (i.e., for the eye having the IOL procedure). This is due to the fact that it is rare for a physician to do bilateral cataract procedures on the same day.

Commercial Plan Policy

SelectHealth **will reimburse for Ophthalmic Biometry if billed in the following manner:**

Bilateral:

- If the technical and professional components are performed on both eyes on the same day, consider the following example:

Date of Service	CPT Code / Modifier	Quantity
9/1/2010	92136	1
9/1/2010	9213626	1

- If a bilateral technical component and a unilateral professional component are performed on the same day, but the other unilateral professional component is performed on a different day, consider the following examples:

Date of Service	CPT Code / Modifier	Quantity
9/1/2010	92136	1

Submit the second claim, on the date performed (other unilateral profession component)

Date of Service	CPT Code / Modifier	Quantity
9/11/2010	9213626	1

Unilaterally:

- If a unilateral technical component is performed, consider the following example:

Date of Service	CPT Code / Modifier	Quantity
9/1/2010	92136TC52	1

- If a unilateral technical component and unilateral professional component are performed, consider the following example:

Date of Service	CPT Code / Modifier	Quantity
9/1/2010	92136TC52	1
9/1/2010	9213626	1

- If a unilateral professional component is performed, consider the following example:

Date of Service	CPT Code / Modifier	Quantity
9/1/2010	9213626	1

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy.**

SelectHealth Community Care (Medicaid)

SelectHealth Community Care **will follow the commercial plan policy.**

Applicable Codes

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

Sources

1. Current Procedural Terminology (CPT®), (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from <https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9guidelines.pdf>
3. Ophthalmic Biometry: CPT Code 92136 Coding Guidelines – Palmetto GBA (2008). Retrieved August 29, 2014 from [http://www.palmettogba.com/Palmetto/Providers.nsf/files/Ophthalmic_Biometry-CPT_Code_92136_Coding_Guidelines.pdf/\\$File/Ophthalmic_Biometry-CPT_Code_92136Coding_Guidelines.pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/Ophthalmic_Biometry-CPT_Code_92136_Coding_Guidelines.pdf/$File/Ophthalmic_Biometry-CPT_Code_92136Coding_Guidelines.pdf)
4. CPT® Assistant. (2002, April 1). Medicine, 92136 (Q&A) pp. 18. Retrieved September 3, 2014.
5. CMS. (n.d.). Medicare/Medicaid Fee Schedule - Diagnostic Ophthalmology Services Subject to the Multiple Procedure Payment Reduction (Table 13). Retrieved September 3, 2014, from <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/CMS-1590-P-CY2013-NPRM->
6. CMS. (2012, November 6). Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures. Retrieved September 3, 2014, from <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1149OTN.pdf>

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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