

## **Coding Visual Field Testing**

With the development of new technology in perimetry, optometrists have been utilizing visual field tests that are very different than the standards that have been used for many years. Technologies that have emerged include frequency doubling technology in the Humphrey Matrix and Humphrey FDT (Carl Zeiss Meditec AG), critical flicker frequency testing in the Octopus 300 series (Haag-Streit), preferential hyperacuity perimetry in the Preview PHP (Carl Zeiss Meditec AG) and Forsee PHP (Notal Vision), and temporal contrast sensitivity in the Octopus Pulsar (Haag-Streit). Clinical use of these tests can create confusion about the type of special ophthalmological services codes that should be applied, keeping in mind that optometrists might find challenges in coding of typical visual fields. As always, the answers to coding confusion lie within the manual of Current Procedural Terminology from AMA.

Within CPT the exact terminology to describe visual field testing includes a comment about gross visual field testing, such as confrontation fields, which is commonly done as part of a general ophthalmological service or a wellness eye examination, says "Gross visual field testing (e.g. confrontation testing) is... not reported separately." CPT does not go further to list additional "gross visual field testing" techniques, leaving optometrists to decide what types of "gross" testing might be part of their general eye care services. It is not uncommon for optometrists to utilize other "screening" visual field tests include numerous automated perimetry tests as the "gross" testing that is referred to in CPT as part of comprehensive ophthalmologic services such as 92004 or 92014. This is very appropriate as long as the doctor consistently uses the technology as a determination of gross visual fields integrity.

Alternatively, optometrists could have their thinking challenged when integrating various "screening" perimeters into daily practice by sales or marketing approaches that might suggest that the practice should bill special ophthalmologic service code 92081 when the technology is delivered to the patient who otherwise has no medical reason for the testing. In an effort to deliver a higher standard of care to the patient, optometrists should include screening visual field technology on wellness examinations as part of the overall fee for the visit and should ensure that the cost of the technology is fairly included within that fee.

CPT includes exact descriptions of 92081, 92082, and 92083 for limited, intermediate, and extended examinations of the visual field. The first definition of a visual field test as a special ophthalmologic services says that the code will recognize either unilateral or bilateral testing, and that an interpretation and report is part of the service. While many resources point out the necessity of an interpretation and report for special testing, CPT does not define the phrase "interpretation and report." It is assumed that the term "interpretation" means to analyze the results of the test as it relates to the patient's condition, but "report" can imply a number of different actions by the doctor including writing a report within the chart that dictates actions to be taken as a result of the field (the plan for the patient's future care) or going so far as creating a formal written report for use within the practice or to external providers. The most important issue is that the copies of

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the visual field results themselves are not sufficient to justify billing a special ophthalmological service code, and written commentary about the visual fields as they relate to the reason for the test, the patient's diagnosis or condition, and to the treatment or management of the condition.

Further definitions for the visual field codes are:

92081: limited examination (e.g. tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 or equivalent)

92082: intermediate examination (e.g. at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

92083: extended examination (e.g. Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

The limitation of specific examples of newer technology visual field instruments or protocols within CPT could be cause for an optometrist to struggle with choice of CPT, but obviously that's an oversimplification of the intellect of an optometrist who will clearly understand the differences between various visual field protocols. "Limited" examination at a single stimulus level, essentially a screening test. An example of the appropriateness of 92081 would be a use of a widefield screening protocol to evaluate the static visual field of a post-stroke patient. "Extended" examination at a threshold level to justify a 92083 code can be justified by many of the methods including most of the newer technologies noted at the beginning of this article.

Optometrists understand visual field coding, but perhaps not all of the details of the visual field codes in CPT. With this article, perhaps some of the details of properly charting and coding visual fields have been clarified.