INTRODUCTION

One of the most confusing aspects in charting pediatric eye examinations is knowing exactly what to document and how to document whatever the “what” is. Whereas it often suffices to merely describe why a given examination element was not performed when documenting adult eye examinations, this may not be true for charting of pediatric eye examinations. Let’s try and clarify some of the issues.

EXAMINATION ELEMENTS

**E/M Codes.** The examination elements in Medicare’s single organ system examination for eyes contains the following elements:

- Vision
- Gross Visual Fields
- Ocular Motility including Primary Gaze Alignment
- Conjunctiva
- Ocular Adnexa including lids, (eg, ptosis or lagophthalmos), lacrimal glands, lacrimal drainage, orbits and preauricular nodes
- Examination of pupils and irides

Slit lamp examination of
- Cornea
- Anterior Chamber
- Lens
- Measurement of Intraocular Pressure (except in children and patients with trauma or infectious disease)

Ophthalmic examination through dilated pupils of
- Optic disc
- Posterior Segment

Neurologic/Psychiatric Elements
- Orientation to time, place and person
- Mood and Affect
The Ophthalmology Codes (Eye Codes). The examination requirements may vary from carrier to carrier for Medicare. Basic CPT (Current Procedural Terminology) instructions cite the following examination requirements.

Intermediate examination (CPT codes 92002, 92012)
- External ocular and adnexal examination

Comprehensive examination (CPT codes 92004, 92014)
- External examination
- Ophthalmoscopic examination
- Gross visual fields
- Basic sensorimotor examination

CHART DOCUMENTATION IDIOSYNCRACIES

Vision. Usually it is possible to have some notation, such as fixes and follows or responds to light, even at a very early age.

Confrontation Visual Fields. If it is not possible to do this state the reason. Examples would be: Unable, Poor Cooperation/Comprehension, Too Young.

Ocular Motility. For E/M coding, if you cannot measure primary gaze alignment, note Hirshberg findings as a minimum. Also try to add versions. For the Eye Codes, I would do the same. Sensory tests should be added also. For additional coding of CPT code 92060 (sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report) you should have performed measurement of the cardinal fields using prism and cover technique. Do not bill when only estimating restriction. Be sure to add some sensory testing results as well.

Conjunctiva. This is easily examined and documented in all age groups.

Ocular Adnexa including lids etc. This is easily examined and documented in all age groups.

Pupils/Irides. This is usually easily documented in most patients. You may want to add check off boxes for: PERRLA, No APD, Paradoxical.

Slit lamp examination. Under E/M coding the following elements require slit lamp examination: Cornea, Anterior Chamber, Lens. If you
are using a pen light instead of slit lamp in very young children or under special circumstances, be sure to note that.

**Intraocular pressure.** As suggested with confrontation visual field documentation, documentation of the inability to perform measurement of intraocular pressure as well as the technique used should be noted. Examples: Unable, Digital, Schiotz, Applanation, Tonopen, Pneumo.

**Dilated Fundus Examination of Optic Disk and Posterior Segment.** The E/M Guidelines and many Local Medical Review Policies/Local Coverage Determinations require dilated examinations or those elements cannot be counted. If there is a medical reason why the patient is not being dilated that should be documented (previous allergic reaction, suspected neurologic problem). Many insurers will allow a higher level examination without dilation for pediatric patients if the reason is given, otherwise dilation should be performed.

**MISCELLANEOUS TIPS**

**History.** Pediatric histories frequently include information pertaining to family history. It may be difficult to fulfill all the elements of an E/M history without including pertinent negatives.

**Consultations.** The majority of initial encounters in pediatric ophthalmology may now be considered under the category of consultations. Be sure to familiarize yourself with both the Medicare and CPT definitions and requirements for coding consultations.

**Amblyopia checkups.** I am often asked what to bill for amblyopia checkups when only a vision and perhaps primary gaze alignment are performed along with giving further instructions on therapy. For these quick checkups, in my opinion, E/M code 99212 is most appropriate.

**FORCED ENTRY FORM**

As many of you know, I am a serious proponent of using forced entry forms - ones with check boxes and defined spaces that allow you to quickly and efficiently get through chart documentation. See “Products” for the Examination Forms Portfolio which includes special forms for Pediatric Ophthalmology.