



UEI Coding Alert # 31 July 5, 2006

Bilateral Procedures

Medicare assigns "Bilateral Surgery Indicators" to all of the CPT codes to indicate whether the code is subject to a payment adjustment if you report it bilaterally.

Do not report these codes bilaterally.

92311 - Aphakia Fitting-Monoc (includes Lens)

92325 - Contact Lens Inspection / Modification

For these optometry procedures, the bilateral adjustment does not apply because the code descriptor specifically states that it is a unilateral procedure (e.g., 92311, *Contact lens fitting; corneal lens for aphakia, one eye*), and there is an existing code for the bilateral procedure (e.g., 92312, ... *corneal lens for aphakia, both eyes*).

Do not report these codes bilaterally.

92081 - Visual Field, Tangent

92082 - Visual Field, Screening

92083 - Visual Field, Comp. Threshold

92275 - Electroretinography

92286 - Endothelial Microscopy

92312 - CL Aphakia Fitting - Binoc. (includes lens)

92020 - Gonioscopy

76514 - Pachymetry

92100 - Serial Tonometry

92283 - Color Vision, Extend.

92065 - Binocular Vision Therapy

92060 - Strabismus/Amblyopia

92082 - Visual Field, Screening

92250 - Fundus Photography

92285 - Photography, External

Medicare sets the RVUs (Relative Value Units) for these procedures based on their being performed bilaterally. In most cases, the code descriptor states that the procedure is bilateral (or that it may be performed unilaterally or bilaterally), or the procedure is usually performed bilaterally. The UEI superbill has been modified to show that these codes are all bilateral procedures

You may report these codes bilaterally.

65205 - FB Removal, Superficial. Conj.

65430 - Scrapping Cornea (Smear or CX)

68761 - Silicone / Collagen Punctal Closure

65210 - FB Removal, Embedded Conj.

65435 - Corneal Debridement

68801 - Punctum Dilation / Irrigation

65222 - FB Removal, Cornea

67820 - Epilation, Forceps

Report procedures such as foreign-body removal (65205 & 65210) or punctal plugs (68761) bilaterally. Medicare will base payment on 150 percent of the fee schedule amount for a single code.

You may report these codes bilaterally.

76512 - Ultrasound, B-Scan

92135 - Tomography

76516 - Ultrasound, A-Scan

92225 - Ophthalmoscopy, Extended

92070 - CL Therapeutic Fitting

92235 - Angiography Fluorescein

If you perform these procedures on both eyes, you can report them once per eye. Medicare will not apply the usual downward payment adjustment for bilateral procedures, reimbursing you the full amount for each eye.