LISTING OF CPT CODES DEEMED BY THE VIRGINIA BOARD OF OPTOMETRY TO REFLECT PROCEDURES WITHIN THE SCOPE OF OPTOMETRIC PRACTICE

DISCLAIMER: The scope of practice of optometrists in Virginia is defined in §54.1-3200 of the Code of Virginia (Code). The scope of practice of optometrists with therapeutic pharmaceutical agents certification is further defined in §§ 54.1-3222 and 54.1-3223 of the Code and in the Regulations of the Virginia Board of Optometry, §18 VAC 105-20-10 et seq.

The listing of Board of Optometry (Board) reviewed Current Procedural Terminology (CPT) codes was originally provided over twenty years ago at the request of federal health care agencies to ascertain which procedures were deemed by the Board to fall within the scope of practice of optometry. Those agencies recommended the use of CPT nomenclature as terminology that could be readily understood by optometrists and payers alike. This listing has been reviewed at the quarterly meetings of the Board since the list began and is amended, periodically, as new CPT codes have been introduced or old ones eliminated. In addition, any current Physician Quality Reporting Initiative (PQRI) measure that corresponds to a CPT code is included in the CPT Level I and II code listing. The listing may not reflect all the possible CPT codes that reflect the scope of practice of optometry; it covers only those procedures reviewed by the Board, which have been deemed by the Board to fall within the scope of optometric practice in Virginia.

The CPT codes are defined, in full, in the American Medical Association’s reference CPT: Physicians’ Current Procedural Terminology, and in no way is the listing intended to replace this reference.

EYE AND OCULAR ADNEXA

-55 (Postoperative Management Only: When one physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier “-55” to the usual procedure number or by use of the separate five digit modifier code 09955.

PREOPERATIVE MANAGEMENT ONLY

-56 When one physician performs the preoperative management and another physician has performed the surgical procedure, the preoperative component may be identified by adding the modifier “-56” to the usual procedure number or by use of the separate five digit modifier code 09955.

<table>
<thead>
<tr>
<th>Category</th>
<th>Code Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMOVAL OF FOREIGN BODY</td>
<td></td>
</tr>
<tr>
<td>Removal of foreign body, external eye; conjunctival superficial</td>
<td>65205*</td>
</tr>
<tr>
<td>Corneal without slit lamp</td>
<td>65220*</td>
</tr>
<tr>
<td>Corneal with slit lamp</td>
<td>65222*</td>
</tr>
<tr>
<td>Anterior Segment</td>
<td></td>
</tr>
<tr>
<td>Corneal</td>
<td></td>
</tr>
<tr>
<td>Scraping of cornea, diagnostic, for smear and/or culture</td>
<td>65430*</td>
</tr>
<tr>
<td>Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)</td>
<td>65435*</td>
</tr>
<tr>
<td>Eyelids</td>
<td></td>
</tr>
<tr>
<td>Excision</td>
<td></td>
</tr>
</tbody>
</table>
Guidance document: 105-25  Revised January 26, 2010
Board of Optometry

Multiple punctures of anterior cornea (e.g. for cornea erosion) **Excludes tattoos** 65600
Correction of trichiasis, epilation by forceps only 67820*
Repair
Removal of embedded foreign body, eyelid 67938
Closure of lacrimal punctum by plug, each 68761
Probing and/or Related Procedures
  Dilation of lacrimal punctum, with or without irrigation 68801*
  Probing of nasolacrimal duct, with or without irrigation 68810*
  Probing of Lacrimal Canaliculi, with or without irrigation 68840*

**DIAGNOSTIC ULTRASOUND - HEAD AND NECK**

Ophthalmic ultrasound, echography; diagnostic; A-scan only, with amplitude quantification 76511
Contact B-scan (with or without simultaneous A-scan) 76512
Immersion (water bath) B-scan 76513
Pachymetry 76514
Ophthalmic biometry by ultrasound echography, A-scan 76516
With intraocular lens power calculation 76519
Ophthalmic Ultrasonic Foreign Body Localization 76529

**URINALYSIS**

Non-automated, without microscopy 81002

**CHEMISTRY**

Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use 82962
Immunooassay for analyte other than antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method 83516
Not otherwise specified 83520

**GENERAL OPHTHALMOLOGICAL SERVICES**

New Patient 92002, 92004
Established Patient 92012, 92014
(see Level II CPT Codes)

**SPECIAL OPHTHALMOLOGICAL SERVICES**

Determination of refractive state 92015
Limited examination (under general anesthesia) 92019
Gonioscopy (separate procedure) 92020
Sensorimotor examination with multiple measurements of ocular deviation (e.g. restrictive or paretic muscle with diplopia) with interpretation and report (separate report) 92060
Orthoptic and/or pleoptic training, with continuing medical direction and evaluation  92065
Fitting of contact lens for treatment of disease including supply of lens  92070
Visual field examination, unilateral or bilateral with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)  92081
Intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic Test, Octopus program 33)  92082
Extended Examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, 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)
   (Gross visual field testing (eg, confrontation testing) is a part of general ophthalmological services and is not reported separately)  92083
Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)  92100
Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method or Perilimbal Suction Method  92120
Tonography with water provocation  92130
Scanning computerized ophthalmic diagnostic imaging (eg, scanning laser) with interpretation and report, unilateral  92135
Ophthalmic biometry by partial coherence interferometry with Intraocular lens power calculation  92136
Provocative tests for glaucoma with interpretation and report, without tonography  92140

**OPHTHALMOSCOPY**

Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial  92225
   Subsequent  92226
   With Fundus Photography  92250
   With Ophthalmodynamometry  92260
   (For ophthalmoscopy under general anesthesia, see 92018)

**OTHER SPECIALIZED SERVICES**

Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with interpretation and report  92265
Electro-oculography with interpretation and report   92270
Electroretinography with interpretation and report   92275

OTHER SPECIALIZED SERVICES (continued)

Color vision examination, extended (eg, anomalscope or equivalent)  92283
Dark adaptation examination with interpretation and report   92284
External ocular photography with interpretation and report for
documentation of medical progress (eg, close-up photography,
goniophotography, stereo-photography)  92285
Special anterior segment photography with interpretation and report,
with specular endothelial microscopy and cell count  92286

CONTACT LENS SERVICES

Prescription of contact lens includes specification of optical and
physical characteristics

Prescription of optical and physical characteristics of and fitting of
contact lens, with medical supervision of adaptation; corneal lens,
both eyes, except for aphakia  92310
Corneal Lens for Aphakia, one eye  92311
Corneal Lens for Aphakia, both eyes  92312
Corneoscleral Lens  92313
Prescription of optical and physical characteristics of contact lens,
with medical supervision of adaptation and direction of fitting by
independent technician; corneal lens, both eyes except for aphakia
Corneal lens for aphakia, one eye  92315
Corneal lens for aphakia, both eyes  92316
Corneoscleral lens  92317
Modification of contact lens (separate procedure), with medical
supervision of adaptation  92325
Replacement of contact lens  92326

OCULAR PROSTHETICS, ARTIFICIAL EYE

Prescription, fitting, and supply of ocular prosthesis (artificial eye),
with medical supervision of adaptation
(If supply is not included, use modifier -26 or 09926; to
report supply separately, see 92393)
Prescription of ocular prosthesis (artificial eye) and direction of fitting
and supply by independent technician, with medical supervision
of adaptation  92335

SPECTACLE SERVICES (Including Prosthesis for Aphakia)
Fitting of spectacles, except for aphakia; monofocal 92340
Bifocal 92341
Multifocal other than bifocal 92342
Fitting of spectacle prosthesis for aphakia; monofocal 92352
Multifocal 92353
Fitting of spectacle mounted low vision aid; single element system 92354
Telescopic or other compound lens system 92355
Prosthesis service for aphakia, temporary 92358
(disposable or loan, including materials)
Repair and refitting spectacles; except for Aphakia 92370
Spectacle prosthesis for aphakia 92371

SUPPLY OF MATERIALS

Supply of spectacles, except prosthesis for aphakia and low vision aids 92390
Supply of contact lenses, except prosthesis for aphakia 92391
Supply of low vision aids (A low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Includes reading additions up to 4D.) 92392
Supply of ocular prosthesis (artificial eye) 92393
Supply of permanent prosthesis for aphakia; spectacles 92395
Contact lenses 92396

OTHER PROCEDURES

Unlisted ophthalmological service or procedure 92499

ALLERGY TESTING

Ophthalmic mucous membrane tests 95060

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

Visual evoked potential (VEP) testing central nervous system checkerboard or flash 95930

CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (eg, Neuro-Cognitive, Mental Status, Speech Testing)

Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour 96105
Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation 96110
and report
Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour

THERAPEUTIC PROCEDURES

Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one on one contact by provider, each 15 minutes
Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one on one contact by provider, each 15 minutes

EVALUATION AND MANAGEMENT GUIDELINES

Office or Other Outpatient Services
  New Patient 99201-99205
  Established Patient 99211-99215
Consultations
  Office Consultations 99241-99245
  Initial Inpatient Consultations 99251-99255
  Follow-up Inpatient Consultations 99261-99263
  Confirmatory Consultations 99271-99275
Emergency Department Services 99281-99288
Nursing Facility Services
  Subsequent Nursing Facility Care 99307-99311
Domiciliary Rest Home or Custodial Care Service
  New Patient 99324-99328
  Established Patient 99334-99337
Home Services
  New Patient 99341-99343
  Established Patient 99351-99353
Case Management Services
  Team Conferences 99361-99362
  Telephone Calls 99371-99373
Preventative Medicine Services
   New Patient 99381-99387
   Established Patient 99391-99397
   Individual Counseling 99401-99404
   Group Counseling 99411-99412
   Other 99420-99429

Other E/M Services
   Unlisted evaluation and management
      Small service 99499

GLAUCOMA SCREENING (Effective 1/1/2002)

Glaucoma Screening for high risk patients furnished by an OD or MD G0117
Glaucoma screening for high risk patients furnished under direct Supervision of OD or MD G0118

*Service includes surgical procedure only

DME CODES  
(Supplies)

Surgical Tray A4550

At its meeting on May 15, 1997, the Board officially endorsed the optometrist’s authority to order imaging and laboratory tests appropriate to the treatment of the human eye.

Level II CPT Codes


Eye Care Performance Measurements:
1. 2027F POAG optic nerve head assessment performed and documented
2. 4007F ARM suggestion of an antioxidant prescription documented
3. 2019F ARM dilated macular examination performed and documented
4. 1055F assessment of function performed and documented in a cataract patient
5. 3073F documentation of pre-surgical axial length, corneal power measurement and method of IOL calculation in a cataract patient
6. 2020F pre-surgical dilated fundus examination performed in a cataract patient
7. 2021F documentation of the presence or absence of macular edema and level of severity of Diabetic Retinopathy
8. 5010F documentation of communication with the managing primary physician in a patient with
Diabetic Retinopathy (Must report with 2021F)

**Other Level II CPT Codes to be used by primary care physicians caring for the diabetes:**
1. **2022F** Dilated Retinal Exam – Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM*)
2. **2024F** Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM*)
3. **2026F** Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed (DM*)
4. **3072F** Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM*)

**Measure Exclusion Modifiers- (Used only when measure could not be performed)**
1P Performance Measure Exclusion - Modifier due to Medical Reasons
   - Not indicated: absence of organ/limb, already received/performed, other
   - Contraindicated: patient allergic history, potential adverse drug interaction, other
2P Performance Measure Exclusion - Modifier due to Patient Reasons
   - Includes: patient declined, other patient reasons, economic, social, religious
3P Performance Measure Exclusion - Modifier due to System Reasons
   - Includes: Resources to perform the services not available
   - Insurance coverage/payor-related limitations
   - Other reasons attributable to health care delivery system

Performance measurement exclusion modifiers may be used to indicate that a service specified by a performance measure was considered but, due to either medical, patient, or systems reason(s) documented in the medical record, the service was not provided. These modifiers serve as denominator exclusions from the performance measure. The user should note that not all listed measures provide for exclusions.

**Filing Exam:**
1. Established patient, diabetic, no retinopathy, letter to MD

   CPT Level I: 92014 modifier: none Diagnosis code: 250.02 (Diabetes, adult)
   CPT Level II: 2021F modifier: none Diagnosis code: 250.02 (Diabetes, adult)
   CPT Level II: 5010F modifier: none Diagnosis code: 250.02 (Diabetes, adult)

2. New patient, ARMD, mild dry, no antioxidants indicated

   CPT Level I: 92004 modifier: none Diagnosis code: 362.51(ARMD, dry)
   CPT Level II: 2019F modifier: none Diagnosis code: 362.51 (ARMD, dry)
   CPT Level II 4007F modifier: P1 Diagnosis code: 362.51 (ARMD, dry)

**Contact Information:**
Virginia Board of Optometry
9960 Mayland Drive, Suite 300