

Approved Current Procedural Terminology (CPT) Codes for Hawaii Optometrists

The following CPT codes have been recognized by the Hawaii Board of Examiners in Optometry as falling within the scope of practice of a Hawaii licensed optometrist. Note: depending on the insurer, some codes may not be deemed medically reimbursable.

General Ophthalmological Services:

<u>New</u>	<u>Established</u>	<u>Description</u>
92002	92012	Intermediate service
92004	92014	Comprehensive service

Special Ophthalmological Services:

<u>Procedure</u>	<u>Description</u>
92015	Determination of refractive state
92020	Gonioscopy
92060	Sensorimotor examination (e.g. paretic muscle)
92065	Orthoptic training
92070	Contact lens fitting for treatment of disease
92081	Visual fields, limited
92082	Visual fields, intermediate
92083	Visual fields, extended
92100	Serial tonometry
92120	Tonography
92130	Tonography with water provocation
92135	Scanning computerized ophthalmic diagnostic imaging (3/24/03)
92140	Provocative tests for glaucoma

Ophthalmoscopy:

<u>Procedure</u>	<u>Description</u>
92225	Ophthalmoscopy, extended
92226	Ophthalmoscopy, subsequent
92250	Fundus photography
92260	Ophthalmodynamometry

Other Specialized Services:

<u>Procedure</u>	<u>Description</u>
92270	Electro-oculography
92275	Electroretinography
95930	Visual evoked potential
92283	Color vision examination, extended
92284	Dark adaptation examination
92285	External ocular photography
92286	Special anterior segment photography, endothelial

Contact Lens Services:

<u>Procedure</u>	<u>Description</u>
92310	Prescription and fitting of contact lenses, excludes aphakia
92311	contact lens for aphakia, one eye
92312	contact lens for aphakia, both eyes
92313	corneoscleral lens
92314	Prescription and fitting of contact lenses by independent technician, excludes aphakia
92315	contact lens for aphakia, one eye
92316	contact lens for aphakia, both eyes
92317	corneoscleral lens
92325	Contact lens modification
92326	Contact lens replacement

Ocular Prosthetics, Artificial Eye:

<u>Procedure</u>	<u>Description</u>
92330	Prescription, fitting and supply of prosthesis
92335	Prescription, fitting and supply of prosthesis by independent technician

Spectacle Services:

<u>Procedure</u>	<u>Description</u>
92340	Prescription fitting, monofocal, except aphakia
92341	bifocal
92342	multifocal, other than bifocal
92352	Spectacle fitting for aphakia, monofocal
92353	multifocal
92354	Fitting of spectacle mounted low vision aid, single element system
92355	telescopic or other compound lens system
92358	Prosthesis service for aphakia, temporary
92371	spectacle prosthesis for aphakia (temp. aphakia)

Supply of Materials:

<u>Procedure</u>	<u>Description</u>
92390	Supply of spectacles, except for prosthesis for aphakia and low vision aids
92391	Supply of contact lenses, except prosthesis for aphakia
92392	Supply of low vision aids
92393	Supply of ocular prosthesis
92395	Supply of permanent prosthesis for aphakia, spectacles
92396	contact lenses

Other Procedures:

<u>Procedure</u>	<u>Description</u>
92499	Unlisted ophthalmological service or procedure, (e.g. corneal topography)

Adjunctive CPT Codes:

<u>Procedure</u>	<u>Description</u>
76512	B-scan
76514	Corneal Pachymetry
76516	A-scan
76519	with IOL power calculation
76529	Ophthalmic ultrasound, foreign body localization
87205 (Must be TPA certified)	Smear
87081 (Must be TPA certified)	Culture (screen)
96110	Developmental testing, limited
96111	extended
96115	Neurobehavioral status exam, includes visual spatial abilities

Special Services and Reports:

<u>Procedure</u>	<u>Description</u>
99050	Services requested after office hours in addition to basic services
99052	Services requested between 10:00 PM and 8:00 AM in addition to basic service
99054	Services requested on Sundays and holidays in addition to basic services
99056	Services provided at request of patient in a location other than physician's office
99058	Office services provided on emergency basis
99070	Supplies and materials provided over and above those usually provided (cost of supplies)
99071	Educational supplies provided at cost to physician
99075	Medical testimony
99078	Physician educational services rendered to patients in group setting
99080	Special report
99082	Unusual travel
99090	Analysis of information data stored in computers

Evaluation and Management Codes:**Office or Outpatient Services:**

<u>Codes</u>	<u>Description</u>
99201-99205	New patient
99211-99215	Established patient

Hospital Observation Services:

<u>Codes</u>	<u>Description</u>
99217	Observation care discharge
99218-99220	Observation care

Hospital Inpatient Services:

<u>Codes</u>	<u>Description</u>
99221-99223	Initial
99231-99233	Subsequent
99238	Discharge

Consultations:

<u>Codes</u>	<u>Description</u>
99241-99245	Outpatient consultations
99251-99255	Initial inpatient consultations
99261-99263	Follow-up inpatient consultations
99271-99275	Confirmatory consultations

Emergency Department Services:

<u>Codes</u>	<u>Description</u>
99281-99285	Emergency department services

Nursing Facility Services:

<u>Codes</u>	<u>Description</u>
99301-99303	Comprehensive nursing facility assessments (for admitting physician)
99311-99313	Subsequent

Domiciliary, Rest Home or Custodial Care Services:

<u>Codes</u>	<u>Description</u>
99321-99323	New patient
99331-99333	Established patient

Home Services:

<u>Codes</u>	<u>Description</u>
99341-99343	New patient
99351-99353	Established patient

Prolonged Services:

<u>Codes</u>	<u>Description</u>
99354-99357	With direct patient contact
99358-99359	Without direct patient contact

Physician Standby Services:

<u>Codes</u>	<u>Description</u>
99360	Standby service

Case Management Services:

<u>Codes</u>	<u>Description</u>
99361-99362	Medical conference
99371-99373	Telephone call

Preventive Medicine Services:

<u>Codes</u>	<u>Description</u>
99381-99387	New patient
99391-99397	Established patient
99401-99404	Individual counseling
99411-99412	Group counseling
99420-99429	Other

Special E/M Services:

<u>Codes</u>	<u>Description</u>
99455-99456	Work related

Other E/M Services:

<u>Codes</u>	<u>Description</u>
99499	Unlisted E/M service

Surgery Codes: Eye and Ocular Adnexa:**Removal of Foreign Body (Must be TPA certified):**

<u>Codes</u>	<u>Description</u>
65205	External eye, conjunctival superficial
65210	Conjunctival embedded (includes concretions), or scleral nonperforating
65220	Corneal, without slit lamp
65222	Corneal, with slit lamp

Cornea (Must be TPA certified):

<u>Codes</u>	<u>Description</u>
65430	Scraping of cornea, for smear and/or culture

Eyelids:

<u>Codes</u>	<u>Description</u>
67820	Correction of trichiasis, epilation by forceps only

Lacrimal System:

<u>Codes</u>	<u>Description</u>
68761	Closure of lacrimal punctum by plug, each
68801	Dilation of lacrimal punctum, with/without irrigation, unilateral
68810	Probing or nasolacrimal duct, with/without irrigation, unilateral
68899	Unlisted procedure, lacrimal system

Applicable Modifiers:

<u>Codes</u>	<u>Description</u>
-21	Prolonged E/M service
-22	Unusual procedural services
-24	Unrelated E/M service by same physician during post-op
-25	Significant, separately identifiable E/M service by same physician on same day
-26	Professional component
-32	Mandated services
-50	Bilateral procedure
-51	Multiple procedures
-52	Reduced services
-55	Post-operative co-management
-56	Pre-operative co-management
-59	Distinct procedural service
-76	Repeat procedure by same physician
-77	Repeat procedure by another physician
-79	Unrelated procedure or service by the same physician during the postoperative period
-99	Multiple modifiers

Current Procedural Terminology

Pathology and laboratory CodesCodesDescription

80049-80092	Organ or Disease Oriented Panels
80500-80502	Clinical Pathology Consultations
81000-81099	Urinalysis
82000-84999	Chemistry
85002-85999	Hematology and Coagulation
86000-86849	Immunology
87001-87999	Microbiology

Approved at 3/24/03 Board meeting – Request from HOACodesDescription

G0117	Glaucoma screening performed by physician
G0118	Glaucoma screening performed under direct supervision of physician

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