

Ophthalmology Coding & Compliance Quick Reference

A one-page teaser covering eye exam levels, minor procedure global periods, and premium-lens documentation — practical starting points for coders, billers, and providers. This is general education, not a substitute for payer-specific policy or a full audit.

Documentation Musts

- Eye exam documented at the level (intermediate vs. comprehensive) that matches the elements actually performed, not a default template.
- Laterality (OD/OS/OU) specified on every order, note, and claim line.
- Medical necessity for refraction and any non-covered premium services (e.g., premium IOLs) disclosed and consented to in writing before the procedure.
- Minor procedure (e.g., injections, laser) global-period E/M visits distinguished from unrelated same-day complaints.

Common Denial Triggers

- Laterality mismatch between the order and the billed procedure.
- Refraction billed as a covered service when the payer classifies it as patient-responsibility.
- E/M billed during a minor-procedure global period without documentation showing it's unrelated.

Modifier Watch-Outs

RT/LT/E1-E4 (eyelid) modifiers and modifier 24/25 for unrelated E/M during a global period are the most frequently misapplied in ophthalmology — laterality precision is the single biggest audit-risk reducer.

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