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Ophthalmic Coding Specialist 2025

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Question: 1080

In the context of the Medicare Physician Fee Schedule (MPFS), which of the following best describes how the relative value units (RVUs) are calculated for ophthalmic services, considering the geographical practice cost index (GPCI)?

- A. RVUs are fixed amounts regardless of location and specialty
- B. RVUs are solely determined by the complexity of the surgical procedure performed
- C. RVUs are adjusted based on GPCI, accounting for the cost of living and practice expenses in specific geographic areas
- D. RVUs are calculated only based on the provider's historical billing patterns

Answer: C

Explanation: RVUs are calculated using a formula that includes three components: the work RVU, the practice expense RVU, and the malpractice RVU, which are then adjusted based on the GPCI to reflect regional differences in cost.

Question: 1081

What characteristic finding would most likely be observed in a patient with early-stage age-related macular degeneration during a fundus examination?

- A. Subretinal neovascularization
- B. Geographic atrophy
- C. Drusen in the macula
- D. Vitreous hemorrhage

Answer: C

Explanation: Drusen in the macula are early signs of age-related macular degeneration, indicating the beginning stages of this degenerative condition.

Question: 1082

After cataract surgery, a patient develops posterior capsule opacification. The physician plans to perform a YAG laser capsulotomy. What should be coded for this procedure?

- A. 66830
- B. 66821
- C. 66821
- D. 66840



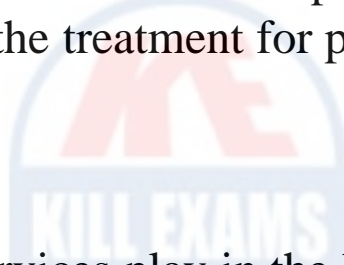
Answer: B

Explanation: The procedure for YAG laser capsulotomy is coded as 66821, which specifically addresses the treatment for posterior capsule opacification.

Question: 1083

What role do "incident-to" services play in the billing of ophthalmic services under the MPFS, especially concerning non-physician providers?

- A. Incident-to services are not applicable in ophthalmology
- B. Incident-to billing allows non-physician providers to bill for services under the supervising physician's NPI, provided certain criteria are met
- C. Incident-to services can only be billed for procedures, not for evaluation and management services
- D. Non-physician providers cannot bill under any circumstances in a physician's practice



Answer: B

Explanation: Incident-to services enable non-physician providers to bill for certain services under the supervising physician's NPI, allowing for expanded service provision under specific conditions.

Question: 1084

A patient is diagnosed with acute angle-closure glaucoma. Which mechanism involving the iris and pupil contributes to this condition?

- A. The iris obstructs aqueous humor outflow
- B. The pupil constricts excessively
- C. The lens dislocates forward
- D. The vitreous body liquefies

Answer: A

Explanation: In acute angle-closure glaucoma, the peripheral iris obstructs the trabecular meshwork, preventing aqueous humor from draining, leading to increased intraocular pressure and potential vision loss.

Question: 1085

A patient diagnosed with retinoblastoma undergoes treatment but develops a secondary tumor 10 years later. Which of the following secondary malignancies is most commonly associated with previous retinoblastoma?

- A. Melanoma
- B. Lymphoma
- C. Osteosarcoma
- D. Neuroblastoma

Answer: C

Explanation: Osteosarcoma is the most commonly associated secondary malignancy in patients who have been treated for retinoblastoma, particularly those with hereditary forms.

Question: 1086

In the processing of visual information, which of the following best describes the significance of the lateral geniculate nucleus in relation to the optic tract?

- A. The LGN is the final processing stage for visual information before it reaches the optic tract.
- B. The LGN serves as a relay and processing center that receives input from the optic tract and sends modified signals to the visual cortex.
- C. The LGN has no functional relationship with the optic tract and operates independently in visual processing.
- D. The LGN primarily processes auditory signals and has minimal involvement in visual information relay.

Answer: B

Explanation: The lateral geniculate nucleus acts as a relay and processing center for visual information received from the optic tract, modifying signals before transmitting them to the visual cortex for further processing.

Question: 1087

A patient undergoes a fundus examination using a specialized imaging technique that captures detailed images of the retina. Which code should be reported for this diagnostic test?

- A. 92202
- B. 92201
- C. 92250
- D. 92203

Answer: C

Explanation: Code 92250 is used for fundus photography, which provides detailed imaging essential for diagnosing retinal conditions.

Question: 1088

A 55-year-old patient presents with a suspected diagnosis of primary open-angle glaucoma. During the gonioscopy, the physician notes that the angle is wide open but has a moderate amount of pigment deposition. Which of the following findings would most likely be recorded during this examination?

- A. Blood vessels crossing the angle
- B. A narrow angle with appositional closure
- C. A pigmented trabecular meshwork with a normal Schwalbe's line
- D. Presence of peripheral anterior synechiae

Answer: C

Explanation: In primary open-angle glaucoma, a wide open angle with pigment deposition indicates that the trabecular meshwork is functioning, but the pigment suggests a history of increased intraocular pressure. Normal Schwalbe's line further supports a diagnosis of open-angle glaucoma.

Question: 1089

A patient is diagnosed with diabetic retinopathy and has undergone laser treatment. During the follow-up, new retinal hemorrhages are discovered. What

is the appropriate diagnosis code for this follow-up visit?

- A. H35.32
- B. H36.0
- C. E11.359
- D. H36.9

Answer: C

Explanation: The correct code is E11.359, which indicates the presence of diabetic retinopathy with complications. The other codes do not include the diabetic context.

Question: 1090

A patient with a traumatic cataract undergoes a combined procedure of cataract extraction and vitrectomy. Which coding approach would best reflect the complexity of this surgical encounter?

- A. Use separate codes for cataract and vitrectomy without modifiers
- B. Use a bundled code for combined procedures
- C. Use the higher of the two procedure codes
- D. Add a modifier to the cataract code only

Answer: B

Explanation: The best approach is to use a bundled code for combined procedures if available, as this accurately reflects the complexity and scope of the surgical encounter.

Question: 1091

During a routine eye exam, the clinician observes a patient has a significant

amount of floaters and a dark shadow in their peripheral vision. Which condition should be suspected?

- A. Uveitis
- B. Cataracts
- C. Glaucoma
- D. Retinal Detachment

Answer: D

Explanation: The presence of floaters and a dark shadow (also known as a "curtain effect") in peripheral vision are classic signs of retinal detachment, where the retina separates from the underlying tissue.

Question: 1092

In a gonioscopy evaluation, the physician encounters a "double-hump" configuration of the angle. What does this finding typically suggest about the patient's ocular condition?

- A. Pseudoexfoliative glaucoma
- B. Pigmentary glaucoma
- C. Angle-closure glaucoma
- D. Primary open-angle glaucoma

Answer: A

Explanation: The "double-hump" configuration seen during gonioscopy is suggestive of pseudoexfoliative glaucoma, where the exfoliative material can cause mechanical obstruction of the trabecular meshwork, leading to variations in angle appearance.

Question: 1093

In coding for a comprehensive refraction exam, which additional test, if performed, would require the use of a separate code, such as 92065?

- A. Simple visual acuity
- B. Contact lens fitting
- C. Detailed medical history review
- D. A stereopsis test

Answer: B

Explanation: Code 92065 is specifically for the fitting of contact lenses and would require a separate code from a comprehensive refraction exam.

Question: 1094

A patient diagnosed with traumatic cataracts from a workplace accident undergoes surgery. The ophthalmologist documents the presence of an intraocular foreign body. Which codes should be reported for this case?

- A. 366.26, 932.00
- B. 366.25, 932.01
- C. 366.24, 932.02
- D. 366.23, 932.03

Answer: A

Explanation: The correct codes are 366.26 for traumatic cataracts and 932.00 for the intraocular foreign body, accurately documenting the complexities involved.

Question: 1095

A patient presents with astigmatism and is considering laser surgery. What is a crucial factor to evaluate before proceeding with this type of surgical intervention?

- A. The patient's age
- B. The degree of refractive error
- C. The health of the cornea
- D. The patient's occupation

Answer: C

Explanation: Evaluating the health of the cornea is crucial before laser surgery, as conditions like corneal thinning or irregularities can affect surgical outcomes.

Question: 1096

What type of coding would be applied if a patient is referred for an MRI due to a suspected optic nerve tumor?

- A. 70540
- B. 70543
- C. 70544
- D. 70542

Answer: B

Explanation: Code 70543 is used for MRI of the brain with and without contrast and would be appropriate for evaluating an optic nerve tumor.

Question: 1097

During a routine eye exam, a patient is found to have bilateral congenital

cataracts. After surgical intervention, what is the appropriate coding for the condition during the post-operative visit?

- A. H25.9
- B. Q12.0
- C. H26.009
- D. H26.1

Answer: B

Explanation: Congenital cataracts are coded as Q12.0. The other codes do not accurately represent the congenital nature of the cataracts.

Question: 1098

In the pathway of light from the outside environment to the retina, which structure acts as the first refractive surface, and what is its primary function?

- A. Cornea; bending light to direct it toward the pupil
- B. Lens; focusing light onto the retina
- C. Aqueous humor; maintaining pressure
- D. Vitreous body; stabilizing the retina

Answer: A

Explanation: The cornea is the first refractive surface that bends light as it enters the eye, directing it through the pupil toward the lens for further focusing onto the retina.

Question: 1099

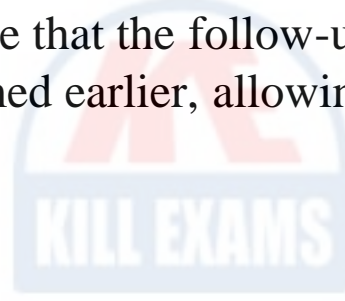
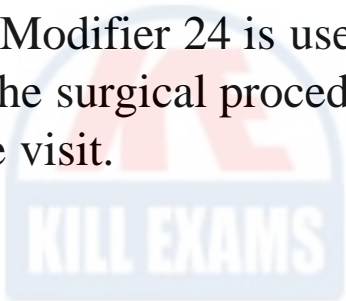
For a patient who has undergone cataract surgery, which of the following

follow-up services would require the use of a specific modifier to indicate that the service is unrelated to the surgical procedure?

- A. Modifier 91
- B. Modifier 25
- C. Modifier 59
- D. Modifier 24

Answer: D

Explanation: Modifier 24 is used to indicate that the follow-up service is unrelated to the surgical procedure performed earlier, allowing for separate billing for the visit.





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