

POLICY STATEMENT: Reimbursements for Exams Under Anesthesia (EUAs) at the same time as surgical procedures in any setting that the patient requires sedation.

Children and some adults are unable to undergo a safe and complete eye exam or simple procedure in the office due to a multitude of reasons (for example: developmental delays, behavioral issues, or neurological conditions). Despite known risks to anesthesia, it is sometimes medically necessary to use sedation or anesthesia in a facility to safely perform these exams and procedures. Guidelines for EUAs with subsequent procedures or surgeries are:

1. If the examination under anesthesia (EUA) finds that another eye procedure is necessary, delaying the procedure on the anesthetized patient is inappropriate and more costly. EUA's may include a complete eye examination (CPT* code 92018) or a limited examination which may include elements of the eye examination including forced duction testing or measurement of intraocular pressure (CPT* code 92019). Results from the EUA can alter surgical plans and prevent unneeded surgery if the EUA determines the surgery is not needed.
2. Medically indicated or necessary tests required under anesthesia would be separate and unbundled. Examples include but are not limited to fluorescein angiography (CPT* 92242), ocular coherence tomography (CPT* 92134), electroretinogram (CPT* 92273-92274), A-scan (CPT* 76519 or 92136), B-Scan (CPT* 76512 or 76513), pachymetry (CPT* 76514), or documentation of pathology with external (CPT* 92285), or fundus (CPT* 92250) photography.
3. Reimbursement for anesthesia exams should be consistent regardless of the setting ensuring access to care for all patients (e.g., hospital, ambulatory surgery center, office). The global postoperative period for a particular procedure should be the same regardless of setting.
4. Follow-up postoperative care in children and some developmentally delayed adults cannot always be done in the office and should be covered if this requires the surgeon return with the patient to the OR to perform them (e.g., lacrimal stent removal; corneal suture removal).
5. Performing two or more unrelated procedures, including an examination under anesthesia, on the same day is a safe and advantageous choice for a patient and all should be paid at full value without multiple surgery reduction.

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