

AAPOS POLICY STATEMENT

Sensorimotor Examination

A sensorimotor examination (SM) is a diagnostic test consisting of measurements of ocular alignment in more than one field of gaze, a sensory test of binocular function and an interpretation/report. The sensorimotor examination is defined by CPT* to be beyond the scope of the basic eye motor component of the ophthalmic Eye visit code examinations (92002-92014) or the single system Evaluation/Management (E/M) services (99201-99253) which require measurement in only one position of gaze as part of a comprehensive examination. The sensorimotor examination is a separate, expanded examination requiring additional time, effort, and expertise in the measurement of the ocular alignment (strabismus) in numerous fields of gaze (the motor component), at different distances, with and without optical correction. The sensorimotor examination also includes at least one appropriate sensory test of binocularity (the sensory component) when patient age and cooperation allow.

A sensorimotor examination is necessary to detect, assess, monitor, and guide the medical, surgical and optical management of binocular function and motor eye misalignment conditions including but not limited to, esotropia, exotropia and hypertropia and the associated condition of amblyopia. Numerous medical conditions require a sensorimotor exam to identify possible abnormalities of ocular alignment, motility and fusion. Such conditions include amblyopia suspect, pseudostrabismus, nystagmus, asthenopia, accommodative spasm or insufficiency, convergence insufficiency, torticollis (abnormal head position), albinism, Down and other syndromes, and many others. Any condition with a high prevalence of strabismus and/or ocular motility and fusion problems, medically warrants this test, regardless of the final findings of the test. Since strabismus and other abnormalities of binocular function are often familial, a sensorimotor examination is warranted in relatives of patients with strabismus and amblyopia as well. Determining the presence or absence of sensorimotor problems on a given exam can have important visual, developmental, and/or systemic implications. Testing measurements are often not static, and testing may need to be repeated on a variable, possibly frequent, basis as medically indicated.

The findings of the sensorimotor examination are documented, interpreted and billed by CPT* code 92060 Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure), in addition to the appropriate ophthalmologic Eye visit code or E/M service which is also provided, documented, and billed separately.

Since this test is an essential part of a significant number of pediatric ophthalmology evaluations, a separate order for the test should only be required in a limited number of scenarios. No order is required if a physician performs all parts of the SM test, if a physician examines the patient after the SM test is performed and repeats pertinent parts of that test or if a physician is involved in direct supervision of that test. An order is required for a new or returning patient if the SM test is being performed by a non-physician and the physician does not repeat pertinent parts of the SM test. Additionally, an order is required if a physician does not see the patient during the same visit the sensorimotor testing is performed, or if no other physician is on the premises at the time the sensorimotor testing is performed. The order can take many forms including but not limited to an EHR order placed at the start of the clinic shift or as part of the previous visit plan for follow up (e.g. order written and signed by physician such as "Return to clinic for SM exam with orthoptist"). Standing orders for all patients need to be avoided.

A formal interpretation of the SM test by the physician is also required and may take many forms including but not limited to a boxed entry within the chart or as part of the assessment and plan section of the note, if it specifically summarizes the SM test findings. The billing physician needs to ensure that the interpretation is clearly identifiable in the chart for documentation purposes.

In summary, The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) considers the sensorimotor examination to be a separately identifiable and reimbursable service in addition to the applicable ophthalmologic Eye visit code or E/M service provided which should be consistently recognized by all insurance carriers. The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) also considers the performance of a sensorimotor examination to be the responsibility of all pediatric ophthalmologists when medically indicated.

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