

## AAPOS POLICY STATEMENT Sensorimotor Examination

### **CPT Description**

CPT code 92060 Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).

### **Medical Necessity**

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 are associated with and require a sensorimotor exam to identify possible abnormalities of ocular alignment, motility and binocular fusion. Such conditions include amblyopia suspect, pseudostrabismus, nystagmus, asthenopia, accommodative spasm or insufficiency, convergence insufficiency, divergence insufficiency, torticollis (abnormal head position), albinism, Down and other syndromes, as well as many others. Any condition with a high prevalence of strabismus and/or ocular motility and binocular fusion abnormalities 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, often frequent, basis as medically indicated. The findings of the sensorimotor examination are sometimes used to calibrate treatment dosage with prisms and/or surgical dosage.

### **Separate Work Beyond the Eye visit or E/M Examination**

The work performed for this diagnostic test is significantly more than the sensorimotor exam included as one of the components of the Eye visit codes (92002 – 92014) and Evaluation and Management codes (99202 – 99254) which is only one position of gaze.

This test provides data that cannot be obtained in any other way.

The test should be payable separately in addition to any level of Eye visit or E/M code submitted separately.

### **Sensorimotor Exam Documentation Requirements**

The sensorimotor examination is a separate, expanded examination requiring additional time, effort, and expertise in the measurement of ocular alignment (strabismus) in numerous fields of gaze and/or at different distances (the motor component) when age, vision and behavior make possible with and/or without optical correction. The sensorimotor examination includes one or more sensory tests of binocularity when patient age, condition, and cooperation allow and is appropriate (the sensory component). Although these exam components are often separate, there are some cases where a single technique may yield both sensory and motor information.

Sensorimotor examinations are medically indicated for both children and adults with sensorimotor abnormalities and those suspected of sensorimotor abnormalities.

Since SM is an essential part of the evaluation of strabismus and double vision, 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.

A documented order is required when delegating performance of the test in these scenarios:

- 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.
- If a physician does not see the patient during the same visit the sensorimotor testing is performed.
- 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 electronic health record (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 must be avoided.

A formal interpretation/report 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 must ensure that the interpretation/report is clearly identifiable in the chart for documentation purposes.

### **Conclusion**

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, when medically appropriate, to be the responsibility of all ophthalmologists treating patients with disorders of binocular vision.

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