Certified Orthoptist
The Job Description and Scope of Practice

Definition

- Orthoptics = “straight eyes”
- Study of ophthalmic science that pertains to vision, visual function, eye movements and binocular coordination
- Orthoptist
  - Healthcare professional specializing in assessment of visual function and neuromuscular eye anomalies
  - Physician extender and midlevel provider working adjunctively and exclusively with Ophthalmologist
  - Community liaison allowing physician to expand services while maintaining quality care

Clinical Practice

- Practice in clinics, private offices, academic medical institutions and hospitals
- Perform complete sensorimotor evaluations, pre- and post- op strabismus measurements and address complaints relating to binocular function
- Treat non-surgical disorders of ocular motility and binocular vision including, but not limited to, amblyopia, convergence insufficiency, accommodative esotropia, and diplopia
- Educate patients on pediatric/neuro ophthalmology diagnoses and treatment plans, including a thorough description of strabismus surgical procedures
- Referrals from within the practice or from the local medical community under supervision of an Ophthalmologist

Non-Clinical Practice

- Clinical research and publications in medical journals
- Educate medical students, residents, fellows and orthoptic students
- Triage patient phone calls
- Complete eye reports, referral letters

Economic Impact

- Increase volume of patients and quality of patient care
- Generate revenue by independently managing patients under indirect supervision of Ophthalmologist
  - The addition of one full-time Orthoptist can result in up to a 50% increase in patient volume with concomitant increase in surgical practice
- Compensation
  - Commensurate with education and experience
Salaried according to scales in place for Nurse Practitioners in comparable positions
- Adjustments made for those with faculty appointments, additional certification, and senior, supervisory, or administrative positions
- Contracts are optional
- Additional information on average salaries: www.orthoptics.org

Supervision of Orthoptic Services

- General supervision per Medicare designation
  - Does NOT require MD presence in the facility during the procedure though the procedure is performed under the overall direction of the MD
  - Supervising MD does NOT need to be the MD who ordered the diagnostic test or service

Coding

- 92060, sensorimotor exam, is an ophthalmologic test code and is meant to be submitted by an Ophthalmologist (or possibly Neurologist) as a necessary test
  - Requires documentation of medical necessity and separate interpretation by the physician or the physician my choose to agree with the Orthoptist’s interpretation
  - It does NOT require the MD to be physically present in the facility while the patient is being seen by the orthoptist, making it similar to other diagnostic tests such as visual fields or A-scans
  - The code is submitted under the supervising MD who is taking responsibility for the patient encounter
  - 92065, orthoptic training in the office is notoriously denied
- Evaluation and Management (E and M) code 99211, low level 1 office visits
  - Does not require the MD to physically see the patient, however the billing physician must be physically present in the facility and immediately available
  - Billed at a very low level
  - Higher level of coding is possible but requires DIRECT negotiation with insurance carriers
    - Negotiations are most effective when the MD is directly involved, pointing out the manpower shortage in the field of pediatric and neuro Ophthalmology and the high level of training and high cost of employing an Orthoptist
    - * Please see handout attached to this packet, Coding for Orthoptic Services

Credentialing

- Baccalaureate Degree
- Complete a 24 month accredited orthoptic program
- National certification granted by the American Orthoptic Council (AOC) upon successful completion of written and oral board examinations
- Recertification required every 3 years with total 45 CME credits including proof of attendance at scientific Ophthalmology/Orthoptic meetings; in addition some of the required CME credits may be obtained by publication of research, attending grand rounds, completing journal quizzes
• American Orthoptic Council
  o Develops requirements for education and training of Orthoptists
  o Accredits teaching programs
  o Examines and certifies candidates meeting all training requirements
  o Sets continuing education requirements for periodic recertification
  o Oversees ethical aspects of Orthoptics in the United States
  o Composed of representatives of the American Academy of Ophthalmology (AAO), American Association of Pediatric Ophthalmology and Strabismus (AAPOS), American Association of Certified Orthoptists (AACO), the Canadian Orthoptic Council (COC), the American Ophthalmological Society (AOS), and the American Academy of Pediatrics Section on Ophthalmology (AAP)

• Certification by the American Orthoptic Council
  o Successful completion of training and examination with standards met for certification, good ethical standing
  o NOT a license to engage in independent practice of Orthoptics without a supervising MD
  o Does not replace or necessarily fulfill any requirements for state or local agencies pertaining to practice of healthcare profession
  o Foreign country licensure/orthoptic certification is not accepted; foreign-trained Orthoptists may be required to spend a period of time in an AOC-accredited orthoptic program before applying to take AOC certification exams
    ▪ Exception is reciprocation with the Canadian Orthoptic Council

Ethical Standards of Orthoptic Practice

• Certified Orthoptists are bound by a Code of Ethics specified by the AOC
• Orthoptic services MUST be rendered only under the overall supervision and direction of an Ophthalmologist
  o Orthoptists shall not practice under supervision of an Optometrist

Practice Patterns

• Certified Orthoptists may be deemed an employee or function as an independent contractor as described below
• Scenario #1
  o Orthoptist sees patients at same site as supervising MD or at a satellite office
  o Orthoptist is employee of the clinic or hospital
  o Fees for orthoptic services collected by employer
• Scenario #2
  o Several MD’s in one geographic area may “share” the services of one Orthoptist who may travel from office to office throughout the week
  o Orthoptist generates fees for the office/MD he or she sees patients for and that individual office pays the Orthoptist’s salary
  o One MD at each site functions as the supervising MD
• Scenario #3
  o Several MD’s in same multi-specialty practice refer patients to the Orthoptist as a physician extender for sensorimotor evaluation and treatment
• Scenario #4
  o Orthoptist works side by side with the Ophthalmologist as support for his/her clinics, performing preliminary exams and retinoscopy prior to the examination by the MD
  o Orthoptist may accompany surgeon into the OR and function as a scrub nurse or first assistant, usually with additional certifications
  o Orthoptist may see follow-up patients on own schedule while the MD is in the OR
• Physician’s assistants (PA) have practice patterns analogous to Orthoptists as physician extenders
  o PA’s may evaluate and treat patients referred by MD and can work up pts for their employer MD
  o PA’s have philosophically decided to stay under the MD’s umbrella, billing through the employing MD whereas Nurse Practitioners can often obtain a provider number and bill directly for their services
• Current practice patterns function well; however, the AOC makes no guarantee that individual locations, insurance companies or government will automatically accept these arrangements

Orthoptist Professionals (Physician extenders) vs. Technicians in Ophthalmology Practice

• Physician extender: A healthcare provider other than an MD providing quasi-autonomous care under an MD ‘s supervision.  
• Physician extenders include professional occupations that require a Bachelor’s Degree at a minimum in a specialized field
• Physician extenders have high levels of responsibility and complex duties, and differ from technicians in educational background, length and complexity of formal training, and professional duties
• In contrast, Ophthalmic technicians gather results of tests ordered by the MD that assist in the MD making diagnoses and treatment plans; Orthoptists are trained to determine necessary tests and to use those results to independently diagnose and treat patients with amblyopia and binocular vision abnormalities
• Technician certification requires a minimum of a high school diploma, though some 1-2 year postsecondary programs result in certificate or Associate degree; Formal training is NOT required and many are trained on-the-job.
• The American Medical Association recognizes Orthoptics as a healthcare profession involving the evaluation and treatment of disorders of vision, eye movements, and eye alignment in children and adults.
• The U.S. Department of Labor, Employment and Training Administration (ETA) lists Orthoptists (profession 29-1199.OS) under the category of Health Diagnosing and Treating Practitioners - the same category shared by Nurse Practitioners and Nurse Anesthetists and Ophthalmic Technicians (profession 29-2099.03) under the category of Health Technologists and Technicians, Other – the same category as Nurse Midwives and Hearing Aid Specialists
  o The ETA divides jobs into zones according to extent of preparation needed to enter the field including: knowledge, skills, experience, tasks, work activities, work context, tools and technology used in execution of duties.
  o Orthoptics = Zone 5: Extensive Preparation Needed
  o Ophthalmic Technician = Zone 3: Medium Preparation Needed
References

(1) Mosby’s Medical Dictionary, 8th Ed. 2009, Elsevier
(5) Health Care Careers Directory, 2010-11, American Medical Association Chicago, IL;
   www.amaassn.org/go/alliedhealth
(6) http://onetcenter.org/

For more information regarding an Orthoptist’s scope of practice and salary, please contact
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92060 Sensorimotor Exam

The sensorimotor exam falls under the coding category of “Special Ophthalmological Services”, distinguishing it from “General Ophthalmological Services”. Special services are those beyond the scope of a general eye exam, and may be used in addition to an eye code or E/M code for an office visit. The 92060 procedure includes measurement of an ocular misalignment in multiple fields of gaze, at least one appropriate test of sensory function, interpretation of findings, and a report. This service may be performed by an orthoptist, and the physician need not be on site.\(^1\) This procedure is only used with an appropriate matched diagnosis (i.e. esotropia, exotropia, diplopia, and amblyopia). The physician must review the findings, add a separate interpretation and then sign the chart. It is acceptable for the orthoptist to include an interpretation with which the physician may choose to agree. Billing is done under the ophthalmologist’s provider number. The billing sheet and report must be signed by the orthoptist and/or the billing physician, either by hand or electronically. This procedure code is utilized in a way similar to the code used for visual field testing.

In some cases, the -59 modifier may be added to the procedure code (i.e: 92060-59). This modifier indicates “Distinct Procedural Service” and emphasizes that the sensory and motor testing ordered by the physician is beyond the scope of the basic motility testing done as part of a comprehensive eye exam. *(Update effective January 1, 2015: The modifiers XE, XS, XP, XU were developed to provide greater reporting specificity in situations where modifier 59 was previously reported and may be utilized in lieu of modifier 59 whenever possible.\(^2\))*

99211 Level 1 E/M Exam

This is a Level 1 E/M code used for a Problem Focused exam on an established patient with a straightforward problem, such as amblyopia. The exam must include a chief complaint, brief history of the complaint, and 1 to 5 exam elements (i.e.: visual acuity testing, lensometry, motility exam, pupil exam, etc...), and a brief assessment and plan. All of the exam elements must be clearly documented in the medical record. Note that measurement of an ocular deviation, even in multiple fields, and sensory testing, even if expanded, are not considered as two separate elements if this code is used. Examination of motility and sensory testing are combined into one element only. If multiple measures of alignment and sensory state are needed, the 92060 code is more


appropriate. The CPT guidelines allow for a non-physician to use this code without a physician repeating any of the exam elements.³

The 99211 and 92060 codes may be used together for a patient visit in some states, without the physician performing any element of the exam.¹ Non-Medicare payer policies vary widely by state or region, particularly with regard to the use of Eye Codes (i.e.: 92060), so it is important to review your contract before implementing any of these suggestions.

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Partners in the Pediatric Eye Care Team: Ophthalmologist and Orthoptist

The practice of pediatric ophthalmology is a challenging field that commonly is perceived as one where patients are more difficult and require more patience to examine. While this is true in many ways, this should not be perceived as a more time consuming or burdensome patient population. As healthcare in the United States goes through a process of change, there is more emphasis on efficiency in the work place. This is where the partnership between orthoptists and ophthalmologists will flourish as more efficient and better quality care can be provided.

Orthoptists are allied health professionals who function at the level of a mid-level healthcare provider in the field of pediatric ophthalmology, strabismus, and neuro-ophthalmology. They are recognized by the AMA in this capacity and work similarly to Physician Assistants or Nurse Practitioners. Their training level is much more advanced than an ophthalmic technician in that almost all possess post-graduate education. They differ from optometrists in that they are not independent providers. To be able to practice orthoptics, an orthoptist must complete a 24-month educational program and pass both oral and written board examinations administered by the American Orthoptic Council. Once completing these tasks, they are considered “Certified Orthoptists” and are capable to treat disorders of ocular motility and binocular vision with indirect supervision by their supervising ophthalmologist.

Orthoptists are able to perform sensory motor examinations on patients without direct supervision. All work performed must be reviewed by their supervising ophthalmologist but that individual does not need to be present in the office or building at the time of the examination. A sensory motor examination (92060) is recognized by insurance carriers as a diagnostic test, much akin to a visual field test. Proper review and interpretation by the supervising ophthalmologist is required prior to submitting the test for reimbursement. In addition to sensory motor examinations, an orthoptist can provide services at the level of an E&M Level 1 (99211), which can be concurrently coded by the supervising ophthalmologist at the time of interpretation in most cases. The supervising physician must be present in the facility for this code to be used.

Incorporating orthoptists into a pediatric practice has been proven to increase the patient capacity of a practice, provide more efficient care, improve patient and family satisfaction for services received, and increase practice revenue. A recent small survey of pediatric ophthalmologists found that an orthoptist accounted for on average 10% of their practice overhead but contributed approximately 26% to their practice collections. In my own practice, the incorporation of one orthoptist increased my patient visits by 25%, increased my surgical volume by 50%, increased my collections per visit by 22%, and increased my overall collections by 43%.

When assessing the value of an orthoptist to a practice, one must consider both direct and indirect influences. The most obvious impact on a practice is the direct one where more patients can be cared for with equal or improved quality of care. The indirect impact is less obvious but is the most influential on a practices’ collections. When patients are being seen by an orthoptist, there is more space in a physician’s schedule to see other patients. This leads to an increase in new patients seen and
will result in higher surgical volume. Additional benefits are provided in that orthoptist can serve as research coordinators, which further expands the revenue streams available to a practice.

As the United States population continues to grow, more lives become covered by health insurance, and access to specialty services becomes more difficult, physician extenders will be playing an increasing role in our healthcare system. The challenge to our system will be to find a way to fill the healthcare demand without providing less care or diluting the quality of services provided. Orthoptists possess the training, expertise, and professionalism to fill this gap in pediatric ophthalmology. The partnership between orthoptists and ophthalmologists will serve as an additional model for other healthcare fields in the future.

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