

CPT Code: 92082

Specialty Society('s)\_American Academy of Ophthalmology,  
American Optometric Association

**AMA/Specialty Society Update Process**  
**PEAC Summary of Recommendation**  
**XXX Global Period**  
**In Office Direct Inputs**

CPT Long Descriptor:

Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

Sample Size: \_\_\_\_\_ Response Rate: (%): \_\_\_\_\_ Global Period: \_\_\_\_\_

Tracking Number: \_\_\_\_\_ Reference Code 1 \_\_\_\_\_ Reference Code 2 \_\_\_\_\_

Geographic Practice Setting %: Rural \_\_\_\_\_ Suburban \_\_\_\_\_ Urban \_\_\_\_\_

Type of Practice %:    \_\_\_\_\_ Solo Practice  
                                  \_\_\_\_\_ Single Specialty Group  
                                  \_\_\_\_\_ Multispecialty Group  
                                  \_\_\_\_\_ Medical School Faculty Practice Plan

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

*Data has been reviewed four times over three years, by a panel of ophthalmologists representing each subspecialty, by our Health Policy Committee, and finally refined and checked again by our Committee for this submission.*

Please describe the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

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Total Staff Time In Office: 60

Visits in Global Period: XXX

<b>HCFA's Staff Type Code*</b>	<b>Clinical Labor</b>	<b>Pre-Service Time</b>	<b>Service Period (Day of service)</b>	<b>Post-Service Time After Day of Service)</b>	<b>Cost Estimate and Source (if applicable)</b>
1121	COMT/COT/RN/CST	5	50	5	

\* From HCFA's Labor, Medical Supply, and Equipment List for year 2000. If not listed, provide full description, estimated cost, and cost source.

<b>HCFA's Medical Supply Code*</b>	<b>Medical Supplies</b>	<b>Quantity of Supplies</b>	<b>Units Used for Purchase</b>	<b>Cost Estimate and Source (if applicable)</b>
	None			

\* From HCFA's Labor, Medical Supply, and Equipment List for year 2000. If not listed, provide full description, estimated cost, and cost source.

<b>HCFA's Equipment Code*</b>	<b>Procedure Specific Medical Equipment</b>	<b>No. of units in practice</b>	<b>Minutes of use per procedure</b>	<b>Hours per week in use for all services</b>	<b>Cost Estimate and Source (if applicable)</b>
E71111	Screening Lane				
E71005	Humphrey field analyzer (or octopus)				
E71103	full diameter trial lens set				

<b>HCFA's Equipment Code*</b>	<b>Overhead Medical Equipment</b>	<b>No. of units in practice</b>	<b>Cost Estimate and Source (if applicable)</b>
	None		

\* From HCFA's Labor, Medical Supply, and Equipment List for year 2000. If not listed, provide full description, estimated cost, and cost source.

**Type of Service: Evaluation/Management Services or Diagnostic Tests**  
**XXX Global Period**

**SITE OF SERVICE: In-Office**  
**Clinical Services**

**Minutes**

**Staff Type – Circle**

**Pre-Service Period**

*Start: When appointment for service is made*

Review/read X-ray, lab, and pathology reports

5

RN, LPN, MA, Other OMP

Other Clinical Activity (please specify)

\_\_\_\_\_

\_\_\_\_\_

RN, LPN, MA, Other \_\_\_\_\_

*End: Patient arrival at office for service*

**Service Period**

*Start: Patient arrival at office for service*

Greet patient/provide gowning

2

RN, LPN, MA, Other OMP

Obtain vital signs

4

RN, LPN, MA, Other OMP

Prep and position patient

7

RN, LPN, MA, Other OMP

Prepare room, equipment, supplies

2

RN, LPN, MA, Other OMP

Assist physician during exam

30

RN, LPN, MA, Other OMP

Education/instruction/ counseling

5

RN, LPN, MA, Other OMP

Coordinate home or outpatient care

\_\_\_\_\_

RN, LPN, MA, Other \_\_\_\_\_

Clean room/equipment

\_\_\_\_\_

RN, LPN, MA, Other OMP

Other Clinical Activity (please specify)

\_\_\_\_\_

\_\_\_\_\_

RN, LPN, MA, Other \_\_\_\_\_

*End: Patient leaves office*

**Post-Service Period**

*Start: Patient leaves office*

Phone calls between visits with patient, family pharmacy

5

RN, LPN, MA, Other \_\_\_\_\_

Other Activity (please specify)

\_\_\_\_\_

\_\_\_\_\_

RN, LPN, MA, Other \_\_\_\_\_

*End: When appointment for next office visit is made.*