

OPHTHALMIC CODING SPECIALIST PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What is required concerning physician supervision when performing special ophthalmic testing services?**
 - A. A physician must be on-site at all times
 - B. Direct supervision is only required according to non-Medicare payers
 - C. General supervision is sufficient for all payers
 - D. No supervision is needed
- 2. Do ALT and SLT procedures have different CPT codes?**
 - A. Yes, they do
 - B. No, they use the same code
 - C. ALT is under 65855 while SLT is not
 - D. Both are coded differently per payer
- 3. What type of follow-up documentation is necessary after a consultation?**
 - A. Informal feedback to the patient
 - B. A written report sent to the requesting physician
 - C. No documentation is necessary
 - D. Only a verbal update
- 4. What is a common symptom indicating the need for punctal plugs?**
 - A. Blurred vision
 - B. Excessive tearing
 - C. Eye redness
 - D. Floating spots in vision
- 5. Which of the following is a requirement for ophthalmic coding accuracy?**
 - A. Understanding medical terminology and coding guidelines
 - B. Using the same code for all procedures
 - C. Focusing primarily on patient demographics
 - D. Not needing to validate coding with the medical record

- 6. Which organization often sets the standards for ophthalmic coding practices?**
- A. American Academy of Ophthalmology
 - B. Centers for Medicare and Medicaid Services
 - C. American Medical Association
 - D. World Health Organization
- 7. What is the primary purpose of Relative Value Units (RVUs)?**
- A. Billing structure
 - B. Resource allocation
 - C. Cost analysis
 - D. Value representation of surgical services
- 8. When coding for add-on codes in strabismus surgery, is it appropriate to use modifier-51?**
- A. Yes, always
 - B. No, it may cause payment issues
 - C. Only for certain procedures
 - D. Yes, for accurate reimbursement
- 9. What type of procedure is indicated by CPT code 67555?**
- A. Repair of the cornea
 - B. Repair of eyelid margin involving a flap or graft
 - C. Removal of a cataract
 - D. Correction of strabismus
- 10. The removal of an intralenticular foreign body is performed without lens extraction. Which code is applicable?**
- A. 66850
 - B. 66984
 - C. 65235
 - D. 66987

Answers

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1. B
2. B
3. B
4. B
5. A
6. C
7. D
8. B
9. B
10. C

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Explanations

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1. What is required concerning physician supervision when performing special ophthalmic testing services?

- A. A physician must be on-site at all times
- B. Direct supervision is only required according to non-Medicare payers**
- C. General supervision is sufficient for all payers
- D. No supervision is needed

In the context of special ophthalmic testing services, the requirement for physician supervision varies based on payer guidelines. Direct supervision means that a physician must be present in the office suite and immediately available to provide assistance if necessary. However, under the parameters set by non-Medicare payers, direct supervision is not an absolute necessity; instead, these payers may allow for more flexibility, recognizing that some testing can proceed under different supervision levels. For non-Medicare payers, the guidelines may stipulate that general supervision—where the physician is not required to be physically present but has established protocols for oversight—can be sufficient. This is crucial in ensuring comprehensive access to ophthalmic services without compromising quality or patient safety. Therefore, understanding the distinction between Medicare and non-Medicare requirements for supervision is vital for ensuring compliance and appropriate billing practices in different healthcare settings.

2. Do ALT and SLT procedures have different CPT codes?

- A. Yes, they do
- B. No, they use the same code**
- C. ALT is under 65855 while SLT is not
- D. Both are coded differently per payer

The assertion that ALT (Argon Laser Trabeculoplasty) and SLT (Selective Laser Trabeculoplasty) procedures use the same CPT code is accurate. Both procedures are classified under the same category for coding purposes, specifically CPT code 65855. This code is designated for "Trabeculoplasty, laser (argon or selective)" and encompasses the treatment of open-angle glaucoma through laser techniques. In clinical practice, even though ALT and SLT are distinct in terms of technique—ALT uses thermal energy, while SLT utilizes a specific wavelength of light to target the trabecular meshwork—they are still captured using the same CPT code when it comes to billing. This uniformity is crucial for claim submissions and ensures that healthcare providers can accurately report the procedures they perform without the need for differentiation in coding. While there are specific situations in which payers may request additional information or detail regarding the procedure, the foundational coding remains the same for these two modalities. Hence, the idea that they are coded differently or that one is excluded from the main CPT code does not hold true in standard coding practice.

3. What type of follow-up documentation is necessary after a consultation?

- A. Informal feedback to the patient
- B. A written report sent to the requesting physician**
- C. No documentation is necessary
- D. Only a verbal update

After a consultation, it is crucial to provide a written report to the requesting physician. This written documentation serves several important purposes: it maintains a formal record of the findings and recommendations made during the consultation, ensuring clear communication between healthcare providers. This is particularly important for continuity of care, as it allows the requesting physician to understand the rationale behind any diagnostic decisions, treatment plans, or referrals that may follow. The written report also establishes liability protection for the consulting physician and provides essential information that can be referenced in future patient encounters. This formal documentation is a standard practice in healthcare settings and is essential for proper medical record-keeping and legal compliance. In contrast, informal feedback, no documentation, and only verbal updates lack the necessary structure and reliability required in patient care, which can lead to misunderstandings or gaps in patient history and treatment. Therefore, sending a comprehensive written report to the requesting physician is the appropriate and professional approach.

4. What is a common symptom indicating the need for punctal plugs?

- A. Blurred vision
- B. Excessive tearing**
- C. Eye redness
- D. Floating spots in vision

Excessive tearing is a common symptom that indicates the need for punctal plugs. Punctal plugs are small devices inserted into the tear ducts to help retain tears on the surface of the eye and prevent excessive drainage, which works to alleviate conditions such as dry eye syndrome or insufficient tear production. When someone experiences excessive tearing, it can be counterintuitive, as they may have a feeling of dryness despite the presence of tears. This occurs because the tears may be of poor quality or not lasting long enough on the eye's surface. By using punctal plugs, the drainage of tears is reduced, which can stabilize the tear film and provide better lubrication and comfort. The other symptoms listed, such as blurred vision, eye redness, and floating spots in vision, are indicative of different ocular conditions and may not be directly related to the need for punctal plugs. Blurred vision can occur due to various reasons, including refractive errors or cataracts. Eye redness is commonly associated with inflammation or irritation and doesn't specifically point toward a need for moisture retention. Floating spots, or floaters, are typically related to issues within the vitreous humor and often aren't connected to tear duct health or function. Thus, the situation of excessive tearing serves as a clear indicator

5. Which of the following is a requirement for ophthalmic coding accuracy?

A. Understanding medical terminology and coding guidelines

B. Using the same code for all procedures

C. Focusing primarily on patient demographics

D. Not needing to validate coding with the medical record

Understanding medical terminology and coding guidelines is essential for ensuring accuracy in ophthalmic coding. This knowledge allows the coder to accurately interpret the specific services provided, the diagnoses made, and the appropriate codes that align with those services and diagnoses. Each ophthalmic procedure has a designated code that reflects the complexity and specifics of the treatment rendered, and familiarity with both medical terminology and coding conventions helps prevent errors. Using the same code for all procedures would lead to significant inaccuracies, as different procedures have distinct codes that reflect their unique characteristics and requirements. Focusing primarily on patient demographics ignores the clinical details essential for proper coding, while not validating coding with the medical record can result in billing issues and compliance problems, as accurate coding must always be supported by the patient's documented healthcare services. Thus, a deep understanding of medical terminology and coding guidelines is foundational for successful and accurate ophthalmic coding.

6. Which organization often sets the standards for ophthalmic coding practices?

A. American Academy of Ophthalmology

B. Centers for Medicare and Medicaid Services

C. American Medical Association

D. World Health Organization

The American Medical Association (AMA) plays a pivotal role in setting standards for various medical coding practices, including those used in ophthalmology. The AMA is responsible for maintaining and updating the Current Procedural Terminology (CPT) codes, which are essential for billing and documentation within the healthcare system. The guidelines established by the AMA ensure consistent and accurate coding across different medical specialties, which supports proper reimbursement and tracking of medical procedures, including ophthalmic services. While the American Academy of Ophthalmology also contributes to ophthalmic standards through guidelines and best practices specifically for eye care, the comprehensive coding standards are developed and maintained by the AMA. This distinction is important because it highlights the AMA's influence on a broader range of medical coding practices than just ophthalmology alone. Other organizations mentioned have different focuses: the Centers for Medicare and Medicaid Services (CMS) regulate healthcare payment and policies, while the World Health Organization (WHO) focuses on global health issues without direct involvement in coding practices.

7. What is the primary purpose of Relative Value Units (RVUs)?

- A. Billing structure
- B. Resource allocation
- C. Cost analysis
- D. Value representation of surgical services**

The primary purpose of Relative Value Units (RVUs) is to represent the value of surgical and medical services in a standardized manner. RVUs are used in the healthcare system to quantify and assess the complexity and intensity of a service provided by a physician or healthcare provider. This valuation takes into account various factors such as the time, skill, and effort required to perform a procedure, as well as the corresponding overhead costs associated with providing the service. By assigning RVUs to different medical and surgical procedures, they facilitate a more systematic approach to reimbursement and compensation. This helps ensure that providers are compensated fairly based on the relative value of the services they deliver, promoting an equitable billing structure across different specialties and procedures. While RVUs do contribute to billing structure, resource allocation, and cost analysis, their primary function is focused on representing and quantifying the value of services offered, particularly surgical procedures. This clear representation helps payers, providers, and patients understand the relative intensity and worth of various medical interventions, which is crucial in the context of healthcare economics and policy.

8. When coding for add-on codes in strabismus surgery, is it appropriate to use modifier-51?

- A. Yes, always
- B. No, it may cause payment issues**
- C. Only for certain procedures
- D. Yes, for accurate reimbursement

In the context of coding for add-on codes in strabismus surgery, using modifier-51 is generally inappropriate as it can lead to payment issues. Modifier-51 is typically used to indicate that multiple procedures were performed during the same session. However, with add-on codes, which are specifically designed to be used with primary procedure codes, applying modifier-51 can create confusion for payers and often results in a denial of payment or reduced reimbursement. Add-on codes allow practitioners to report specific additional aspects or procedures related to the primary procedure without needing to append modifier-51. The use of these codes alone accurately reflects the complexity of the surgical intervention and is structured to ensure that proper payment is made for the work performed. Therefore, the correct approach is to avoid using modifier-51 with add-on codes, particularly in the context of strabismus surgery. This adheres to coding guidelines that recommend handling add-on codes distinctly to optimize reimbursement and maintain compliance.

9. What type of procedure is indicated by CPT code 67555?

- A. Repair of the cornea
- B. Repair of eyelid margin involving a flap or graft**
- C. Removal of a cataract
- D. Correction of strabismus

The procedure indicated by CPT code 67555 refers specifically to the repair of the eyelid margin involving a flap or graft. This type of surgery is performed to reconstruct the eyelid, often in cases where there has been trauma, tumor excision, or congenital deformities affecting the eyelid. The use of a flap or graft allows for a more extensive and effective repair, ensuring both functional and cosmetic outcomes for the patient. This code includes complex surgical techniques that require specialized training and skill, as they involve moving tissue from one part of the body to cover or repair another area of the eyelid. The precision needed for successful outcomes in these cases highlights the importance of correct coding to ensure appropriate reimbursement and care management for procedures involving eyelid reconstruction. In contrast, the other procedures referenced in the choices are distinct and coded differently. Repair of the cornea, removal of a cataract, and correction of strabismus involve separate techniques, anatomical areas, and patient considerations, each requiring its own specific coding to accurately reflect the services performed.

10. The removal of an intralenticular foreign body is performed without lens extraction. Which code is applicable?

- A. 66850
- B. 66984
- C. 65235**
- D. 66987

The procedure describes the removal of an intralenticular foreign body without the need for lens extraction. In coding for ophthalmic procedures, it's essential to select the code that accurately represents the specifics of the surgical intervention performed. The code that corresponds to the removal of a foreign body from the anterior or posterior segment of the eye, specifically from within the lens capsule, is indeed recognized under the code 65235. This code is designated for the removal of a foreign body from the eye, and in this context, it implies that the intraocular procedure involves the lens, but crucially, it excludes the extraction of the lens itself. In contrast, other options involve different scenarios. For instance, code 66850 pertains to the removal of a foreign body from the lens with lens extraction, which is not applicable here since the lens is not being removed. Codes 66984 and 66987 relate to cataract surgery procedures that involve lens replacement or insertion of an intraocular lens, which again do not match the described situation. Thus, the appropriate code for this specific procedure aligns with the tasks involved, confirming the selection of the code related to foreign body removal from the eye while preserving the lens integrity.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://ophthalmiccodingspecialist.examzify.com>

We wish you the very best on your exam journey. You've got this!

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