

Billing & Coding

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Excellence in Optometric Education

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Basic CPT Coding

CPT basics
Documentation guidelines
99xxx E/M Codes
92xxx Eye Codes
Supplemental testing guidelines
Modifiers
Compliance & Audit Risk Reduction

Medicare – Just Give Me The Numbers

- Longevity Revolution
 - First year of Baby Boomers hitting 65 years of age
 - 10,000/day turn 65 years of age
 - An individual turns 60 years of age every 8 seconds
 - If you live until age 65, average life expectancy is age 84
- 59, 672,971 Medicare beneficiaries in US
 - 15% of total population
- Cataract surgery is the most common surgical procedure in US in Medicare beneficiaries
 - Also boasts best outcomes
 - Lowest complication rate

Medicare – Distribution by Age (2004)

- 65-69 23.2 %
- 70-74 19.9 %
- 75-79 17.3 %
- 80-84 12.9 %
- 85+ 11.0 %

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E/M GUIDELINES

- New/Established Patient
- Chief Complaint
- History of Present Illness
- Family History
- Past History
- Social History
 - New additions level of education, sexual history, marital status/living arrangements
- Review of Systems
- Time

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Social History Changes

- *Age appropriate review of past & current activities*
- Marital status
- Current employment
- Occupational history
- Military history
- Use of drugs, alcohol, tobacco
- Level of education
- Sexual history
- *Other relevant social factors*

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E/M DESCRIPTORS

- History *
- Examination*
- Medical Decision Making*
- Counseling
- Coordination of Care
- Nature of the Presenting Problem
- Time

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CATEGORIES OF SERVICE

- Office Visits (E/M Codes)
 - New 99201-99205
 - Estab 99211-99215
- Office Visits (Eye Codes)
 - New 92002-92004
 - Estab 92012-92014
- Consultations (E/M Codes)
 - ELIMINATED for Medicare, Medicaid, Tricare and Medicare Advantage HMOs and when any of these are secondary payors
 - Can still be used for other commercial plans

SELECTING AN E/M LEVEL

- Identify Category of Service
- Identify Extent of History Taking
- Identify Extent of Examination
- Identify Complexity of Medical Decision Making
- Review E/M Descriptors

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E/M CODING - OFFICE VISITS

- New Patient (3 of 3)
 - 99201 - PFH / PFE / SDM / 10
 - 99202 - EFH / DFE / SDM / 20
 - 99203 - DH / DE / LDM / 30
 - 99204 - CH / CE / MDM / 45
 - 99205 - CD / CE / HDM / 60

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E/M Coding - Office Visits

- Established Patient (2 of 3)
 - 99211 - Minimal / 5
 - 99212 - PFH / PFE / SDM / 10
 - 99213 - EFH / EFE / LDM / 15
 - 99214 - DH / DE / MDM / 25
 - 99215 - CH / CE / HDM / 40

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DOCUMENTATION OF HISTORY

- Problem Focused History (PFH)
 - CC / 1-3 HPI
- Expanded Problem Focused History (EPF)
 - CC / 1-3 HPI / Ocular ROS
- Detailed History (DH)
 - CC / 4 HPI / Ocular ROS / ROS-2 / 1 OF 3 PFSH
- Comprehensive History (CH)
 - CC / 4 HPI / Ocular ROS / ROS-10 / 3 OF 3 PFSH (NEW)
OR 2 OF 3 PFSH (ESTAB)

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Eye Examination Documentation

- VA / CVF / Pupils & Iris / Adnexa
- Bulbar & Palp Conjunctiva
- EOM
- SLE: Cornea / Lens / AC
- IOP / Optic Nerve / Posterior Segment
- Neurologic: Orientation (Time / Place / Person)
- Psychiatric: Mood & Affect (Depression / Anxiety / Agitation)

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DOCUMENTATION OF EXAMINATION

- Problem Focused Exam (PFE)
 - Limited Exam / 1 - 5 Elements
- Expanded Problem Focused Exam (EPF)
 - Limited Exam / 6 Elements
- Detailed Exam (DE)
 - Extended Exam / 9 Elements
- Comprehensive Exam (CE)
 - Complete Single System Exam
 - All 14 Elements

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Medical Decision Making

- Straightforward (SF)
 - # Dx / Rx Options - Min / Data - Min / Risk - Min
- Low Complexity (LC)
 - # Dx / Rx Options - Lim / Data - Lim / Risk - Low
- Moderate Complexity (MC)
 - # Dx / Rx Options - Mult / Data - Mod / Risk -Mod
- High Complexity (HC)
 - # Dx / Rx Options - Ext / Data - Ext / Risk - High

1448

Comprehensive Ophthalmological Service 92004 / 92014

- Complete system evaluation,
- Need not be performed at one session
- Integrated services where med decision making cannot be separated from examination methods
- Itemization of service components, such as slit lamp examination, keratometry, routine ophthalmoscopy retinoscopy, tonometry, or motor evaluation is not applicable

Comprehensive Ophthalmological Service 92004 / 92014

- **Includes** history, medical observation, external & ophthalmoscopic examinations, gross visual fields, sensorimotor examination
- **Often** includes, *as indicated*: biomicroscopy, examination with cycloplegia or mydriasis and tonometry
- **Always** includes initiation of diagnostic and treatment programs

Comprehensive Ophthalmological Service 92004/92014

- Always includes initiation of diagnosis and treatment programs
 - includes the prescription of medication, and arranging for special ophthalmological diagnostic or treatment services, consultations, laboratory procedures and radiological services

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Intermediate Ophthalmological Service 92002 / 92012

- Evaluation of new or existing condition, complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis
- Integrated services where med decision making cannot be separated from examination methods
- Includes history, medical observation, external & adnexal, & other diagnostic procedures *as indicated*; *may include* use of mydriasis for ophthalmoscopy

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2004 New HCPCS Codes

- “S” codes are useful for some private insurers
- Medicare and other federal payers *do not* recognize them
- They are useful when CPT does not have a code to accurately describe the service (i.e. LASIK, PTK, PRK, corneal topography) or for invoicing self-pay patients.
- *They specifically describe “routine exams” including refractions* and permit a different charge

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HCPCS "S" Codes

- S0620 Routine ophthalmologic exam including refraction; new patient
- S0621 Routine ophthalmologic exam including refraction; established patient
- S0625 Digital screening retina

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Ophthalmological Services - 92xxx

- Prescription of lenses, when required, is included in 92015
 - Not factored into 92xxx code selection
- It includes specification of lens type, power, axis, prism,
- Absorptive factors,
- impact resistance,
- and other factors

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2017 Medicare Fee Schedule

■ 99201	\$ 26.99	99211	\$ 19.88
■ 99202	\$ 74.14	99212	\$ 43.10
■ 99203	\$ 107.39	99213	\$ 72.45
■ 99204	\$ 163.42	99214	\$ 106.68
■ 99205	\$ 205.98	99215	\$ 143.83
■ 92002	\$ 80.10	92012	\$ 84.31
■ 92004	\$ 147.27	92014	\$122.23

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Refraction 92015

- Non-covered service
- Can be billed to beneficiary
 - failure to do so results in lost revenues
- Reminders
 - Charge only for "Rx-able" refractions
 - Do not forget to charge for the final refraction when changing spectacles in a post-operative cataract patient

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Gonioscopy 92020

- Bilateral
- Requires documentation
 - describe visible angle structures
- No limitations to diagnostic groups in most states
- Fee \$ 26.70

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Visual Field 9208x

- Bilateral
- Requires Interpretation
 - separate report form
 - narrative in body of medical record, on date of service
- Fee (-81) / \$ 33.49
- Fee (-82) / \$ 47.73
- Fee (-83) / \$ 63.34

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Extended Ophthalmoscopy 92225 / 92226

- Unilateral
- Initial (-225) vs. Subsequent (-226)
- Implies detailed, extra ophthalmoscopy
 - document fundus lenses used
- Modifiers RT /LT
- Requires retinal drawings & interpretation
 - sizes, colors and dimensions carrier specific
- Fee 92225 (\$ 26.72) 92226 (\$ 24.58)

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Fundus Photography 92250

- Bilateral
- Not Bundled
- Requires Interpretation
- Fee \$ 64.56

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External Ocular Photography 92285

- Report for documentation of medical progress
 - Ex.: close-up photography, slit lamp photography, gonioscopy, stereo-photography
- Bilateral
- Not Bundled
- Requires Interpretation and report
- Fee \$ 20.40

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**Special Anterior Segment Photography
92286**

- With specular endothelial microscopy and cell count
 - Ex: Konan specular microscope
- Bilateral
- Not Bundled
- Requires Interpretation and report
- Fee \$ 38.11

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**Tear Osmolarity Testing
83861**

- Unilateral
 - Paired or cross walked to code 84081
- Applies to TearLab's Osmolarity Device
 - Novel "Lab-on-a-chip"
 - Point of care, 50nl sample of tear fluid
 - Sample-to-answer in less than 30sec
 - CLIA waiver granted
- Requires Interpretation & report
- Fee \$23.25

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**Computerized Corneal Topography
92025**

- Bilateral or unilateral
- Requires interpretation & report
- No limitations to diagnostic groups in most states
- Fee \$ 37.35

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**Scanning Computerized Ophthalmic
Diagnostic Imaging
92132**

- Unilateral or bilateral
- Applies to anterior segment evaluations
 - Carl Zeiss / Optical Coherence Tomography (Cirrus)
 - Optovue / (RTVue, iVue)
- Requires Interpretation & report
- Fee \$ 30.75

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**Fitting CL for Ocular Surface Disease
92071**

- Unilateral; Use -RT/-LT or -50
- Do not report 92071 in conjunction with 92072
- Report supply of lens separately with 99070 or appropriate supply code
- Fee \$37.75

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**Fitting CL for Management Keratoconus
92072**

- Initial fitting
 - For subsequent fittings, report E/M services or general ophthalmological services
- Do not report 92072 in conjunction with 92071
- Report supply of lens separately with 99070 or appropriate supply code
- Unilateral payment; Use -RT/-LT or -50
- Fee \$133.42

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Serial Tonometry 92100

- Bilateral
- Requires Interpretation & Report
 - Example: Angle closure glaucoma
 - multiple measurements over time
- Fee \$ 78.62

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Corneal Hysteresis 92145

- Unilateral or Bilateral
- Corneal hysteresis determination by air impulse stimulation
- Requires Interpretation & Report
- Fee \$ 17.84

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Pachymetry 76514

- Bilateral
- Measurement of central corneal thickness (CCT) proven by Ocular Hypertension Treatment Study (OHTS) to be standard of care in diagnosis and management of glaucoma, glaucoma suspect and ocular hypertension
- Also billable for keratoconus, corneal transplants, cataracts with corneal dystrophies, guttata, edema
- Requires Interpretation & Report
- Fee \$ 15.09

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**Scanning Computerized Ophthalmic Diagnostic Imaging
92133**

- Unilateral or bilateral
- Applies to glaucoma or optic nerve evaluations
 - Heidelberg / Heidelberg Retinal Topography (HRT, Spectralis)
 - Carl Zeiss / Optical Coherence Tomography (GDX, Stratus, Cirrus)
 - Optovue / (RTVue, iVue)
 - Marco / Retinal Thickness Analyzer (RTA)
- Requires Interpretation & report
- Fee \$ 37.08

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**Scanning Computerized Ophthalmic Diagnostic Imaging
92134**

- Unilateral or bilateral
- Applies to retinal evaluations
 - Heidelberg / Heidelberg Retinal Topography (HRT, Spectralis)
 - Carl Zeiss / Optical Coherence Tomography (GDX, Stratus, Cirrus)
 - Optovue / (RTVue, iVue)
 - Marco / Retinal Thickness Analyzer (RTA)
- Requires Interpretation & report
- Fee \$ 40.59

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**Visual Evoked Potential (VEP)
95930**

- Unilateral or bilateral
- Visual evoked potential testing central nervous system, checkboard or flash
- Brain's electrical response to visual stimulus indicate lesion in visual pathway, including optic nerve
 - Glaucoma
 - MS, Fam Hx MS, monitor dz progression in MS, assess response to Rx
- Requires Interpretation & report
- Fee \$ 126.33

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**Correction Trichiasis
67820***

- Epilation
- By forceps
- ICD-9
 - Trichiasis without entropion
 - Senile entropion
- Global days - 000
- Fee \$ 49.98

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**Removal of Foreign Body
65205***

- External Eye, Conjunctiva
 - superficial
 - scleral, non-perforating
- ICD-9
 - FB in cul-de-sac
- Global days - 000
- Fee \$ 44.15

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**Removal of Foreign Body
65210***

- External Eye, Conjunctiva
 - embedded (includes concretions)
 - subconjunctival
 - scleral, non-perforating
- ICD-9
 - FB in other sites or combined sites
- Global days - 000
- Fee \$ 68.07

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Removal of Foreign Body 65222*

- External Eye, Corneal
 - with Slit Lamp
- ICD-9
 - FB in cornea
- Global days - 000
- Fee \$ 66.36

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Sensorimotor Examination 92060

- Quantitative measurement of ocular deviation
 - document all major fields of gaze
- Bilateral
- Requires interpretation and report
- Fee \$64.32
- 92065 – Orthoptic and / or pleoptic training, with continuing medical direction and evaluation
- Fee \$ 53.18

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Dilation of Lacrimal Puncta 68801*

- With or Without Irrigation
- ICD-9
 - Epiphora, insufficiency of drainage
 - Chronic Dacryocystitis
 - Stenosis, Lacrimal Punctum
 - Nasolacrimal Duct Obstruction
- Fee \$ 78.35

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Punctal Occlusion By Plug 68761

- Temporary (collagen) or Permanent (Silicone)
- Payment is per puncta (modifiers required)
 - E1=left upper E3=right upper
 - E2=left lower E4=right lower
- Global period - 10 days
- Supply code-included in procedure code, not separately billable
- Fee \$145.66

2458

Modifiers

- 79 Inside post-operative global period
- 50 Bilateral Procedure
- 24 Unrelated Service / Same Doctor
- 79 Inside Global Period
- 25 Separate Service / Same Doctor / Same Day
- 52 Reduced Service / Informational / Not Reduced Fee
- 54 Surgical Care Only
- 55 Post-Op Care Only
- 51 Multiple Procedures
- RT / LT Right / Left
- E 1- E4 Identifies Puncta or lids
- 52 Reduced service

Comanagement of Surgery

- Procedures / 66984 / \$ 637.97
- Global Periods - 90 days
- Value - up to 20%
- MD name and NPI
- Modifiers (-54 on MD claim, -55 on OD claim and RT/LT)
- Range Dates – from transfer date to end of 90 day global
- Rules - Medicare Transfer Agreement in MD record
- Correspondence
- Legal/Political/Inter-professional Issues

Complicated Cataract Surgery 66982

- **New CPT code for 2001 / \$ 793.57**
- **Extracapsular cataract extraction with insertion of IOL, complex, requiring devices or techniques not generally used in routine cataract surgery**
 - 2-3% of all cataract surgeries involve extraordinary work
 - iris expansion devices, suture support for IOL, posterior capsulorrhexis, small pupil, subluxed lens, Pseudoexfoliation, trauma, Marfan's, glaucoma, uveitis
 - pediatric population
 - Advanced, white, hard cataract

2448

Reduction in Diagnostic Testing

- **CMS will decrease payment by 20% of technical component of second and subsequent diagnostic tests furnished by same physician (or physicians in same group) to same patient on same day**
 - Originally set at 25%
 - A diagnostic service refers to any diagnostic test that has a technical & professional component
- **CMS indicated they will closely monitor practice changes to bypass multiple payment reductions**

Reduction in Diagnostic Testing

- 76510 92060 92228 92285
- 76511 92081 92235 92286
- 76512 92082 92240 92145 - hysteresis
- 76513 92083 92250 92265 - eom eval
- 76514 92132 92270
- 76516 92133 92275
- 76519 92134 92283
- 92125 92136 92284

Place of Service Updates for 2016

- 01 = Pharmacy
- 03 = School
- 04 = Homeless shel
- 05 = IHS-freeStand
- 06 = IHS=provBas
- 07 = Tribal-freeSt
- 08 = Tribal-provbas
- 09 = Prison
- 11 = Office
- 12 = Home
- 13 = Assisted living
- 14 = Group home
- 15 = Mobile Unit
- 16 = Temporary Lodging
- 17 = Walk-in retail health clinic
- 18 = Place of employmt
- 19 = Off campus outpt hosp
- 20 = Urgent care
- 21 = Inpt Hosp
- 22 = On campus outpt hosp
- 23 = Emergency room
- 24 = ASC
- 25 = Birthing Center
- 26 = Military facility
- 31 = Skilled Nursing facility
- 32 = Nursing facility

Distinct Procedural Service (-59)

- Documentation should support a different session, different procedure or surgery, different site or organ, separate lesion, separate injury
- Use only when another modifier is not available
- HCPCS Modifiers for selective identification of **subsets** of Distinct procedural service (-59)
 - XE – Separate encounter
 - XS – Separate structure
 - XP – Separate practitioner
 - XU – Unusual non overlapping service

Distinct Procedural Service (-59)

- CMS – most widely used modifier
- Correct usage is when a procedure or service includes 2 or more CPT codes that are bundled under MC' s CCI edits, yet circumstance support separate charges. This is not common in eyecare.
 - **Contiguous structures within same organ is not considered different anatomic site**
- Documentation should support a different session, different procedure or surgery, different site or organ, separate lesion, separate injury
- Use only when another modifier is not available

Distinct Procedural Service (-59)

- HCPCS Modifiers for selective identification of **subsets** of Distinct procedural service (-59)
 - XE – Separate encounter
 - XS – Separate structure
 - XP – Separate practitioner
 - XU – Unusual non overlapping service
- On MC claims these four modifiers should be used instead of modifier -59
- Ex: exam and extended ophthalmoscopy on patient w RD in office in morning, then RD repair at hospital later same day. RD repair & 92225 bundled so append -XE (or -59) to claim for 92225

Modifier Reminders

- Anatomical modifiers are still required; even though ICD-10 codes identify anatomy and laterality!!
- ICD coding does not impact reporting CPT or HCPCS
- -RT
- -LT
- -E1
- -E2
- -E3
- -E4

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New CPT Codes for 2017

- 0444T – initial placement of drug-eluting ocular insert under one or more eyelids, including fitting, training & insertion, unilateral or bilateral
- 0445T – subsequent placement of drug-eluting ocular insert under one or more eyelids, including re-training & removal of existing insert, unilateral or bilateral
- 0446T – creation of subcutaneous pocket with insertion of implantable glucose sensor, including system activation and patient training

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Revised or Deleted CPT Codes for 2017

- 92235 – Fluorescein angiography (includes multiframe imaging) with interpretation & report, revised to **unilateral or bilateral** Fee: \$83.33 (\$129)
- 92240 – Indocyanine green angiography (includes multiframe imaging) with interpretation & report, revised to **unilateral or bilateral** Fee: \$202.93 (\$292)
- 92242 – Fluorescein angiography and Indocyanine green angiography performed at the same patient encounter with interpretation and report
 - Fee: \$221.37

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Revised or Deleted CPT Codes for 2017

- 67101 – repair retinal detachment, including drainage of subretinal fluid when performed, cryotherapy **revised**
- 67105 – photocoagulation, repair retina / choroid **revised**
- 0333T – Visual Evoked Potential, screening of VA, automated with report
- 92140 – Provocative tests for glaucoma **Deleted**

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20 Conditions Account for 95% Costs

- MI Endometrial CA
- AD Glaucoma
- Afib Hip Frx
- BrCA CAD
- Cataract Lung CA
- CHF Depression
- CKD Osteoporosis
- ColonRecCA ProstateCA
- COPD RA/OA
- DM CVA



Lack of proof that a security risk analysis has been performed that outlines risks and shows effective action has been taken to address risks is the number one reason for EHR Stimulus Funding to be recouped during a Meaningful Use Audit.

OIG Audits / Work Plan

- Ophthalmological services – 92xxx codes
 - Reviewing claims during 2014
 - Focus on 92004/92014, other 92- included
- E/M Services: OIG report 5/29/14
 - Improper payments for E/M codes cost Medicare 6.7 billion in 2010; 42% of claims incorrectly coded
 - Modifiers -25
 - Significant, separately identifiable service above & beyond pre & post operative work of the procedure
 - July 1 2013 policy statement warning not to use -25 for same day surgery, exception being NEW patients
 - Bilateral intravitreal injections
 - Prolonged services – reasonableness of services

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OIG Audits / Work Plan / Bad News

- 2015 recoveries exceed \$3 billion
- 4,112 entities excluded from participation in federal programs
- 925 criminal cases in HHS programs
- 682 civil cases, including false claims, enrichment lawsuits, CMP settlements, administrative recoveries of provider self disclosures

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OIG Work Plan

Rank	CPT	Services
5	66984	Cat-IOL
12	92014	Comp eye exam, est pt
26	92012	Interm eye exam, est pt
31	92135	Scanning laser
52	92004	Comp eye exam, new pt
63	66984	Cat-IOL, complicated
67	00142	Anesthesia for proc, eye, lens
73	92083	Visual field, full
103	92250	Fundus photography
141	67228	Treatment of exten or prog retinopathy
148	15823	Blepharoplasty
178	92136	Ophthalmic biometry w IOL power calc

OIG Audits of HIT/EHR Bonus

- **OIG Audits** – assess if provider met certain measures
 - Computerized order entry
 - Protecting electronic PHI, demonstrated by risk assessment
 - Menu items like medication reconciliation, patient reminders, and transition of care summaries
- **Figliozi Audits** – review ALL measures for compliance
- **Audits of multiple years at once now permitted**
 - Possible recoupment of many more dollars
 - Possible to be audited by BOTH!

OIG Audits of HIT/EHR Bonus

- **Joe White**, CFO of Shelby Medical Center sentenced to 23 months in federal prison & ordered to pay \$4.5 million in restitution. He oversaw the hospital's implementation of EHR and was responsible for MU attestation. Shelby Medical Center has permanently closed.
- **Message** – falsely attesting or failure to meet requirements could result in civil penalties, refund of incentive money and possibly criminal charges
- **HHS** – 70% of healthcare industry is not HIPAA compliant
- **CMS** – 79% of MU audits have resulted in failure

Recovery Audit Contractors RAC

- Completed 3 year demonstration project in 2012
- Congress will mandate a nationwide implementation of a permanent RAC program for Medicare part A & B
- Mandates by Affordable Care Act
- CMS negotiated new contracts for RACs
- Name changes to Recovery Auditors (RA)
- Assess RA activity in your area and specialty
 - www.cms.gov/Research-Statistics-Data-and-systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/index.html
- Recoveries of \$2.57 Billion in 2014

2/14/14

DRAMATICALLY INCREASED AUDITS

- Operation Restore Trust returned \$23 for each \$1 invested.
- All "Payers" are expanding auditing contracts and personnel due to the proven financial benefit!
- \$4.1 billion in 2010, over \$6 billion in 2011 and over \$15 billion in 2012 returned to CMS.
- Medicare, which was going bankrupt by 2014, is now funded beyond 2017 due in part to aggressive audit activity.

Comparative Billing Report

Audited due to 85% of 99211-99215 codes being billed as 99214. Compared clinic's usage with 2,149 other clinics (PTANS) in Peer Group of the specialty 41 Optometry. Compared usage over 12 months within the J5 MAC jurisdiction (4 states). *Information from WPS Medicare Administrative Contractor*

Clinic CPT	Usage		Comparison		
	Usage	Percent	CPT	Percent	
99211	0	0%	99211	2,218	1%
99212	4	1%	99212	46,432	21%
99213	87	13%	99213	113,712	46%
99214	592	85%	99214	75,661	31%
99215	13	1%	99215	2,105	1%

Utilization Common Ophthalmic Tests

■ 92133	SCODI Glaucoma	8%
■ 92134	SCODI retina	19%
■ 9208x	Visual fields	10%
■ 9222x	Extended ophthal	18%
■ 92250	Fundus Photograph	8%
■ 92235	Fluorescein angio	7%
■ 92020	Gonioscopy	3%
■ 76514	Pachymetry	2%
■ 92285	External photo	1%

Monitor Compliance with Audits

- Develop a "Documentation" team
- Monthly Assessment
 - 10 charts/Provider minimum
OIG Compliance
- Report your Results
 - All staff, residents, students
- Acknowledge positive & negative variances
 - RETRAIN, RETRAIN.

THANK YOU!

- Primary Eyecare Network
 - 1.800.444.9230 www.primaryeye.net
- *Medicare Compliance Kit*
 - Health History Questionnaire
 - Examination Forms
 - E/M Worksheets
 - ICD-10 Codes
 - Interpretation/Report form
- *Medicare A-Z Manual*
- *CSI's HIPAA Compliance Manual*
- *PQRS Card*
- *ICD-10 Common Diagnosis Card*

Thank you

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