Coding Competencies for Ophthalmic Techs – 2020 Coding Update

OAO Ophthalmic Medical Technology
Friday, March 13, 2020
Joy Woodke, COE, OCS, OCSR

Financial Disclosure

Joy Woodke, COE, OCS

- This presenter does not have a financial interest or relationship to disclose relative to this activity.
- Academy Coding & Practice Management Executive

Topics

- 2020 Coding Updates
- Coding Competencies
  - Diagnostic testing services
  - Modifiers
  - Understanding insurance policies
  - Ongoing coding education
  - Resources

Tech Takeaways
2020 Coding Updates
Extended Ophthalmoscopy & Cataract Surgery

Extended Ophthalmoscopy (EO)
- CPT eliminated initial and subsequent codes for EO
- New codes for drawing of
  - Peripheral retina, with scleral depression: 5% ↑ in work value over deleted initial EO
  - Optic nerve or macula: 32% ↓ compared to deleted initial EO

Extended Ophthalmoscopy (EO)
- 92225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
- 92226 subsequent
Extended Ophthalmoscopy (EO)

- **92201** Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral.

Ophthalmoscopy 92201

Example of clinical drawing of peripheral retinal disease.

- **92202** with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral.
Extended Ophthalmoscopy (EO)

- Payment was unilateral. 2020 is bilateral.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>92225</td>
<td>$29.87 per eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92201</td>
<td>$27.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92202</td>
<td>$17.21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Only bill for the eye that has pathology.

- Payment is the same whether one or both eyes are examined and pathology is drawn and labeled.
  - No need to append modifiers -RT, -LT, or -52 if only one eye is examined with a detailed drawing that is labeled.
Extended Ophthalmoscopy (EO)

- January 1st, CCI edits
- Published in CPT:

> (Do not report 92201, 92202 in conjunction with 92250) <

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>92250</td>
<td>92201</td>
<td>0</td>
</tr>
<tr>
<td>92250</td>
<td>92202</td>
<td>0</td>
</tr>
<tr>
<td>92201</td>
<td>92202</td>
<td>0</td>
</tr>
<tr>
<td>92201</td>
<td>92202</td>
<td>0</td>
</tr>
<tr>
<td>92201</td>
<td>99211</td>
<td>1</td>
</tr>
<tr>
<td>92202</td>
<td>99211</td>
<td>1</td>
</tr>
</tbody>
</table>

All retina minor and major procedures:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>92201</td>
<td>92201</td>
<td>1</td>
</tr>
<tr>
<td>92202</td>
<td>92202</td>
<td>1</td>
</tr>
</tbody>
</table>

Watch for article or LCD updates for frequency and other requirements:
- aao.org/lcds
- Existing policies: CGS, FCSO, NGS, Palmetto
  - No policy for Noridian
- Watch for documentation Fact Sheet
  - aao.org/coding
Extended Ophthalmoscopy (EO)

- Understand documentation requirements
  - Scleral depression
  - Method of extended exam (e.g., 90° lens)
- Recognize bundles
- Inherently bilateral service
- Appropriate link diagnosis
  - Retinal periphery
  - Optic nerve or macula
- Frequency based on medical necessity – change or progression of disease

Complex Cataract Without Cyclophotocoagulation

▲66982  Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation

Complex Cataract With Cyclophotocoagulation

#66987  with endoscopic cyclophotocoagulation
Cataract Without Cyclophotocoagulation

▲66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation

Cataract With Cyclophotocoagulation

#66988 with endoscopic cyclophotocoagulation

Medicare Allowable Sample

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>66982</td>
<td>$813.04</td>
<td>$765.82</td>
</tr>
<tr>
<td>66984</td>
<td>$654.47</td>
<td>$557.58</td>
</tr>
<tr>
<td>66987</td>
<td>N/A</td>
<td>Carrier priced *</td>
</tr>
<tr>
<td>66988</td>
<td>N/A</td>
<td>Carrier priced *</td>
</tr>
</tbody>
</table>
Carrier Pricing

- The Academy weighed in on the reimbursement for the cataract combo codes encouraging fair pricing from the MACs.
- CMS rejected the Academy and AMA's RUC committee pricing recommendations.
- Each MAC must establish pricing for these codes by January 1, 2020.

Cataract Surgery

- Recognize the four codes for cataract surgery
- Cataract / EPC scheduled
  - Chart documentation for medical necessity
  - Prior authorization department needs correct codes
- Review Noridian LCD for cataract surgery
  - How is medical necessity established?
    - aao.org/lcds

Tech Takeaways

Coding Competency

Become a super tech!
Diagnostic Testing Services

• What you need to know:
  o Delegated tests
    ▪ When the physician requests ancillary staff perform tests
    ▪ Documentation requires a physician order
      ▪ The physician must exam the NEW patient to determine medical necessity.
      ▪ Tests upon arrival for new patients are considered standing orders or screening tests.
      ▪ Insurance carriers consider screening tests to be patient responsibility or performed at no charge.
      ▪ Not appropriate to “screen” and then submit a claim to insurance when pathology is found.

Diagnostic Testing Services

  o Written or electronic physician order for each test must include:
    ▪ Date of service
    ▪ Name of the test(s)
    ▪ Medical necessity reflected in the chart note
    ▪ Medically necessary diagnosis
    ▪ Eye(s) being tested
    ▪ Interpretation/report
    ▪ Physician legible or secure electronic signature
Diagnostic Testing Services

- Tests that can be delegated are comprised of:
  - Technical component (-TC)
  - Professional component (-26)

- Interpretation and report
  - An interpretation and report is completed for each test performed and per eye by the physician
  - There are no published documentation requirements for the interpretation and report. The required documentation could include: diagnosis, findings and the impact on the treatment plan.

- Copy of the diagnostic test should easily accessible.

Competencies

Diagnostic Testing Services

Question #1

- What modifier should be appended to a test when it is performed in the global period of a related surgery?

A. -58  
B. -78  
C. -79  
D. No modifier is appended
Question #2

- A new patient presents with complaints of:
  - Decreased vision, OU and having trouble reading the newspaper each day.
  - Glasses are not helping.
  - Noticed for several months.
  - Referring physician states bilateral nuclear sclerotic cataracts.
    Complete ROS and PFSH is documented.
- Technician performs IOL Master on the patient to have ready for physician.
- Physician performs 12 exam elements plus mood and affect. Determines cataract surgery is appropriate OD>OS. The patient meets with surgical coordinator to schedule.

Question #2

- How should this be submitted?
  A. 99204 + 92136
  B. 99204 + 92136 -TC
  C. 99204

Question #3

- Patient presents for their anti-VEGF injection for DME.
  Also scheduled for that day:
  - CPT code 92134 Retina OCT
  - CPT code 92250 Fundus Photo
Question #3

- How would this exam be submitted?
  A. 67028 + 92134 + 92250 + drug
  B. 67028 + 92134 + 92250 -59 + drug
  C. 67028 + 92134 + drug
  D. 67028 + 92250 + drug

Correct Coding Initiative (CCI)

- CPT code 92250 Fundus photography is bundled into CPT code 92134 Retina OCT with an indicator of “1”
- So when should it be unbundled?
  o Only if the payer has a policy stating when it is appropriate to unbundle and with which diagnoses.

Correct Coding Initiative (CCI)

- Why bill OCT and not fundus photos?
  o Follow payer’s policies for frequency
  o Many LCDs state that OCT is expected when patient requires active treatment.
- CPT code 92133 Optic nerve OCT is mutually exclusive with CPT code 92134 Retina OCT. Therefore both tests can never be submitted the same day for a patient.
  o Bill the test that provides the data the physician needs in order to diagnose or treat.
Correct Coding Initiative (CCI)

- Modifier -59 Unrelated service is used to unbundle two services performed.
- Append to tests or surgical codes, not exams, that are not normally reported together but are appropriate under certain circumstances.
- Modifier -59 is being used inappropriately according to payers as audits are on the increase.

Modifiers

Why should technicians know modifiers?

- You are chairside with the physician.
  - You can help determine modifier application so that the physician can focus on medical
  - Understanding how to appropriately append these modifiers will lead to a more efficient practice
  - And a more knowledgeable YOU
Modifiers

- What you need to know:
- Modifiers can be appended to
  - Office visits
    - -24, -25, -57
  - Diagnostic testing services
    - -RT, -LT, -TC, -26, -50, -59
  - Surgery
    - -50, -54, -55, -58, -59, -78, -79, -RT, -LT
- Appropriate use can avoid denials

Modifiers

24
Unrelated evaluation and management service (or eye codes) by the same physician during a postoperative period
Office visit in the postoperative period is not related to the original surgery
New symptoms
Significant change in eye health requiring new evaluation
Office visit does not necessarily mean unrelated

25
Significant, separately identifiable evaluation and management service (or eye codes) by the same physician on the same day of the procedure or other services
Office visit same day as a minor surgery (0 or 1 global period days)

57
Decision for surgery, major procedure
Office visit same day, or within 3 days of a major surgery (90 day global period)

58
Lesser to greater
Pre-planned and documented as staged
Therapy following a major surgery
Planned or unplanned
Related
Unrelated
New postop period
Does not begin
100% allowable

78
Unrelated procedure during the post-op period
Planned or unplanned
Related
Unrelated
New postop period
Does not begin
70% allowable

79
Unrelated procedure during the post-op period
Planned or unplanned
Related
Unrelated
New postop period
Does not begin
100% allowable
Question #1

- Patient presents for DME follow-up OD.
- Physician performs examination and confirms the need for an intravitreal injection today.

Question #1

- It is appropriate to bill an exam appended with modifier -25?
  1. Yes
  2. No
Question #2

- A patient had a pneumatic retinopexy for displacement of a hemorrhage in the left eye. (67025) Documentation notes possible laser planned.
- Once the hemorrhage was displaced, the patient was then scheduled for laser treatment CPT code 67220.

Question #2

- What modifier(s) should be appended to 67220?
  1. -78
  2. -58 -LT
  3. -LT -59

Question #3

- Patient presents for annual exam s/p cataract extraction OS and feels that the "cataract came back".
- Physician examines the patient and determines that a YAG capsulotomy is needed for secondary membrane.
- Risks and benefits are reviewed and patient agrees to proceed with the YAG.
Question #3

• What should be billed to insurance?
  1. 66821-OS
  2. 66821-57-LT
  3. Appropriate level of exam -57 + 66821-LT

Question #4

• Patient is in postoperative care for a PK in the right eye, presented today with pain, sensitivity to light and increased IOP in the left eye.
• Which of the following is correct?
  1. -58
  2. This is exam is not billable as it is in the postoperative period of the PK.
  3. -24
Insurance Policies

Medicare
- Local Medicare Administrative Contractor (MAC)
  - Local Coverage Determination (LCD)
    - Draft
    - Active
  - Local Coverage Articles
- CMS – National Coverage Determination (NCD)
- Your Resource for MAC LCDs - aao.org/lcds

Commercial Insurance Policies
- May have their own policies or follow Medicare rules
  - But, you should know!
Question 1

- When scheduling a Medicare Part B patient for a bilateral blepharoplasty the documentation necessary to confirm medical necessity includes:
  A. Visual field
  B. Visual field and photos
  C. Photos
  D. Visual field and OCT

Noridian LCD L36286 - Blepharoplasty

For Upper Lid Blepharoplasty

- Photographs of the affected eye(s) in both frontal (straight ahead) and lateral (from the side) positions demonstrate the physical signs in Section A. Oblique photos are only necessary if needed to better demonstrate a finding not clearly shown by frontal and lateral photos.
Question 2

- According to Noridian (L36286) a function deficit must be documented, such as visual impact on ADL. In addition, the following establishes medical necessity
  
  A. Visual field documenting impact on ADL
  B. Droopy eyelids
  C. Visual acuity of 20/40 or worse
  D. Pseudo-MRD of 2.0 mm or less

Insurance Policies

- Do ALL carriers follow these same rules?
  
  A. YES
  B. NO

Resources

- aao.org/icd10
  - Decision Trees
- Local Coverage Determinations
  - aao.org/lcds
- Academy Coding Products
  - Coding Coach Complete Ophthalmic Reference
  - Complete Guide to Retina Coding
  - Learn to Code the Essentials
Technician Career Development

• Why should I learn about coding?
  o Be a super tech!
• How does learning more about coding help a tech?
  o Daily clinical examples
• How can I learn more?
  o Learn by doing
  o Use a trusted source
  o Audit your own charts
    • AAO E/M chart auditor

AAO Coding Resources

• Become a member of American Academy of Ophthalmic Executives (AAO), the practice management division of the Academy. aao.org/aaoe
• Coding resources - aao.org/coding
• Study & pass the Ophthalmic Coding Specialist (OCS) or Ophthalmic Coding Specialist Retina (OCSR) Exam – aao.org/ocs
• Academy coding products - aao.org/store

Codequest

aao.org/codequest

Mark your calendars!
Join me for Oregon Codequest
Saturday, April 4, 2020