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Coding Competencies for Ophthalmic Techs – 2020 Coding Update

OAO Ophthalmic Medical Technology
Friday, March 13, 2020
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Financial Disclosure

Joy Woodke, COE, OCS

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



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Topics

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

Tech Takeaways




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2020 Coding Updates


Extended Ophthalmoscopy & Cataract Surgery



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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



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Extended Ophthalmoscopy (EO)

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



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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



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Ophthalmoscopy 92201

Example of clinical drawing of peripheral retinal disease



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Extended Ophthalmoscopy (EO)

● **92202** with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral



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Ophthalmoscopy 92202

Example of clinical drawing of optic nerve or macular (posterior pole) pathology

Optic disc (O) diameter
Optic cup (C) diameter
Vertical C/D ratio: 0.8
ONH
Thinning of neuroretinal rim area
Vessel tortuosity
DS

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Extended Ophthalmoscopy (EO)

- Payment was unilateral. 2020 is bilateral.

2019	2020
92225 \$29.87 per eye	92201 \$27.21
Only bill for the eye that has pathology.	92202 \$17.21
92226 \$27.63 per eye	
Only bill for the eye that has pathology	

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Extended Ophthalmoscopy (EO)

- 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.


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Extended Ophthalmoscopy (EO)

- January 1st, CCI edits
- Published in CPT:
- ► (Do not report 92201, 92202 in conjunction with 92250) ◀

Column 1	Column 2	Indicator
92250	92201 92202	0




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Extended Ophthalmoscopy (EO)

Column 1	Column 2	Indicator
92250	92201 92202	0
92201	92202	0
92201 92202	92211	1
All retina minor and major procedures	92201 92202	1




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Extended Ophthalmoscopy (EO)

- 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



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Extended Ophthalmoscopy (EO)

- Understand documentation requirements
 - Scleral depression
 - Method of extended exam (ie 90d 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

Tech Takeaways




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Complex Cataract Without Cyclophotocoagulation

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



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Complex Cataract With Cyclophotocoagulation

66987 with endoscopic cyclophotocoagulation



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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




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Cataract With Cyclophotocoagulation

#● **66988** with endoscopic cyclophotocoagulation




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Medicare Allowable Sample

CPT Code	2019	2020
66982	\$813.04	\$765.82
66984	\$654.47	\$557.58
66987	N/A	Carrier priced *
66988	N/A	Carrier priced *




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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.



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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



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Coding Competency

Become a super tech!




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Diagnostic Testing Services





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Diagnostic Testing Services

- **What you need to know:**
 - 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.




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Diagnostic Testing Services

- 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




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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.



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Competencies

Diagnostic Testing Services



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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




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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.



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Question #2

- How should this be submitted?

A. 99204 + 92136

B. 99204 + 92136 -TC

C. 99204



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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

CCI Codes v.26.0

CCI 92134: 92250
Mutually Exclusive: 92227



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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



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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?
 - Only if the payer has a policy stating when it is appropriate to unbundle and with which diagnoses.



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Correct Coding Initiative (CCI)

- Why bill OCT and not fundus photos?
 - Follow payers policies for frequency!
 - 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.
 - Bill the test that provides the data the physician needs in order to diagnose or treat.



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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.





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Modifiers


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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




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Modifiers

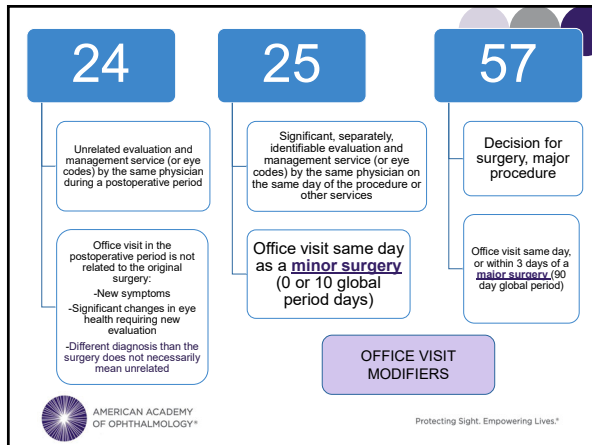
- **What you need to know:**
- Modifiers can be appended to
 - Office visits
 - -24, -25, -57
 - Diagnostic testing services
 - -RT, -LT, -TC, -26, -50, -59
 - Surgery
 - -50, -54, -55, -58, -59, -78, -79, -RT, -LT
- Appropriate use **can avoid denials**



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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 changes in eye health requiring new evaluation
-Different diagnosis than the surgery does not necessarily mean unrelated


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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 10 global period days)

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Decision for surgery, major procedure

Office visit same day, or within 3 days of a **major surgery** (90 day global period)

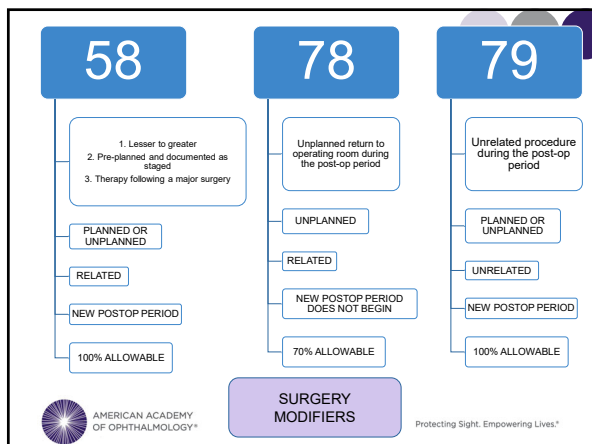
OFFICE VISIT MODIFIERS



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58
1. Lesser to greater
2. Pre-planned and documented as staged
3. Therapy following a major surgery

PLANNED OR UNPLANNED

RELATED

NEW POSTOP PERIOD

100% ALLOWABLE

78
Unplanned return to operating room during the post-op period

UNPLANNED

RELATED

NEW POSTOP PERIOD DOES NOT BEGIN

70% ALLOWABLE

79
Unrelated procedure during the post-op period


PLANNED OR UNPLANNED

UNRELATED

NEW POSTOP PERIOD

100% ALLOWABLE

SURGERY MODIFIERS



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Competencies
Modifiers





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Question #1

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



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Question #1

- It is appropriate to bill an exam appended with modifier -25?

1. Yes
2. No




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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.



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Question #2

- What modifier(s) should be appended to 67220?

1. -78
2. -58 -LT
3. -LT -59




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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.



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Question #3

- What should be billed to insurance?


1. 66821 -OS
2. 66821 -57-LT
3. Appropriate level of exam -57 + 66821-LT

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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?

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Question #4

1. -58
2. This is exam is not billable as it is in the postoperative period of the PK.
3. -24

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Insurance Policies



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Medicare

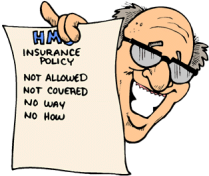
- Local Medicare Administrative Contractor (MAC)
 - Local Coverage Determination (LCD)
 - Draft
 - Active
 - Local Coverage Articles
- CMS – National Coverage Determination (NCD)
- Your Resource for MAC LCDs -
aao.org/lcds

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Commercial Insurance Policies

- May have there own policies or follow Medicare rules
 - But, you should know!



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Noridian Medicare - JF

Avastin

- A53009 Updated Feb. 2020

Blepharoplasty

- L36286 Updated Sep. 20, 2019 with effective date Oct. 1, 2019
- A87191 Updated Sep. 20, 2019 with effective date Oct. 1, 2019

Botox

- L36172 Updated Sep. 19, 2019 with effective date Oct. 1, 2019
- A87186 Updated Sep. 19, 2019 with effective date Oct. 1, 2019

Cataract surgery

- L37027 Updated Sep. 20, 2019 with effective date Oct. 1, 2019
- A87196 Updated Dec. 6, 2019 with effective date Jan. 1, 2020

Category III codes

- A86681 Updated Aug. 2, 2019 with effective date July 26, 2019

Cosmetic vs reconstructive surgery

- A82728 Updated March 31, 2014 with effective date Oct. 1, 2015

Dropleass cataract surgery

- A83917 Updated Mar. 12, 2018 with effective date Oct. 1, 2015

JW Modifier

- A85932 Updated March 13, 2018 with effective date Jan. 1, 2018

Incident to services


- A85214 Updated July 19, 2016 with effective date Oct. 1, 2015

Lesion removal

- L33979 Updated Sep. 18, 2019 with effective date Oct. 1, 2019
- A87162 Updated Sep. 18, 2019 with effective date Oct. 1, 2019

Noncovered services

- L36008 Updated Nov. 25, 2019 with effective date Dec. 1, 2019


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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


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Noridian LCD L36286 - Blepharoplasty

For Upper Lid Blepharoplasty

- Photographs of the affected eyelid(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.

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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



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Insurance Policies

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



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Resources

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



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Technician Career Development

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

Tech Takeaways




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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



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Codequest

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Instructor: Joy Woodke, COE, OCS, OCSR
Location: DoubleTree by Hilton Hotel Portland
 1000 NE Multnomah St.
 Portland, OR 97232
 T: 1.503.281.6111

Registration deadlines: Early Feb. 15 | Standard Mar. 21 |
 Late/Onsite Mar. 22 to Apr. 4

Mark your calendars !
 Join me for
 Oregon Codequest

Saturday,
 April 4, 2020



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