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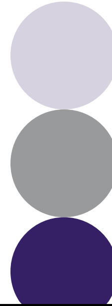
2023 Coding Updates & Tips for the Extraordinary Technician

OAO Ophthalmic Technology Meeting
Friday, March 10, 2023

Presented by:
Joy Woodke, COE, OCS, OCSR



Financial Disclosure

- Joy Woodke, COE, OCS, OCSR
  - Academy Director of Coding & Reimbursement
- I have no financial interests or relationships to disclose.

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Objectives

Recognize	Recognize the technician's role in implementing 2023 coding changes
Identify	Identify tools for internal coding compliance
Understand	Understand how you contribute to appropriate documentation and correct coding

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2023 E/M Codes

Changes effective January 1, 2023
aao.org/em

What's New for 2023?

Five major changes

What's New?

1. Impacts E/M family of codes:
   - Hospital inpatient and observation care services
   - Consultations
   - Emergency department services
   - Nursing facility services
   - Home or residence services

What's New?

1. For these E/M family of codes:

- Perform and document a **"medically appropriate history and examination"**

What's New?

1. For these E/M family of codes:

- The appropriate level of E/M is based on:
  - The level of the MDM, OR
  - The total time performed by the physician, including face-to-face and pre/post time on the date of the encounter*

*Exception – **Emergency department levels** of E/M service (CPT codes 99282-99285) as time is not a descriptive component and typically provided on a variable intensity basis

What's New?

2. ▲**99281** Emergency department visit for the evaluation of a patient, that may not require the presence of a physician or other qualified health care professional

   - Under physician supervision
   - Concept of MDM does not apply to 99281
     - Similar to 99211, office setting
   - Rarely, if ever, used for ophthalmology

2023 E/M: Office, Hospital, ED

MDM	STRAIGHT- FORWARD	LOW	MODERATE	HIGH
Office New	**99202** (15-29 min)	**99203** (30-44 min)	**99204** (45-59 min)	**99205** (60-74 min)
Office Established	**99212** (10-19 min)	**99213** (20-29 min)	**99214** (30-39 min)	**99215** (40-54 min)
Initial Hospital Inpatient *When coding by time, must meet or exceed defined time*	**99221** (40 min)	**99221** (40 min)	**99222** (55 min)	**99223** (75 min)
Subsequent Hospital Inpatient *When coding by time, must meet/exceed defined time*	**99231** (25 min)	**99231** (25 min)	**99232** (35 min)	**99233** (50 min)
Emergency Department *Time not relevant*	**99282**	**99283**	**99284**	**99285**

Source: 2023 Fundamentals of Ophthalmic Coding

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What's New?

3. Medical Decision Making
   - Updated tables and bullets
   - Based on hospital inpatient or observation level of care

- Academy's Final E/M Determination Tables for MDM:
  1. Hospital: Inpatient and Emergency Department
  2. Office Visits

  aao.org/em

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2023 Hospital Final Determination Table for Medical Decision Making

To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high). Otherwise, select 1 level lower from highest level.

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	**Minimal** 1 self-limited or minor problem	**Low** 2 self-limited or minor problems; *Or* 1 stable chronic illness; *Or* 1 acute, uncomplicated illness or injury *Or* 1 stable, acute illness *Or* 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	**Moderate** 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; *Or* 2 or more stable chronic illnesses; *Or* 1 undiagnosed new problem with uncertain prognosis; *Or* 1 acute illness with systemic symptoms; *Or* 1 acute complicated injury	**High** 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; *Or* 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	**Minimal or none**	**Limited** 1 of 2 Categories must be met Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the results(s) of each unique test; • Ordering of each unique test; *Or* Category 2: Assessment requiring an independent historian(s)	**Moderate** At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) *Or* Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); *Or* Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)	**Extensive** 2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) *Or* Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported) *Or* Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)
Risk of Complications and/or Morbidity or Mortality of Patient Management	**Minimal** Minimal risk of morbidity from additional diagnostic testing and treatment	**Low** Low risk of morbidity from additional diagnostic testing or treatment	**Moderate** Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health	**High** High risk of morbidity from additional testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis
Initial Hospital Inpatient	99221	99221	99222	99223
Subsequent Hospital Inpatient	99231	99231	99232	99233
Emergency Department	99282	99283	99284	99285

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Reviewed July 2022

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Final Determination	99202 99212	99203 99213	99204 99214	99205 99215

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What's New?

4. New Prolonged Services
   - + ● 99418
     - Inpatient or observation prolonged services
     - With or without direct patient contact
       - Replaced deleted codes 99354-99357
   - Example: Report with 99233, subsequent hospital inpatient
     - When time is the determining factor and >= 65 minutes
     - For each additional 15 minutes

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2023 Prolonged Services

Total Duration Est Patient Office (Use with 99215)	Code(s)	Total Duration Subsequent Hospital Inpatient (Use with 99233)	Code(s)
Less than 55 min	**Not reported separately**	Less than 65 min	**Not reported separately**
55-69 min	**99215 + 99417**	65-79 min	**99233 + 99418**
70-84 min	**99215 + 99417 x2**	80-94 min	**99233 + 99418 x2**
85 min or more	**99215 + 99417 x3** or more for each additional 15 min	95 min or more	**99233 + 99418 x3** or more for each additional 15 min*

Source: AMA CPT 2023

*Do not report 99418 for any time unit less than 15 minutes

Note: CMS requires HCPCS codes for prolonged services
G2212 instead of **99417**
G0316 instead of **99418**

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What's New?

5. Office Consultations
   - CPT code 99241, deleted
   - ▲ **99242-99245**, descriptor changes
     - Level of E/M determined by MDM or physician time
   - *Note: Medicare Part B does not cover consultation codes*

CPT Code	MDM	Time: meet or exceed
99242	Straightforward	20
99243	Low	30
99244	Moderate	40
99245	High	55

Inpatient Clinical Vignette

- Ophthalmologist is called to the hospital to evaluate a patient complaining of dry and irritated eyes following unrelated surgical procedure and is currently admitted as an inpatient.
- Patient is examined by portable slit lamp. Schirmer test finds poor tear production indicating symptomatic dry eyes.
- OTC artificial tears recommended.
- Follow-up PRN.

Inpatient Clinical Vignette

- ▲ **99221** Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.
- When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
  - Problem – 1 acute, uncomplicated illness (low)
  - Data – Review of hospital chart notes (minimal)
  - Risk – Low risk of morbidity from treatment (low)

Inpatient Hospital Visits

Initial inpatient	• CPT codes 99221-99223 • Admitting physician appends modifier -AI
Subsequent inpatient	• CPT codes 99231-99233
Place of service	• 21
Medicare does not cover consultations	• CPT codes 99251-99255

How to Choose:

E/M vs Eye Visit Codes

E/M and Eye visit codes

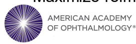
- Different documentation guidelines
- 99214 does not automatically equal 92014

Documentation Guidelines

- E/M – medically relevant history and exam, determine level of E/M from MDM or total physician time
- Eye Visit Codes – meet history, exam elements and initiation of diagnostic & treatment program

Consider both family of codes

- Confirm the level of E/M and Eye Visit Code
- Avoid 9 scenarios when not to use an Eye Visit Code
- Maximize reimbursement



E/M vs 92014

	E/M Office and Other Outpatient Encounters	Eye Visit Code Intermediate Exam Components
	CPT codes **99202-99215**	CPT codes **92014**
History	Medically relevant	• History (not defined) • General medical observation (not defined) • Chief Complaint
Exam	Medically relevant Dilate as medically necessary	Exam: recommended all **12** elements of the exam, often includes dilation
Medical Decision Making	Number and **Complexity of Problems Addressed at the Encounter**, Amount and/or Complexity of Data to be Reviewed **and Analyzed**, Risk of Complications and/or Morbidity or Mortality of **Patient Management** (2 of 3 components)	Initiation or continuation of diagnostic and treatment programs

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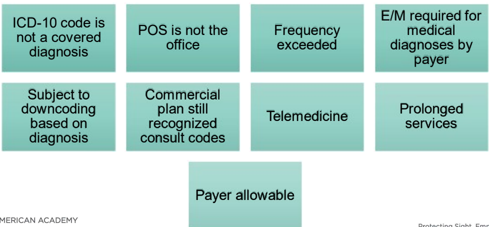
9 Scenarios When You Should Not Submit an Eye Visit Code



2023 Noridian: Portland, OR

New Patient

E/M	Office	RVU
99202	$ 75.58	2.15
99203	$ 115.97	3.33
99204	$ 171.90	4.94
99205	$ 226.63	6.52
Eye	Office	RVU
92002	$ 90.96	2.54
92004	$ 158.30	4.44

Established

E/M	Office	RVU
99212	$ 59.16	1.68
99213	$ 93.90	2.68
99214	$ 132.63	3.79
99215	$ 185.52	5.31
Eye	Office	RVU
92012	$ 95.32	2.67
92014	$ 133.86	3.75

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https://med.noridianmedicare.com/web/jfb/fees-news/fee-schedules/mpfs#2023

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E/M vs Eye Visit Codes

1. New patient: medically relevant history, comprehensive exam, **low** MDM

E/M	
99203	$ 115.97
Eye	
92004	$ 158.30 ✓

2. New patient: medically relevant history, comprehensive exam, **moderate** MDM

E/M	
99204	$ 171.90 ✓
Eye	
92004	$ 158.30

3. Est patient: medically relevant history, comprehensive exam, **low** MDM

E/M	
99213	$ 93.90
Eye	
92014	$ 133.86 ✓

4. Est patient: medically relevant history, problem-focused exam, **moderate** MDM

E/M	
99214	$ 132.63 ✓
Eye	
92012	$ 95.32

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2023 E/M: The Technician Role

1. Review E/M guidelines for hospital and ED visits and when to choose an E/M vs Eye visit code
2. Confirm documentation includes medically necessary history and exam
3. Determine level of E/M based on MDM or total time
4. Communicate changes and process with physicians and entire team

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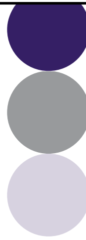
2023 Coding Update



CPT Codes

Implemented January 1 each year

Key Changes for CY 2023

New Codes	Revised	Revalued /Phased-In
• **92066**: Orthoptic Training (Physician-supervised) • **95919**: Quantitative Pupillometry • **0730T**: Laser Trabeculotomy with OCT - effective July 1, 2022	• **92065**: Orthoptic Training (Physician-administered) • **66174, 66175**: Transluminal Dilation of Aqueous Outflow Canal • **92229**: Retinal Imaging • **0402T**: Transepithelial Corneal Collagen Crosslinking	• **92284**: Dark Adaptation Eye Exam • **92287**: Anterior Segment Imaging / Iris Angiography • **67311, 67314, 67320, 67331, 67332, 67334**: Strabismus Surgery

ICD-10 Codes

Implemented Oct 1 every year
aao.org/icd10

2023 ICD-10-CM

- Effective October 1, 2022 housekeeping changes.
- Additional codes that represent social determinants of health
- Z74.2 Need for assistance at home and not other household member able
- Z60.2 Problems related to living alone
- Z59.82 Transportation insecurity
- Revised codes related to dementia, muscular dystrophies, phakomatoses, long-term drug

Social Determinants of Health

- Potential health deterrents due to socioeconomic and psychosocial circumstances
- Contributes to MDM risk of complications when managing patient care
  - Report as secondary diagnosis
- Savvy Coder: Why (and How) You Should Use ICD-10 Codes for Social Determinants of Health

SDOH: The Role of the Technician

Have you recognized SDOH ?

- Unemployment, housing insecurity, transportation challenges

How do you document?

Does it impact MDM and the patient's treatment?

SDOH: Case Study

- Established patient is seen for a glaucoma check
- Patient mentions she lost her job and health insurance
- She can't afford drops and declines recommended OCT and VF testing
- This significantly limits the MD ability to confirm the progression, severity
- Impacts the patient's treatment and ultimate outcome
- Clearly document SDOH in the medical record
- Report appropriate ICD-10 code as a secondary diagnosis

2023 Coding Update: The Technician Role

1. Understand changes to CPT and ICD-10 coding
2. Confirm superbill and practice management and EHR systems updated
3. Communicate with physicians and entire team

National Correct Coding Initiative (NCCI) or CCI

Updated quarterly
Visit aao.org/coding

CCI Edits: What You Need to Know

- Published quarterly by CMS – Confirm 2023 changes
- Three types of bundled codes
- Mutually exclusive – indicator of 0
  - Not to unbundle
- Comprehensive – indicator of 1
  - May unbundle when appropriate
- Note: Errors or deletions – indicator of 9

CMS NCCI Edits

Column 1	Column 2	Date of Bundle	Date of Deletion	Indicator
92082	92083	19960101	*	0
92133	92250	20110101	*	1
92133	92134	20110101	*	0
65855	92020	19960101	*	1 *Note 92020 "separate procedure" language*
66984	66821	19961001	*	1
67028	92201, 92202	20200101	*	1
67228	92225	20130701	20191231 *CPT 92225 deleted*	1

Link found at aao.org/coding

When to Unbundle?

When is it appropriate to unbundle two procedures with modifier –59, distinct procedure?

- Separate structure, opposite eye
- Separate incision
- Different encounter
- Distinct services
- When the payer states in published policies

Test Your Knowledge

The same day, retina OCT 92134 and fundus photo 92250 were performed. The diagnosis was diabetic retinopathy with edema, both eyes.

Is it appropriate to unbundle?

A. No bundles. Report 92134 and 92250.

B. No, report the test with the highest allowable.

C. Yes, 92134 and 92250 -59

D. No, report the test contributing most to the medical decision making today

Ophthalmic Testing Services NCCI 29.0 Effective 1/1/2023	Visual Field, Ext 92083	IOL Master 92136	FA 92235	ICG 92240	FA/ICG 92242	FP 92250	Posterior Segment OCT 92134	Optic Nerve OCT 92133
Visual Field, Ext 92083		Billable same day	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day
IOL Master 92136	Billable same day		Billable same day	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day
FA 92235	Billable same day	Billable same day		**Mutually Exclusive**	**Mutually Exclusive**	Billable same day	Billable same day	Billable same day
ICG 92240	Billable same day	Billable same day	**Mutually Exclusive**		**Mutually Exclusive**	**Bundled**	Billable same day	Billable same day
FA/ICG 92242	Billable same day	Billable same day	**Mutually Exclusive**	**Mutually Exclusive**		**Bundled**	Billable same day	Billable same day
FP 92250	Billable same day	Billable same day	Billable same day	**Bundled**	**Bundled**		**Bundled**	**Bundled**
Posterior Segment OCT 92134	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day	**Bundled**		**Mutually Exclusive**
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OCT and Fundus Photography

- 92134 and 92250
- When to unbundle?
  - When the payer has a published policy
  - Separate diagnosis codes
- Noridian A53009, Avastin

  The use of scanning computerized ophthalmic diagnostic imaging (e.g., scanning laser) (CPT 92134) is appropriate at four-six week intervals to help evaluate the need for re-treatment. Use of both scanning laser and fundus photography, which are bundled under the NCCI, requires appropriate documentation of medical necessity.
- aao.org/lcds

When to Unbundle ?

- 92133 OCT, optic nerve
- 92134 OCT, posterior segment

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Testing Services, CCI bundles, January 1, 2023, Version 29.0

2023 CCI Quarterly Updates: The Technician Role

1. Review CCI edits at aao.org/coding and Medicare policies at aao.org/lcds
2. Create and update internal reference guides
3. Communicate with physicians and entire team

Join Me For 2023 Codequest!

- Oregon Academy of Ophthalmology has partnered with the Academy for 2023 Virtual Multi-State Codequest
- Co-presented by:
  - Joy Woodke, COE, OCS, OCSR
  - Ankoor Shah, MD
- **Tuesday, March 28**, 11:00 am PST
  - Live or recording available
  - 4 IJCAHPO credits for live course
  - Register at aao.org/store

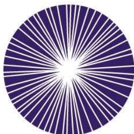
Academy Resources

aao.org/coding

aao.org/em

aao.org/lcds

aao.org/store



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