CHANGE is Coming: Compliance & Coding

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Medicare Part B Deductible

- Deductible (Medicare Part B)
  - Will remain unchanged at $147 in 2015
  - Part B premiums also remain same as 2014
  - thereafter increase by annual percentage increase in Part B expenditure

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2012 New ICD-9 Glaucoma Coding

- Given great variability of cost of care & resource utilization among glaucoma patients, glaucoma care has been targeted for use of potential value-based modifiers in the future
  - ICD-9 and ICD-10 codes reflect this and will allow stratification of a patient population
- Developed by the American Glaucoma Society (AGS) workgroup, including Drs. Fellman & Mattox
  - Then enlisted comprehensive ophthalmologists, optometrists, and a few glaucoma specialists to evaluate and test for accuracy using real cases from Dr. J. Stein at University of Michigan

2015 Compliance Issues

- HIPAA Privacy & Security regulations change
- Medicare Updates for 2015
- RAC Audits
- CERT Audits
- OIG Workplan
- ICD-10 conversion
- Affordable Care Act Implementation

2012 New ICD-9 Codes – Glaucoma Stages

- When coding glaucoma subcategories 365.1-365.6 assign an additional code to identify specific stage of glaucoma (365.7)
  - 365.70 Glaucoma stage, unspecified
  - 365.71 Mild stage glaucoma
  - 365.72 Moderate stage glaucoma
  - 365.73 Severe stage glaucoma
  - 365.74 Indeterminate stage glaucoma
- Includes sequencing instructions to code first the glaucoma, by type
  - Report new V19.11 history codes where appropriate
Step One: Code by Type
- Only the codes listed here require add-on staging codes
  - 365.10 Open angle glaucoma, unspecified
  - 365.11 Primary open angle glaucoma
  - 365.12 Low tension glaucoma
  - 365.13 Pigmentary glaucoma
  - 365.20 Primary angle closure glaucoma, unspecified
  - 365.23 Chronic or primary angle closure glaucoma, unspecified
  - 365.31 Steroid induced glaucoma
  - 365.52 Pseudoexfoliation glaucoma
  - 365.62 Glaucoma associated with ocular inflammations
  - 365.63 Glaucoma associated with vascular disorders
  - 365.65 Glaucoma associated with ocular trauma

Step Two: Add Stage
- Determine severity of glaucoma in **worse eye**
  - 365.71 Mild (disc abnormalities consistent w glaucoma but no VFD on SAP or Short wave-length doubling perimetry)
  - 365.72 Moderate stage (Disc abnormalities consistent w glaucoma and VFD in 1 hemifield, not w/in 5 degrees of fix)
  - 365.73 Severe stage (Disc abnormalities consistent w glaucoma VFDs in both hemifields, and/or loss w/in 5 degrees of fix in at least 1 hemifield)
  - 365.74 Indeterminate (VFs not performed yet, or patient incapable of VF testing or unreliable or uninterpretable VFs)
  - 365.70 Unspecified, stage not recorded in chart
- Compliance requires documentation of stage in medical record

Physician Value-Based Payment Modifier
- CMS will adjust payment to some physicians based on quality & resource use beginning in 2015 and all physicians by 2017
  - Now applies only to groups of 100 or more (originally 25)
  - Smaller groups (2-99) remain unaffected until 2017
- 3% payment penalty to hospitals began in 2012 for re-admission rates higher than national average
  - Heart failure
  - Pneumonia
  - Myocardial infarction

Additional Glaucoma Code Changes
- 365.01 Open angle suspect, **Low Risk** (1-2 risk factors)
- 365.05 Open angle suspect, **High Risk** (3+ risk factors)
  - Risk factors – family history, race, elevated IOP, disc appearance and thin central corneal thickness
- 365.02 Primary angle closure suspect (anatomical suspect, narrow angle)
- 365.06 Primary angle closure without glaucoma damage (defined as angle damage such as synechia or high IOP, but w/o optic nerve damage)
- 365.23 Chronic angle closure glaucoma (angle damage plus optic nerve damage)

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
New CPT Codes for 2015

- 99444 – Online Medical Evaluation
  - On-line electronic medical evaluation
  - Non face-to-face E/M service
  - Involves permanent storage (electronic or hard copy)
  - Reported only once during a 7 day period
  - Includes related telephone calls, prescriptions, lab orders etc.

- 66179 – Aqueous shunt to extraocular equatorial plate reservoir; external approach; without graft
- 66180 – with graft (revised code)
- 66184 – Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
- 66185 – with graft (revised code)
- 92145 – Corneal hysteresis determination by air impulse stimulation, unilateral or bilateral, with interpretation & report

New 1500 Claim Form for 2014

- CMS revised the 1500 form to more adequately support use of ICD-10CM code set
- Revised form version 02/12 will replace current form which is version 08/05
- CMS accepts revised version of form January 6, 2014
- CMS will ONLY accept new version after April 1, 2014
- Allows ability to indicate use of version 9 or 10
- Expands diagnosis code list from 4 to 12!

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OIG Work Plan

- Ophthalmological services – New
  - Reviewing claims during 2011
  - $6.8 Billion paid to ophthalmologists & optometrists in 2011
  - 8.31% of all claims paid to all physicians in all specialties
  - 92004 was 12th highest paid code used in all specialties
  - 66984 was 5th highest paid code
  - 99xxx E&M codes not included, not specialty specific
- E/M Services: Use of modifiers
  - Modifiers -25
  - Bilateral intravitreal injections

OIG Work Plan

- Rank CPT Services
  - 5 66984 Cat-IOL
  - 12 92014 Comp eye exam, est pt
  - 26 92012 Interim 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

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Recovery Audit Contractors RAC

- Evaluating RAC performance 2010 & 2011
- 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 Tax Relief & Health Care Act 2006 and Affordable Care Act
- Tool used include comparative billing reports
  - Shows specific provider billing patterns compared to peers
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
- 47,672,971 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


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

INTRODUCTION

- CMS
- CPT
- ICD
- Medicare
- Major Medical
- E/M Coding (99XXX)
- Eye Coding (92XXX)
- Special Ophthalmic Codes

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

E/M DESCRIPTORS

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

Code Set Adoption in HIPAA

- CPT-4: Current Procedure Terminology
- CDT: Code on Dental Procedures and Nomenclature
- ICD-9-CM (Volume 1,2): International Classification of Diseases (Implementation of ICD-10 is October 1, 2015!!)
- ICD-9-CM (Volume 3): inpatient disease codes
- NDC: National Drug Code
- HCPCS: Healthcare Common Procedure Coding System
**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

**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

**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

**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)

**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

**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
**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)

**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 Elements

**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

**Comprehensive Ophthalmological Service**

- 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**

- 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**

- 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
**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

**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

**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

**Gonioscopy**  
92020
- Bilateral
- Requires documentation
  - describe visible angle structures
- No limitations to diagnostic groups in most states
- Fee $ 26.26

**Visual Field 9208x**
- Bilateral
- Requires Interpretation
  - separate report form
  - narrative in body of medical record, on date of service
- Fee (-81) / $ 34.29
- Fee (-82) / $ 46.85
- Fee (-83) / $ 62.74

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**2015 Medicare Fee Schedule**

<table>
<thead>
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<th>Code</th>
<th>Fee 1</th>
<th>Code</th>
<th>Fee 2</th>
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<td>99211</td>
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<td>$ 73.21</td>
<td>99212</td>
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<td>$ 145.66</td>
<td>92014</td>
<td>$121.05</td>
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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 ($26.62) 92226 ($24.49)

Special Anterior Segment Photography

92286

- With specular endothelial microscopy and cell count
  - Ex: Konan specular microscope
- Bilateral
- Not Bundled
- Requires Interpretation and report
- Fee $37.62

Fundus Photography

92250

- Bilateral
- Not Bundled
- Requires Interpretation
- Fee $76.66

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

External Ocular Photography

92285

- Report for documentation of medical progress
  - Ex: close-up photography, slit lamp photography, gonio-photography, stereo-photography
- Bilateral
- Not Bundled
- Requires Interpretation and report
- Fee $19.96

Computerized Corneal Topography

92025

- Bilateral or unilateral
- Requires interpretation & report
- No limitations to diagnostic groups in most states
- Fee $37.20
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 $ 34.12

Serial Tonometry
92100
- Bilateral
- Requires Interpretation & Report
  - Example: Angle closure glaucoma
  - multiple measurements over time
- Fee $ 77.96

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 $37.62

Corneal Hysteresis
92145
- Unilateral or Bilateral
- Corneal hysteresis determination by air impulse stimulation
- Requires Interpretation & Report
- Fee $ 15.37

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 $132.56

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 $ 15.03
### 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 $ 43.25

### 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 $ 44.28

### 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 $ 130.

### Correction Trichiasis 67820*
- Epilation
- By forceps
- ICD-9
  - 374.05 Trichiasis without entropion
  - 374.01 Senile entropion
- Global days - 000
- Fee $ 49.45

### Removal of Foreign Body 65205*
- External Eye, Conjunctiva
  - superficial
  - scleral, non-perforating
- ICD-9
  - 930.18 FB in cul-de-sac
- Global days - 000
- Fee $ 55.26

### Removal of Foreign Body 65210*
- External Eye, Conjunctiva
  - embedded (includes concretions)
  - subconjunctival
  - scleral, non-perforating
- ICD-9
  - 30.18 FB in other sites or combined sites
- Global days - 000
- Fee $ 67.81
**Removal of Foreign Body**  
*65222*
- External Eye, Corneal
  - with Slit Lamp
- ICD-9
  - 930.0 FB in cornea
- Global days - 000
- Fee $ 66.10

**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 $151.71

**Sensorimotor Examination**  
*92060*
- Quantitative measurement of ocular deviation
  - document all major fields of gaze
- Bilateral
- Requires interpretation and report
- Fee $63.73
- 92065 – Orthoptic and / or pleoptic training, with continuing medical direction and evaluation
- Fee $ 51.93

**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

**Dilation of Lacrimal Puncta**  
*68801*
- With or Without Irrigation
- ICD-9
  - 375.22 Epiphora, insufficiency of drainage
  - 375.42 Chronic Dacryocystitis
  - 375.52 Stenosis, Lacrimal Punctum
  - 375.56 Nasolacrimal Duct Obstruction
- Fee $ 108.

**Comanagement of Surgery**
- Procedures / 66984 / $ 633.84
- 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 / $ 789.06
- 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

Monitor Compliance with Audits

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

Thank you

Missouri Eye Associates

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Excellence in Optometric Education