Coding Basics - Don’t Fall Asleep
Evaluation and Management Options

- **With Referral**
  - Consultation Codes
  - Prolonged Service Codes

- **Without Referral**
  - Evaluation and Management Codes
  - Prolonged Codes

- **Ophthalmologic Codes As Needed**
99000 Codes - Evaluation and Management (E/M) Services

For eye care services, E/M codes identify physician services that cannot be accurately described by 92000 codes.
Evaluation and Management Requirements

- NO REFERRAL NECESSARY
- History-Detailed to Complex
- Examination-Detailed to Complex
- Decision Making Component
  - Initiation of Treatment
- Time Component
Consultation Requirements

- Written Referral
- Written Report
- History-Detailed to Complex
- Examination-Detailed to Complex
- Decision Making Component
  - Initiation of Treatment
- Time Component
Time Documentation

- Time Needs to be on Examination Form
- Counseling/Coordination of Care Needs to be at least 50% of the time spent with patient to utilize
92000 Exam Requirements

- History
- Exam components
  - Defined in CPT but not entirely clear
  - Less clearly defined than 99000 codes
  - LCD-Local Carrier Determination
- Medical decision making
92000 Exam Components

- Confrontation fields
- Ocular motility
- Cornea
- Anterior Chamber
- Lens
- Optic Disc
- Visual Acuity

- Retina, macula, periphery, vessels (at least one mentioned)
- Eyelids and adnexae
- Pupils/iris
- Intraocular pressure
92000 Series Codes

- Extended Ophthalmoscopy*
  - Not a Routine BIO
    - Angiography (Fluorescein / Indocyanine Green)
- Fundus Photography*
- Scanning Laser Technology*
- Color Vision Examination
- Gonioscopy
- External Ocular Photography*
- Sensorimotor Evaluation
- Visual Fields*
Low Vision Diagnosis Codes

- **Vision Impairment Primary**
  - 20/70 best corrected
  - Certain Visual Field Limitations
  - Use Charts for appropriate codes

- **Ocular/Systemic Disease Secondary**
  - Remember the Referring Doctor didn’t refer for you to evaluate or manage the disease
Vision Impairment Codes

- 369.0x-Profound Impairment, Both Eyes
- 369.1x-Moderate Or Severe Impairment, Better Eye, Profound Impairment Lesser Eye
- 369.2x-Moderate Or Severe Impairment, Both Eyes
Effect of Lenses
Refraction 92015

- By CMS Statute a Non-Covered Service
  - Patient Responsibility
  - ABN Not Required but Useful
  - GY Modifier

- Multilevel Refraction Codes 92015?
  - Phoropter
  - Trial Frame
  - Telescope
Modifiers

- **21-Prolonged E&M Services (Eliminated)**
  - When the face to face service is prolonged or otherwise greater than that usually required for the highest E & M service within a given category. A report may be appropriate.

- **22- Increased Procedural Services**
  - When the work required to provide a service is substantially greater than what is typically required. Documentation must support the substantial additional work and the reason for the additional work. (Time, difficulty of procedure, severity of patient condition)
  - Not to be used with E & M
Low Vision Specific Options

- Microscopic Evaluation
- Telescopic Evaluation
- Low Vision Devices-HCPCS
- Dispensing
Fitting of spectacle mounted low vision aid; single element system; specifically, a convex lens mounted to existing spectacles
Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
Low Vision Devices

- **V2600**-Hand held low vision aids and other nonspectacle mounted aids
- **V2610**-Single lens spectacle mounted low vision aids
- **V2615**-Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
Low Vision Devices

- 92392 - Supply of Low Vision Devices

- V2797 - Vision supply, accessory and/or service component of another HCPCS vision code
So what do you want to talk about today?
99354
- Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service first hour
- List separately in addition to code for service of other outpatient Evaluation and management Service
Prolonged Service Code

- 99355
  - Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service each additional 30 minutes
Prolonged Service Codes

- **99358- Prolonged Non Face to Face**
  - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); first hour
Prolonged Service Codes

- **99359- Prolonged Non Face to Face**
  - Prolonged evaluation and management service before and/or after direct (face-to-face) patient care; each additional 30 minutes
99367

Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician
Preventative Medicine Codes

- **CPT 99406**
- Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
Low Vision Rehabilitation Model
CMS Policy

- Low Vision Evaluation/Prescription by Physician
  - Optometry
  - Ophthalmology
  - Physiatrist

- Rehabilitation Services
  - Optometrist
  - Occupational Therapy
  - Physical Therapy
  - Orientation and Mobility?
G9041 for services provided by a qualified occupational therapist
G9042 for services provided by a certified orientation and mobility specialist
G9043 for services provided by a certified low vision rehabilitation therapist
G9044 for services provided by a certified vision rehabilitation therapists.
Physical Medicine Codes

- State Board Limitations
- Third Party Limitations
- CMS Approved Codes
  - 97112-Neuromuscular Reeducation
  - 97530-Functional Performance Therapy
  - 97532-Cognitive Skills Therapy
  - 97533-Sensory Processing Therapy
  - 97535-ADL Therapy
  - 97537-Vocational Therapy
This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, motor skill, and proprioception.

Eccentric Fixation Training
In order for therapeutic activities to be covered, **all** of the following requirements must be met:

- The patient has a condition for which therapeutic activities can reasonably be expected to restore or improve functioning; and
- The patient’s condition is such that he/she is unable to perform therapeutic activities except under the direct supervision of a clinician and
- There is a clear correlation between the type of exercise performed and the patient’s underlying functional deficit(s) for which the therapeutic activities were prescribed.
This code describes interventions used to enhance cognitive skills, (e.g., attention, memory, problem solving) with direct (one-on-one) patient contact by the clinician.
This activity focuses on sensory integrative techniques to enhance sensory processing and to promote adaptive responses to environmental demands, with direct (one-on-one) patient contact by the clinician.
This training includes activities of daily living (ADL) and instructions in use of adaptive equipment, direct one-on-one contact by the clinician.
Community/work reintegration training includes shopping, transportation, money management, a vocational activities and/or work environment/modification analysis, work task analysis, and direct one-on-one contact by the provider.
This code is used to represent the provider’s assessment of the interface between the patient and technology. The patient’s voluntary motion (e.g. ocular motor control, quality and the patient’s ability to use the accessibility components and systems) are identified and assessed.
Required Documentation for Rehabilitation

- Physician Prescription for Rehabilitation
- Initial Evaluation and Plan of Care
- Daily Progress Notes
- Monthly Progress Notes
- Discharge Summary
Duration and Frequency of Visits

- **Estimated Length of Session**
  - 30 Minutes usual (up to 2 hours)

- **Estimated Frequency of Treatment**
  - 2 times per week usual (can be less)
Training

- Activities for Daily Living
- Device Use
- Magnification Limits
- Eccentric Viewing
Medicare Reimbursement

- Medicare Pays for Functional Activities as they Relate to Activities of Daily Living.
Low Vision CAN Be Profitable