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- 2011 Medicare E/M Guidelines
- Compliance
  - How To Document the Medical Record
  - How To Select an E/M Codes, eye codes, “S” codes
  - How To Evaluate your Fees
  - How To Effectively Co-manage Surgical Cases
  - How To Increase Revenues

- How To Survive an Audit
  - How To Implement a Compliance Plan
  
- Other Medicare Benefits Changes
- Deductible (Medicare Part B)
  - Will increase to \$162 in 2011; thereafter increase by annual percentage increase in Part B expenditures
- Deductible (Medicare Part A hospital inpatient)
  - Will be \$1,132.
- Preventive benefits – beginning in 2005, all newly enrolled beneficiaries will be eligible for initial routine physical

examinations, ECG,  
cardiovascular blood screening  
tests, education, counseling and  
referral for other preventive  
services and chronic care  
programs

– 2011 wellness visits once yearly  
with PCP

- 2006 New ICD-9 Codes
- Code first diabetes (250.5)
- 362.03 Nonproliferative diabetic retinopathy NOS
- 362.04 Mild nonproliferative diabetic retinopathy
- 362.05 Moderate nonproliferative diabetic retinopathy

- 362.06 Severe nonproliferative diabetic retinopathy
- 362.07 Diabetic macular edema
  - Must report with ICD code for diabetic retinopathy
    - 362.01 = background diabetic retinopathy
    - 362.02 = proliferative diabetic retinopathy
    - 362.03 – 362.06
  
- Timely Claims Submission
- Affordable Care Act reduced the maximum time period for submission of Medicare fee-for-service claims to one calendar year after the date of service
- This change applies to services furnished after January 1, 2010

- Reduces the previous maximum timely filing deadline of 15-27 months
- CMS 2011 Physician Fee Schedule
- 2011 MPFS Final Rule was published November 24, 2010 in the *Federal Register*
  - Available at [www.cms.gov](http://www.cms.gov)
- 2011 fee schedule final rule includes a reduction in physicians' fees of 24.9% effective January 1, 2011
- Congress finally passed legislation providing a 12 month patch preventing the 24.9% pay cut. Obama expected to sign bill into law any day. Final Fee schedule announced 1.14.11

- CMS rebased and revised the Medicare economic index (MEI) using a 2006 base in place of 2000 base
  - Inflation index for practice costs used to calculate the annual updates to the Fee Schedule
  
- 2011 New CPT Codes
- 65778 – Placement of amniotic membrane on the ocular surface for wound healing; self-retaining GD010
- 65779 – Placement of amniotic membrane to ocular surface for wound healing, single layer, sutured GD010
- 65780 – Ocular surface reconstruction; amniotic

membrane transplantation,  
multiple layers GD090

- 66174 – Transluminal dilation of aqueous outflow canal; without retention of device or stent  
GD090
- 66175 – Transluminal dilation of aqueous outflow canal; with retention of device or stent  
GD090
- 2011 New CPT Codes
- 66761 – Iridectomy/iridotomy by laser surgery per session (instead of one or more, with GD010)
- 67220 – Destruction of localized lesion of choroid (ex. Choroidal neovascularization);

photocoagulation, one or more sessions

- 0191T – Insertion of ant. segment drainage device, without extraocular reservoir, internal approach into TM
- 0253T – Insertion of ant. segment drainage device, without extraocular reservoir, internal approach, into SC
- 0192T – Insertion of anterior seg aqueous drainage device, without extraocular reservoir, external approach
  - Ex. EXPRESS Implant
- 2011 New CPT Codes



- 92132 – Scanning computerized ophthalmic digital imaging, *anterior segment*, w interpretation & report, unilateral or bilateral
- 92133 – Scanning computerized ophthalmic digital imaging, *posterior segment*, w interpretation & report, unilateral or bilateral, *optic nerve*
- 92134 – Scanning computerized ophthalmic digital imaging, *posterior segment*, w interpretation & report, *retina*
- New CPT Codes Scanning laser LCD

- 92133 or 92134 and fundus photography are mutually exclusive in CCI edits
  - CCI assigned an indicator of “1” instead of “0” which means there may be medical indications where it is appropriate to unbundle the two codes
- There are a limited number of clinical conditions where both techniques are medically necessary and reasonable on the ipsilateral eye
- In these situations, both CPT codes may be reported appending the modifier -59 to CPT code 92250
- 2011 New ICD-9 Codes

- V90.1 Embedded metal FB
- V90.11 Retained magnetic metal fragments
- V90.12 Retained non-magnetic fragments
- V90.2 retained plastic fragments
- V90.3 Retained organic fragments
- V90.31 Retained animal quills or spines
- V90.32 Retained tooth
- V90.33 Retained wood fragments
- V90.39 Other retained organic fragments
- V90.81 Retained glass fragments
- V90.83 Retained stone or crystalline fragments
  
- Health Insurance Portability and Accountability Act of 1996

- President Clinton & USAG J. Reno
  - #2 priority: prosecution of health care fraud
  - \$104 Million: Appropriations to HHS
  - \$70 Million: OIG
  - \$47 Million: FBI fraud investigation unit
  - Criminal offenses expanded
  - \$10,000 fine / line item violation
  - suspension of payment and participation from program
  - Yielded \$23 return on every \$1 spent in 1997
- Medicare Review Strategies - 2008
- Error rates at below 7% nationally

- E/M codes represent 75% of errors (highest for Part B)
  - 10-1 overpayment –underpayment
  - Insufficient documentation and incorrect coding
- OB/GYN specialty highest error rate nationally at 35.75%
- Diagnostic radiology specialty highest projected dollars paid incorrectly at 48 million
  
- Top 5 Errors by Profession - 2006
- OB/GYN
- Neurology
- Chiropractic
- **Optometry – 11.6%**
- Nephrology

- Medicare Review Strategies - 2009
- E/M established codes
- Laboratory
- Hospital E/M, subsequent
- E/M new codes
- Electrocardiograms
- Chiropractic
- Rituximab
- Hospital E/M, initial
- Top 10 Procedure Codes –  
 Optometry                      Missouri /  
 Jan-June 2007 / 495  
 Providers
- 92014\$1,369,645
- 99214\$ 634,210

- 92004\$ 562,906
- 92012\$ 551,297
- 99213\$ 541,616
- 66984\$ 395,125
- 92250\$ 339,862
- 92083\$ 277,708
- 99203\$ 199,510
- 92135\$ 195,427
- 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 (Proposal to implement ICD-10)

- ICD-9-CM (Volume 3): inpatient disease codes
- NDC: National Drug Code
- HCPCS: Healthcare Common Procedure Coding System

## ■ AOA Optometric Practice Profiles 2005

- VSP – 21%
- Other vision plans – 8%
- Medicare – 19.1% (fastest growing share of revenues)
- Medicare HMOs – 3%
- Medicaid – 7%
- HMOs (private sector) – 8%



- Out of pocket – 35%
- Respondents - 90% self-employed, 47% solo, 24% group, 86% male, mean years in practice 24.2 years

- 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

## ■ 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

## ■ 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
- 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
- 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

- 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)
- 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  
92004 / 92014
- Complete system evaluation, *8 or more elements*
- Need not be performed at one session
- Integrated services where medical decision making cannot be separated from examination methods
- Includes (*as indicated*) history, medical observation, external & ophthalmoscopic, gross visual fields, sensorimotor, biomicroscopy, consultations,

dilation (cycloplegia), mydriasis,  
tonometry, initiation of diagnosis  
and treatment programs,  
prescription of medication

- **Comprehensive Ophthalmological  
Service**

92004/92014

- Always includes initiation of  
diagnosis and treatment programs
  - includes the prescription of  
medication, and arranging for  
special ophthalmological diagnostic  
/ treatment services, consultations,  
laboratory procedures and  
radiological services

- Intermediate Ophthalmological Service  
92002 / 92012
- Evaluation of new / existing condition, complicated with a new diagnostic or management problem
- Integrated services where med decision making cannot be separated from examination methods
- Includes history, medical observation, external & adnexal, & other diagnostic procedures, biomicroscopy, ophthalmoscopy and tonometry

- Intermediate Ophthalmological Service  
92002 / 92012

- Ophthalmological services: medical examination and evaluation, with initiation or *continuation* of diagnostic and treatment program; intermediate, established patient

- *7 or less elements*

- 2004 New HCPCS Codes
- “S” codes are useful for some private insurers
- Medicare and other federal payers *do not* recognize them

- They are useful when CPT does not have a code to accurately describe the service (i.e. LASIK, PTK, PRK, corneal topography) or for invoicing self-pay patients.
- ***They specifically describe “routine exams” including refractions and permit a different charge***
- HCPCS “S” Codes
- S0620 Routine ophthalmologic exam including refraction; new patient

- S0621 Routine ophthalmologic exam including refraction; established patient
- S0625 Digital screening retina
- 2011 Medicare Fee Schedule (1.13.11)
- 99201 \$39.08 99211  
\$18.55
- 99202 \$67.80 99212  
\$39.39
- 99203 \$98.62 99213  
\$66.06
- 99204 \$152.45 99214  
\$98.11
- 99205 \$190.12 99215  
\$132.30

- 92002 \$71.68                      92012  
    \$75.83
- 92004 \$133.56                    92014  
    \$110.29
- 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
- Gonioscopy  
               92020

- Bilateral
- Requires documentation
  - describe visible angle structures
- No limitations to diagnostic groups in most states
- Fee \$25.07
- Visual Field 9208x
- Bilateral
- Requires Interpretation
  - separate report form
  - narrative in body of medical record, on date of service
- Fee (-81) / \$45.37
- Fee (-82) / \$63.07
- Fee (-83) / \$78.53
- 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 (\$24.48) 92226 (\$21.79)

- Fundus Photography  
92250

- Bilateral
- Not Bundled
- Requires Interpretation

- Fee \$68.37
  
- External Ocular Photography  
92285
- Report for documentation of  
medical progress
  - Ex.: close-up photography, slit lamp  
photography, goniophotography,  
stereo-photography
- Bilateral
- Not Bundled
- Requires Interpretation and report
- Fee \$25.65
  
- Special Anterior Segment  
Photography  
92286

- With specular endothelial microscopy and cell count
  - Ex: Konan specular microscope
- Bilateral
- Not Bundled
- Requires Interpretation and report
- Fee \$110.27

- Special Anterior Segment  
Photography  
92286

- 364.00-364.04 iridocyclitis
- 364.10-364.11 chronic iridocyclitis
- 364.21 Fuch's heterochromic  
iridocyclitis
- 364.22 glaucomatocyclitic crisis
- 364.23 lens induced iridocyclitis
- 364..24 VKH syndrome

- 364.51 essential iris atrophy
- 364.52 iridoschisis
- 364.53 pigmentary iris degeneration
- 364.54 pupillary margin degeneration

- Special Anterior Segment  
Photography

92286

- 364.55 Miotic Cysts of pupil margin
- 364.56-364.61 degenerative changes of anterior structures
- 366.21-23 Traumatic cataract
- 366.32 cataract in inflammatory disorder
- 366.33 cataract in ocular neovascularization
- 371.20-24 corneal edemas

- 371.32-33 folds or rupture in descemet's membrane
- 371.50, -.57, -.58, corneal dystrophy
  
- Special Anterior Segment Photography  
92286
- 371.82 corneal edema due to contact lens
- 379.31 aphakia
- 379.32 subluxation of lens
- 379.33 anterior displacement of lens
- 743.20-23 buphthalmos
- 906.5 late effect of burn of eye/face
- 940.2 alkaline burn of cornea/conj
- 940.3 acid burn of cornea/conj
- 940.4 other burn of cornea/conj

- V42.5 cornea replaced by transplant
  
- Special Anterior Segment  
Photography  
92286
  
- 996.51 mechanical complication of  
prosthetic corneal graft
- 996.60 infection/inflammation due to  
unspecified implant and graft
- 996.69 complication of other implant  
or graft
- 998.89 complication of other  
transplanted organ
- 998.59 other postoperative infection
- 998.82 cataract fragments in eye  
following cataract surg
- V53.1 fitting & adjusting specs or CL  
after intraocular surgery

- Computerized Corneal Topography 92025
- Bilateral or unilateral
- Requires interpretation & report
- No limitations to diagnostic groups in most states
- Fee \$33.05
- 92025 Corneal Topography
- ICD-9 Codes that Support Medical Necessity
  - 367.22\* Irregular astigmatism
  - 371.00 Corneal Opacity Unspecified
  - 371.23 Bullous Keratopathy
  - 371.50 Hereditary Corneal Dystrophy Unspecified
  - 371.52 Other Anterior Corneal Dystrophy

- 371.57 Endothelial Corneal Dystrophy
- 371.60 Keratoconus Unspecified
- 371.61 Keratoconus Stable Condition
- 92025 Corneal Topography
- ICD-9 Codes that Support Medical Necessity
  - 371.62 Keratoconus Acute Hydrops
  - 372.40 Pterygium Unspecified
  - 996.51 Mechanical Complication Prosthetic Corneal Graft
  - V42.5 Cornea Replaced by Transplant
  - V45.61\* Cataract Extraction Status
  - V45.69\* Other States Following Surgery of Eye /Adnexa



- \*367.22 must be accompanied by V45.61 or V45.69
- \*V45.61 must be accompanied by 367.22
- \*V45.69 must be accompanied by 367.22

## ■ Therapeutic Contact Lens 92070

### ■ Unilateral

### ■ Bundled with 92xxx, includes supply of lens

### ■ Recommendations

- use disposable lenses
- accept a less than optimum cosmetic fit
- tolerate debris on and beneath lens
- remove only once and do not replace

- liberally hydrate prior to removal
- Fee \$63.30
- Serial Tonometry  
92100
- Bilateral
- Requires Interpretation & Report
  - Example: Angle closure glaucoma
  - multiple measurements over time
- Fee \$85.70
- 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 \$13.28
- 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           \$34.35
  
- Scanning Computerized  
Ophthalmic           Diagnostic  
Imaging 92132
- 190.0, 190.3 Malignant neoplasm of  
eyeball, except conj, cornea, retina or  
choroid
- 190.3 malignant neoplasm of  
conjunctiva
- 190.4 Malignant neoplasm of cornea
- 190.6, 190.8 Malignant neoplasm of  
choroid, other sites
- 224.0 Benign neoplasm of eyeball  
except conjunctiva, cornea, retina, or  
choroid
- 224.3 Benign neoplasm conjunctiva

- 224.4 Benign neoplasm of cornea
- 224.6, 224.8 Benign neoplasm of choroid, other sites
- 360.51 Foreign body in anterior chamber (magnetic)
- 360.61 Foreign body in anterior chamber
  
- Scanning Computerized Ophthalmic Diagnostic Imaging 92132
- 364.51 Essential iris atrophy
- 364.53 Pigmentary iris degeneration
- 364.54 Degeneration of pupillary margin
- 364.71 Posterior synechia
- 364.72 Anterior synechia

- 364.75 Pupillary abnormalities
- 364.76 Iridodialysis
- 364.77 Recession of chamber angle
- 364.82 Plateau iris syndrome
- 365.02 Anatomical narrow angle
- 365.20-365.89 Primary angle closure and other glaucomas
- Scanning Computerized Ophthalmic Diagnostic Imaging 92132
- 366.16 Nuclear sclerosis
- 370.00-370.07 Corneal ulcers
- 371.00-371.09 Corneal opacities
- 371.20-371.24 Corneal edema (includes due to CL)
- 371.57 Endothelial dystrophy
- 372.40-372.45 Pterygium
- 379.31 Aphakia
- 379.32 Subluxed lens

- 996.51 Mechanical complication of corneal graft
- 996.53 Mechanical complication of ocular lens prosthesis
- 996.69 Infection & Inflammation due to other int prosthetic device implant or graft
- 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 \$42.24
  
- Scanning Computerized Ophthalmic Diagnostic Imaging - 92133
- 360.30-360.34 Hypotony and flat chamber
- 354.22 Glaucomatocyclitic crises
- 365.00-365.04 Glaucoma suspect, OCHTN
- 365.10-365.15 Open angle glaucoma
- 365.20-365.24 Primary angle closure glaucoma
- 365.31-365.32 Steroid induced glaucoma



- 365.41-365.44 Glaucoma w chamber anomalies
- 365.51 Phakolytic glaucoma
- 365.52 Pseudoexfoliation glaucoma
- 365.59 Glaucoma assoc w lens disorders
  
- Scanning Computerized Ophthalmic Diagnostic Imaging - 92133
- 365.60-365.65 Glaucoma assoc w ocular trauma
- 368.40-368.45 Visual field defects
- 376.00-376.9 Acute inflammations of the orbit
- 377.00-377.03 Papilledemas
- 377.04 Foster-Kennedy
- 377.10 Optic atrophy

- 377.14-377.16 Glaucomatous atrophy
- 377.21 Drusen
- 377.22 Crater like holes of optic disc
- 377.23 Coloboma of optic disc
  
- Scanning Computerized  
Ophthalmic Diagnostic  
Imaging - 92133
- 377.24 Pseudopapilledema
- 377.41-377.49 Ischemic optic  
neuropathies
- 377.51-377.54 Disorders of optic  
chiasm assoc w pit neoplasms or  
inflammatory disorders
- 377.61-377.63 Disorders of other  
visual pathways assoc w  
neoplasms or inflammations
- 743.20-743.22 Buphthalmos

- 743.57-743.58 Cong anomalies of optic disc & vasc anomalies
- 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 \$42.24

- Scanning Computerized Ophthalmic Diagnostic Imaging - 92134
- 190.6, 190.8 Malignant neoplasm choroid
- 224.6, 224.8 Benign neoplasm choroid or other sites
- 360.11 Sympathetic uveitis
- 360.21 Progressive high (degenerative) myopia
- 360.30-360.34 Hypotony, flat chamber
- 361.00-361.07 Retinal detachments
- 361.10 Retinoschisis
- 361.2 Serous retinal detachment
- 361.81 Traction detachment
- 362.01-362.06 Diabetic retinopathy, background to severe NPD

- Scanning Computerized Ophthalmic Diagnostic Imaging - 92134
- 362.07 Diabetic macular edema
- 362.10-362.18 BDR, retinal vasculitis
- 362.31-362.32 Central or branch retinal artery occlusion
- 362.35-362.37 Central or branch retinal vein occlusion
- 362.40-362.43 Retinal layer separation, hemor detach RPE
- 362.50- 362.77 Macular degeneration, retinal dystrophies involving Bruch's membrane
- 362.81 Retinal hemorrhage
- 362.82 Retinal exudates and deposits
- 362.83 Retinal edema

- Scanning Computerized Ophthalmic Diagnostic Imaging - 92134
- 363.00-363.08 Focal chorioretinitis
- 363.10-363.15 Disseminated chorioretinitis
- 363.20-363.35 chorioretinitis unspecified
- 363.43 Angioid streaks
- 363.61 Choroidal hemorrhage
- 363.63 Choroidal rupture
- 363.70-363.72 Choroidal detachments
- 376.00-376.9 Acute inflammations of orbit
- 379.11-379.19 Scleral ectasia and other scleral disorders
- 379.21-379.29 Vitreous degenerations & other disorders of vitreous
- 921.3 Contusion of eyeball

- Correction Trichiasis  
67820\*
- Epilation
- By forceps
- ICD-9
  - 374.05 Trichiasis without entropion
  - 374.01 Senile entropion
- Global days - 000
- Fee \$48.04

- 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           \$51.42
  
- Removal of Foreign Body  
65210\*
  
- External Eye, Conjunctiva
  - embedded (includes concretions)
  - subconjunctival
  - scleral, non-perforating
  
- ICD-9
  - 930.18 FB in other sites or  
combined sites
  
- Global days - 000
  
- Fee           \$63.65
  
  
- Removal of Foreign Body  
65222\*
  
- External Eye, Corneal
  - with Slit Lamp



- ICD-9
  - 930.0 FB in cornea
- Global days - 000
- Fee \$70.19
  
- Sensorimotor Examination  
92060
- Quantitative measurement of ocular deviation
  - document all major fields of gaze
- Bilateral
- Requires interpretation and report
- Fee \$57.38
- 92065 – Orthoptic and / or pleoptic training, with continuing medical direction and evaluation
- Fee \$45.51

- 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 \$112.02
  
- 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    \$134.20
- Punctal Occlusion By Plug  
68761
- ICD-9
  - 370.21 Punctate Keratitis
  - 370.23 Filamentary Keratitis
  - 370.34 Exposure Keratitis
  - 370.80 Other forms of Keratitis
  - 370.90 Unspecified Keratitis
  - 371.42 Recurrent Corneal Erosion
  - 374.41 Eyelid Retraction

- 375.15 Unspecified Tear Film Insufficiency
- 710.20 Sicca Syndrome; use additional systemic manif. code

## ■ 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

- 52 Reduced service
- **Comanagement of Surgery**
- Procedures / 66984 / \$714.00
- 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 / \$993.38**

- 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

# ■ Case Studies for Clinical Correlation

## ■ CASE 1: Cataract

### ■ CPT / ICD

- 92015 / Myopia (367.1) = \$20.00
- 99203 / Cataract (366.16) =  
\$100.00 or 92004 (\$135)
- Total \$120.00 or +

### ■ Rx: Spectacles

### ■ RTO: 1YR

### ■ CPT / ICD

- 92015 / Myopia (367.1) = \$20.00
- 99214 / Cataract (366.16) = \$100.00  
or 92014 (\$110)

- Total \$120.00 or +
- **CASE 2: Blepharoconjunctivitis**
- **CPT / ICD**
  - 99213 or 92012 / Blepharitis (373.00) = \$60.00 or \$75.00
- **Rx: Bacitracin Oint hs / Tobradex qid / Lid Hygiene / AFTs**
- **RTO: 1 WK**
- **CPT / ICD**
  - 99212 / Blepharitis (373.00) = \$40.00
  - Total \$100.00 or \$115
- **CASE 3: Allergic Conjunctivitis**
- **CPT / ICD**
  - 99213 or 92012 / Conjunctivitis allergic (372.14)
  - \$60.00 or \$75.00



- Rx: Pataday QD / Cold Packs / AFTs
- RTO: 1 WK
- CPT / ICD
  - 99212 or 92012 / Conjunctivitis, allergic (372.14) = \$40.00 or \$75.00
  - Total \$100.00 or \$150.00
- CASE 4: Rosacea (Skin & Eye)
- CPT / ICD
  - 99213 or 92012 Meibomianitis (373.12) / Acne Rosacea (695.30) = \$60.00 or \$75.00
  - 92285 / (370.01) Marginal keratitis = \$25.00
  - Total \$ 85.00 or \$100.00
- Rx: Zylet QID / Lid Hygiene (foams) / Doxycycline 50mg BID

/ MetroCream 0.75% BID

RTO: 2 D

■ CPT / ICD

- 99212 or 99213 / Meimbomianitis  
(373.12) = \$40.00 or \$75.00
- Total \$125.00 or 175.00

■ Case 5 : Conjunctival Foreign  
Body

■ CPT / ICD

- 99213-25 / SPK (370.21) = \$60.00  
or 92012 (\$75)
- 92285 / SPK (370.21) = \$25.00
- 65210 / Conj FB (931.8) = \$65.00
- Total \$150.00 or \$165

■ Rx: Acular QID / AFTs /  
Besivance TID

■ RTO: 1 Day / PRN

■ CASE 6: Corneal Foreign Body

## ■ CPT / ICD

- 99213-25 / Abrasion (918.1) = \$60.00 or 92012 (\$75)
- 99285 / Abrasion (918.1) = \$25.00
- 65222 / Corneal Foreign Body (930.00) = \$70.00
- Total \$ 155.00 or \$170

## ■ Rx: Acular LS QID / Zymar QID / Patch +/- Ibuprofen 400mg

## ■ RTO: 1 Day

## ■ CASE 7: Misdirected Lashes

## ■ CPT / ICD

- 99213-25 / SPK (370.21) = \$60.00 or 92012 (\$75)
- 92285 / SPK (370.21) = \$25.00
- 67820/ Trichiasis w/o entropion (374.05) = \$50.00
- Total \$135.00 or \$150

## ■ Rx: Xibrom BID / AFTs

- RTO: 1 Day / PRN
- CASE 8: Corneal Erosion
- CPT / ICD
  - 99213 / Recurrent Corneal Erosion  
(371.42) = \$60.00
  - 92070 / Recurrent Corneal Erosion  
(371.42) = \$70.00
  - Total \$130.00
- Rx: Vigamox TID / Nevanac TID  
/ Bandage SCL / Doxycycline  
50mg qd optional
- RTO: 1 Day
- CPT / ICD
  - 99212 or 92012 / Recurrent Corneal  
Erosion (371.42) = \$40.00 or  
\$75.00
  - Total \$170.00 or \$205.00

- **CASE 9: Bacterial Keratitis**
- **CPT / ICD**
  - 99213 or 92012 / Bacterial Keratitis (370.03) = \$60.00 or \$75.00
  - 92285 / Bacterial Keratitis (370.03) = \$25.00
  - Total \$85.00 or \$100.00
- **Rx: IQUIX q2h**
- **RTO: 1 Day**
- **E/M: 99212 or 99213 or.....?**
  - Total \$145.00 and up
- **CASE 10: Central Serous Retinopathy**
- **CPT / ICD**
  - 99213 / Central serous retinopathy (362.41) = \$60.00
  - 92225-LT / Central serous retinopathy (362.41) = \$20.00

- 92250 / Central serous retinopathy (362.41) = \$70.00
- Total \$150.00
- Rx: Observation RTO: 1 Mos
- CPT / ICD
  - 99213 / Central serous retinopathy (362.41) = \$60.00
  - 92226-LT / Central serous retinopathy (362.41) = \$20.00
  - 92134 / Central serous retinopathy (362.41) = \$50.00
  - Total \$270.00
- CASE 11: Epiretinal Membrane
- CPT / ICD
  - 99214 / Macular puckering (362.56) = \$60.00
  - 92225-LT / Macular puckering (362.56) = \$20.00

- 92250 / Macular puckering (362.56)  
= \$70.00
  - Total \$160.00
- Rx: Observation RTO: 1 Mos
- CPT / ICD
  - 99213 / Macular puckering (362.56)  
= \$60.00
  - 92226-LT / Macular puckering  
(362.56) = \$20.00
  - 92134 / Macular puckering  
(362.56) = \$40.00
  - Total \$280.00
- CASE 12: Macular  
Degeneration/Dry
- CPT / ICD
  - 99203 / Age Related Macular  
Degeneration (362.51) = \$100.
  - 92225-RT, 92225-LT / (362.51) = \$40.00
  - 92250 / (362.51) = \$70.00
  - Total \$210.00

- Rx: Amsler Grid (or PHP) / MPOD (cash) / Vitamins (Cash) / Genetic testing to set risk
- RTO: 6 Mos or sooner
- CPT / ICD
  - 99213 / 92134 / (362.51) = \$100.00
  - Total \$310.00 plus MPOD and Vitamins
- CASE 13: Macular Degeneration/Wet
- CPT / ICD
  - 99203 / Age Related Macular Degeneration (362.52) = \$100.
  - 92225-RT, 92225-LT / (362.52) = \$40.00
  - 92250 / (362.51) = \$70.00
  - Total \$210.00
- Rx: Amsler Grid (or PHP) / MPOD (cash) / Vitamins / Consult Retina for IVFA and treatment
- RTO: 6 Mos
- CPT / ICD



- 99213 / 92134 / 92082 (PHP) / (362.52) = \$150.00
- Total \$360.00 insurance plus MPOD testing and Vitamin sales
- **CASE 14: High Risk Medications**
- **CPT / ICD**
  - 99213 / Rheumatoid Arthritis (714.0), High Risk Medical Treatment (V58.69) = \$60.00
  - 92226-RT, 92226-LT / (714.0, V58.69) = \$40.00
  - 92083 / (714.0, V58.69) = \$70.00
  - Total \$170.00
- **Rx: Observation**
- **RTO: 6 Mos**
- **CPT / ICD**
  - Same as above = \$170.00
  - Total \$340.00
- **CASE 15: Dermatitis**

■ CPT / ICD

- 99213 or 92012 / Dermatitis (373.32) = \$60.00 or \$75.00
- 92285 / (373.32) = \$25.00
- Total \$85.00 or \$100

■ Hydrocortisone 1.0% QID / Cold Packs

■ RTO: 1 WK

■ CPT / ICD

- 99212 / (373.32) = \$40.00
- Total \$125.00 – \$140.00

■ CASE 16: Glaucoma Suspect

■ CPT / ICD

- 99214 / Glaucoma Suspect (365.01) = \$100.00 or 92014 (\$110)
- 92020 / (365.01) = \$25.00
- 76514 / (365.01) = \$15.00
- 92250 / (365.01) = \$70.00
- 92083 / (365.01) = \$80.00

■ CPT / ICD

- 99213 or 92012 / (365.01) = \$60.00 or \$75.00
  - 92133 / (365.01) = \$50.00
  - Total \$400.00 or \$425.00
- **Dx: Complete testing battery in two visits**
- **Rx: Initiate or continue treatment or consultation-MD**
- **Use V58.69 in addition to ICD code when changing medications in a glaucoma patient**
- **CASE 17: Neovascular glaucoma**
- **CPT / ICD**
  - 92012 / Glaucoma assoc w vascular disorders (365.63) = \$75.00
  - 92132 / goniosynechia (364.73) = \$35.00
  - Total \$108.00
- **Rx: Combigan BID OS,  
PredForte BID OS**

- RTO: 1 WK
- E/M: 99212 or 99213 or....plus gonioscopy.?
  - Total \$130.00 and up
- CASE 18: Punctal Occlusion of Dry Eye
- Dx: Documentation: Narrative & Shirmer Strips
- CPT / ICD Temporary Collagen Plugs
  - 99214-25 / Dry Eye Syndrome (370.33) = \$100.00
  - 68761-E2 / (370.33) = \$135.00
  - 68761-E4 / (370.33) = \$135.00 (Paid at 50% allowable)
  - Total \$300.00
- E/M: Permanent Silicone Plugs

- 99212-25, 68761-E2, 68761-E4 / (370.33) = \$240.00
- RTO: >10 Days After Permanent Punctal Occlusion
- Total \$540.00
- CASE 19: Cataract Co-Management
- CPT / ICD
  - 66984-55, RT or LT / 366.16
  - Date of Service-is date of surgery
  - Range Dates-starts on date of transfer of care from MD to OD, ends 90 days from date of surgery
  - MD name and NPI
- Rx: Post-Operative Care
- RTO: Outcome dependant
- E/M: 92015 and Material/Hardware Codes (DME)

- 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!**

- Primary Eyecare Network
  - 1.800.444.9230      [www.primaryeye.net](http://www.primaryeye.net)
  - ***Medicare Compliance Kit***
    - Health History Questionnaire
    - Examination Forms
    - E/M Worksheets
    - ICD-9 Codes
    - Interpretation/Report form
  - ***Medicare A-Z Manual***
  - Superbills / Signature on File stickers /  
Electronic Claims

- *HIPAA Compliance Manual*
- *PQRS Card*