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Coding Competencies for Ophthalmic Techs –
2019 Coding Update

OAO Ophthalmic Medical Technology
Friday, March 8, 2019
Joy Woodke, COE, OCS, OCSR

Financial Disclosure

Joy Woodke, COE, OCS

- **This presenter does not have a financial interest or relationship to disclose relative to this activity.**
- NOTE: Ms. Woodke has disclosed that she serves as an American Academy of Ophthalmology Codequest Instructor and Private Consultant.

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Coding Competency

- What you need to know: (WYNTK)
  - Diagnostic testing services
  - Modifiers
  - Appropriately linking ICD-10 codes
  - Understanding insurance policies
  - Ongoing coding education
    - Resources

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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.

Diagnostic Testing Services

- Supervision rules
  - Each test includes what type of supervision is required when performed.
  - Medicare Part B recognizes three types:

General	Physician presence not required, but must be immediately available
Direct	Physician must be onsite and immediately available
Personal	Physician must be in room

Diagnostic Testing Services

- Ophthalmic tests that have direct supervision

76510	Diagnostic A/B scan	92235	FA
76511	Quantitative A-scan	92240	ICG
76512	B-scan	92242	FA and ICG same day
76513	Anterior seg. ultrasound	95930	VEP

Diagnostic Testing Services

- Supervision rules
  - For commercial plans:
  - All tests require direct supervision unless payer following CMS rules.
  - Remember for solo practices that auditors are looking to see where the physician is when testing is performed.
- Tests performed by the physician do not have supervision rules, example:
  - 92020 Gonioscopy
  - 92071 Fitting of contact lens for ocular surface disease

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Competencies

Diagnostic Testing Services

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Question #1

- The patient is positioned at the equipment and more than one test is performed. How many tests can be submitted for payment?

A. All tests performed.

B. The one test that pays the most.

C. Only the test that provides the most information for the physician should be submitted for payment.

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Question #2

- An established patient is scheduled for CPT code 92083 Visual field with the technician. The physician included in the order to check IOP. How should this be submitted?

A. 92083

B. 99211-25 + 92083

C. 99211

Question 2: More To The Story

- All testing services are bundled with the 99211 Technician code.
- Since there is an order (which is not a standing order) to check IOP, modifier -25 must be appended to 99211 to break the bundle.
- Since an exam is performed by staff and billed "incident-to", the physician must be on-site and sign the medical record.
- Many practices submit the visual field only.

Question #3

- When detecting disease or abnormal findings in posterior segment, which of the following is true regarding Optomap:

A. It is not billable to insurance. Patient would be responsible for payment.

B. 92499 Unlisted ophthalmological service

C. 92250 Fundus photography

D. 92235 Fluorescein angiography

E. Both C & D

Question #4

- Which test is not included in the exam?

A. Gross visual fields

B. Lissamine green tear test

C. Tear osmolarity test

D. Amsler grid

Question #5 - BONUS

- What is not billable to Medicare Part B when a patient is in a skilled nursing facility?

A. Technical component of tests (-TC)

B. Professional component of tests (-26)

C. Tests are not payable while the patient is in a SNF.

Modifiers

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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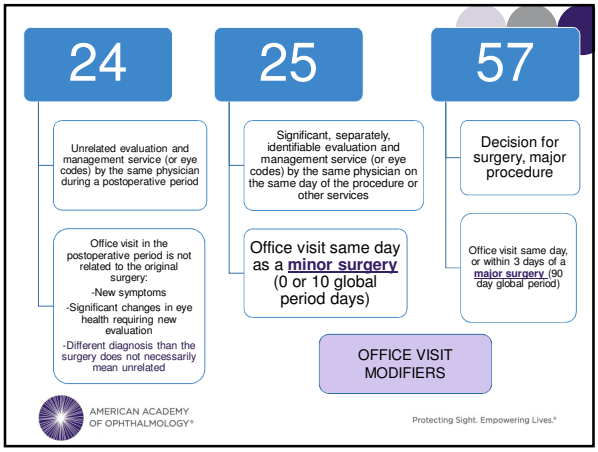

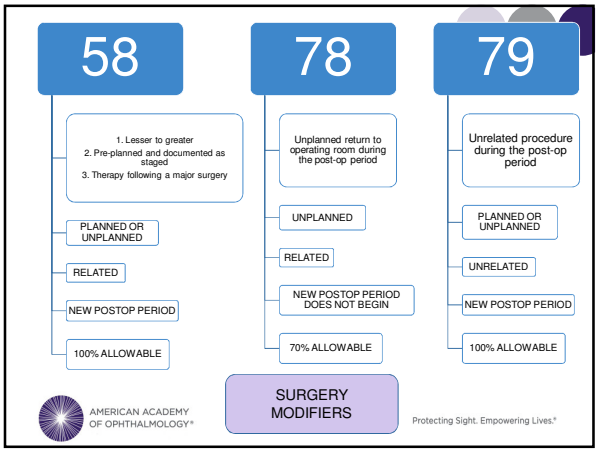

Modifier Mayhem

- Do not append surgery modifiers to testing services

92134-79
92235-58

- Do not append office visit modifiers to surgeries

67028-25
67108-57

- Do not append eye modifiers to office visits

92004-RT
99214-LT

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Competencies

Modifiers

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Question 1

- Diagnostic testing performed during a global period is not payable.

A. True
B. False

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Question 1: More to the Story

- An exception may be CPT codes 92225 and 92226 Extended or subsequent ophthalmoscopy.
- Payers may deem it more of an exam than a test.

Question 2

- During the postoperative period of a YAG PI laser in the left eye, the patient is seen for conjunctivitis in the right eye

Select the correct coding:

A. 92XXX or 99XXX -79

B. 92XXX or 99XXX -24

C. 92XXX or 99XXX -25

Question 3

- Patient seen today, history of -
  - Cataract extraction plus IOL in the right eye February 1, 2019
  - Cataract extraction plus IOL in the left eye February 8, 2019
  - Office visit March 7th patient complains “cataract has grown back in the right eye”
  - YAG capsulotomy is scheduled: 66821
    - ICD-10: H26.491

Question 3

- Is the exam billable with modifier -24?

A. Yes
B. No

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Question 3

- What modifier should be appended to the YAG laser 66821?

A. -58-RT
B. -78-RT
C. -79-RT
D. -78-79-RT

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Question 4

- Established patient is seen for a growth on the right upper eyelid. Patient has been using hot packs and the lid is still inflamed.
- Diagnosis: Chalazion, RUL. Removal of chalazion performed today.
- ICD-10 H00.11

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Question 4

- Correct coding for this encounter

A. Exam -57 + 67800
B. Exam + 67800
C. 67800 only
D. Exam -25 + 67800

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ICD-10-CM

Diagnosis Link

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Linking ICD-10

- What you need to know
  - Appropriately link the ICD-10 code to each CPT billed during an encounter based on medical necessity
  - Payers may deny a CPT when the incorrect or non-covered ICD-10 is linked
  - If the diagnosis code includes laterality, the correct eye should be linked to each CPT
  - If an eye of eyelid modifier is appended to a CPT code, the diagnosis should match

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Linking ICD-10

- Patient diagnosed with nuclear sclerotic cataract, requires cataract surgery bilateral, OD first.
- Exam would be billed as
  - 92XXX or 99XXX,
  - H25.11 (NS cataract OD) and H25.12 (NS cataract OS), or H25.13 (bilateral)
  - Biometry – 92136 or 76519 with H25.11
- First surgery would be billed as:
  - 66984 -RT with H25.11

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Question 1

- New patient has a comprehensive examination
- Comprehensive exam 92004
- Diagnosis codes
  - Cataract, PSC OD H25.041
  - POAG, mild OU H40.1131
  - CME, OD H35.351
- Tests performed
  - Visual field 92083
  - PS OCT 92134

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Question 1

- Correct diagnosis link for this encounter

A. 92004 H25.041, H40.1131, H35.351
92083 H25.041, H40.1131, H35.351
92134 H25.041, H40.1131, H35.351

B. 92004 H25.041, H40.1131, H35.351
92083 H25.041, H40.1131
92134 H25.041 H35.351

C. 92004 H25.041, H40.1131, H35.351
92083 H40.1131
92134 H35.351

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Question 2

- An established patient is seen today, intermediate exam completed
- Diagnosis:
  - PCO, OU: H26.493
  - Dry Eye Syndrome OU, H04.123
- Sample artificial tears
- YAG OD today, schedule YAG OS next week

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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

JF Current Policies

Avastin
- A53009 Updated Aug. 21, 2017 with effective date Oct. 1, 2017

Blepharoplasty
- L36286 Updated Aug. 30, 2018 with effective date Oct. 1, 2018

Botox
- L35172 Updated Oct. 8, 2018 with effective date Oct. 1, 2018

Cataract surgery
- L37027 Updated Aug. 9, 2017 with effective date Oct. 10, 2017

Category III codes
- A55681 Updated July 10, 2018 with effective date July 1, 2018

Cosmetic vs reconstructive surgery
- A52729 Updated March 31, 2014 with effective date Oct. 1, 2015

Dropless cataract surgery
- A53917 Updated Dec. 28, 2014 with effective date Oct. 1, 2015

JW Modifier
- A55932 Updated March 13, 2018 with effective date Jan. 1, 2018

Incident to services
- A55214 Updated July 19, 2016 with effective date Oct. 1, 2015

Lesion removal
- L33979 Updated Sept. 6, 2018 with effective date Oct. 1, 2018

Noncovered services
- L35008 Updated Jan. 10, 2019 with effective date Jan. 1, 2019

Visual evoked potential (VEP)
- L34072 Updated Aug. 30, 2017 with effective date Oct. 1, 2017

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Question 1

- When scheduling a Medicare Part B patient for cataract surgery some of the documentation necessary to confirm medical necessity includes:

A. Patient complaint of visual impairment consistent with documented inability to function while performing activities of daily living (ADL)

B. Vision not correctable with a tolerable change in glasses, BCVA completed

C. B-Scan and Corneal Topography

D. A and B

E. All of the above

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Noridian LCD L37027- Cataract Surgery

Certain testing would ***not*** be anticipated to be required in a pre-operative workup when performing routine cataract surgery. These include, but are not limited to:

a. B-Scan/Ultrasound of the Posterior Segment
b. Glare Testing
c. Brightness Acuity Testing
d. Low-contrast visual acuity testing
e. Contrast sensitivity testing
f. Potential vision testing
g. Formal visual fields
h. Fluorescein angiography
i. External photography
j. Corneal pachymetry/specular microscopy
k. Specialized color vision tests
l. Electrophysiological tests

However, there may be legitimate reasons to perform these tests. For example (other reasonable examples are possible):

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Question 2

- According to Noridian (L33979) which of the following conditions would **not** be a medically necessary reason for benign skin lesion removal ?

A. Bleeding
B. Obstruction of vision
C. Irritation
D. Evidence of inflammation (ie purulence, oozing, edema)
E. Intense itching

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Noridian LCD L33979- Lesion Removal

Medicare will consider the removal of benign skin lesions as medically necessary, and not cosmetic, if one or more of the following conditions is present and clearly documented in the medical record:

A. The lesion has one or more of the following characteristics:
1. bleeding
2. intense itching
3. pain

B. The lesion has physical evidence of inflammation, e.g., purulence, oozing, edema, erythema.

C. The lesion obstructs an orifice or clinically restricts vision.

D. The clinical diagnosis is uncertain, particularly where malignancy is a realistic consideration based on lesional appearance (e.g. non-response to conventional treatment, or change in appearance). **However, if the diagnosis is uncertain, either biopsy or removal may be more prudent than destruction.**

E. A prior biopsy suggests or is indicative of lesion malignancy or premalignancy.

F. The lesion is in an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has in fact occurred.

G. Wart removals will be covered under (a) through (f) above. In addition, wart destruction will be covered when the following clinical circumstance is present:

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Question 3

- According to Noridian Local Coverage Article (A53009) for Intravitreal injection of Avastin, which of the following diagnosis code is only covered with a secondary diagnosis?

A. E11.331- Type 2 NPDR with edema

B. H34.83X1- BRVO with retinal neovascularization

C. H35.05- Retinal neovascularization

D. H35.32X3 – Wet AMD, with inactive scar

Noridian – LC Article A53009

Group 2 Paragraph:

*H35.051, H35.052 or H35.053 Requires a secondary code describing cause:

Group 2 Codes:
ICD-10 Codes that are covered Information Table

Code	Description
B39.4	Histoplasmosis capsulati, unspecified
B39.5	Histoplasmosis duboisii
B39.9	Histoplasmosis, unspecified
H32	Chorioretinal disorders in diseases classified elsewhere
H44.21	Degenerative myopia, right eye
H44.22	Degenerative myopia, left eye
H44.23	Degenerative myopia, bilateral
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral eye
H44.2B1	Degenerative myopia with macular hole, right eye
H44.2B2	Degenerative myopia with macular hole, left eye
H44.2B3	Degenerative myopia with macular hole, bilateral eye
H44.2C1	Degenerative myopia with retinal detachment, right eye
H44.2C2	Degenerative myopia with retinal detachment, left eye
H44.2C3	Degenerative myopia with retinal detachment, bilateral eye
H44.2D1	Degenerative myopia with foveoschisis, right eye
H44.2D2	Degenerative myopia with foveoschisis, left eye
H44.2D3	Degenerative myopia with foveoschisis, bilateral eye
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral eye

Insurance Policies

- Do ALL carriers follow these same rules?

A. YES

B. NO

Continuing Education

Coding Updates
And Resources

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Deleted Code

- **92275** Electroretinography
  - General supervision
  - Deleted January 1, 2019
- Changes made so that appropriate coding and tracking of the different types of ERG testing are now possible.

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New ERG CPT Codes

- **92273** Electroretinography (ERG) with interpretation and report; full field (eg, ffERG, flash ERG, Ganzfeld ERG)
- **92274** Electroretinography (ERG) with interpretation and report; multifocal (mfERG)
- **0509T** Electroretinography (ERG) with interpretation and report, pattern (PERG)

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ICD-10 updated 10/1/2018

- Expanded lid and laterality, more specific
- Blepharitis
- Lagophthamlos
- Clonic hemifacial spasm

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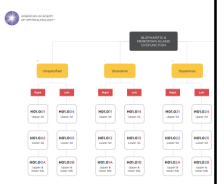
Resources



- aao.org/icd10
  - Decision Trees
- ICD-10 for Ophthalmology book
  - aao.org/store
- Local Coverage Determinations
  - aao.org/lcds
- ICD-10 to CPT Code Link
  - Coding Coach Complete Ophthalmic Reference
  - Complete Guide to Retina Coding

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Why should you learn?

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Career Development

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

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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

aao.org/codequest

Instructor: Joy Woodke, COE, OCS, OCSR

Where: Sheraton Portland Airport Hotel
8235 Northeast Airport Way
Portland, Oregon

Registration deadlines: **Early** Feb 16 | **Standard** Mar. 23 | **Late/Onsite** Mar. 24 to Apr. 6

Schedule

7 a.m.	Registration, Check-in & Breakfast
8 a.m.	Program Begins
9:30 to 9:45 a.m.	Break
12:15 p.m.	Program Ends

Mark your calendars !
Join me for
Oregon Codequest

Saturday,
April 6, 2019

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