Understanding the New Medicare Guidelines - II

John A. McGreal Jr., O.D.
Missouri Eye Associates
McGreal Educational Institute

2009 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 Understand HCPCS and PQRI code sets
  - How To Implement a Compliance Plan
### 2006 Medicare Fee Schedule

#### Office Visits

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#### Consultations

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#### Screening Test

**99173**

- New HCPCS 2000 Addition
- Screening test of visual acuity
  - bilateral
  - quantitative
Glaucoma Screen, High Risk
G0117

HCPCS 2002 Addition
- Screening test for glaucoma in Medicare beneficiaries
- Criteria - Family history of glaucoma, African American > 50 years, Diabetes
- Service provided by an optometrist or ophthalmologist
  - Dilated eye examination with IOP
  - Direct ophthalmoscopy or slit lamp biomicroscopy
- Fee $40.07- (office) / $41.50

Glaucoma Screen, High Risk
G0117

- Eligibility - May be performed annually in patients who have not had another eye examination within 11 months following the month in which the last covered glaucoma screening examination was performed. Counting begins AFTER the month in which the previous screening procedure was performed.
- Patient has specific complaint or symptom that might indicate glaucoma or to monitor an existing medical condition of a patient who has a history of elevated pressure or other signs of possible glaucoma.
- ICD Code V80.1 (all others denied)

Glaucoma Screen, High Risk
G0117

- Deductibles & coinsurance will apply
- Payment made according to Fee schedule
- Limiting charge applies when assignment is not accepted
- Coverage intent – not to provide glaucoma screening services in established patients being followed with other ocular diagnoses.
- G0118 - …under the direct supervision of an optometrist or ophthalmologist
**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 $25.47

**Visual Field 9208x**
- Bilateral
- Requires Interpretation
  - separate report form
  - narrative in body of medical record, on date of service
- Fee (-81) / $46.18
- Fee (-82) / $59.09
- Fee (-83) / $68.17
Why Is Early AMD Diagnosis Important?

- Lesion size was a more significant factor affecting treatment benefit than either:
  1. Lesion composition
  2. Baseline visual acuity

TAP and VIP Report 1, AJO, Sept., 2003

Average CNV Presentation

- Average size: ~3300 μ
- Location:
  - 80% Subfoveal
  - 20% Extrafoveal
- Initial Vision:
  - 20% > 20/40
  - 40% 20/50 – 20/200
  - 40% < 20/200

Olsen, TW Ophthalmology Feb, 2004

Inherent Faults of the Amsler Grid

- Completion
  - The Amsler Grid does not overcome cortical completion

- Fixation
  - The Amsler Grid does not force fixation

- Crowding
  - Inhibition by neighboring peripheral lines reduces detection
The human ability to perceive minute differences in the relative spatial localization of two objects in space.

The brain is exceptionally sensitized to the detection of small shifts in the co-linear arrangement of photoreceptors.

**Foresee PHP™ Technology**

**Vernier Acuity**

- 2 sec arc

**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 ($21.69)  92226 ($19.53)

**Fundus Photography**

92250

- Bilateral
- Not Bundled
- Requires Interpretation
- Fee $69.46
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 $42.12

Special Anterior Segment Photography  
92286

- With specular endothelial microscopy and cell count
  - Ex: Konan specular microscope
- Bilateral
- Not Bundled
- Requires Interpretation and report
- Fee $101.04

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
- 379.32 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
**RPS AdenoDetector 87899**
- Bilateral
- Infectious agent detection by immunoassay with direct observation, not otherwise specified
- Modifier: QW for CLIA waived products
- ICD-9 Positive test result
  - 077.3 Other adenoviral conjunctivitis; acute follicular conj
  - 077.99 Other diseases of conjunctiva due to viruses
- ICD-9 Negative test result
  - 372.02 Acute follicular conjunctivitis, excludes EKC, PCF
  - 372.05 Acute atopic conjunctivitis
- Fee $17.52

**Fluorescein Angiography 92235 Indocyanine-Green 92240**
- Unilateral
- Not Bundled
- Requires Interpretation & Report
- Fee 92235 $122.55) 92240 $254.30)

**Serial Tonometry 92100**
- Bilateral
- Requires Interpretation & Report
  - Example: Angle closure glaucoma
  - multiple measurements over time
- Fee $85.60
Scanning Computerized Ophthalmic Diagnostic Imaging

92135

- Unilateral
- Applies to glaucoma and retinal evaluations
  - Heidelberg / Heidelberg Retinal Topography (HRT III)
  - Carl Zeiss / Optical Coherence Tomography (OCT)
  - Carl Zeiss / Laser Diagnostic Technology (GDX)
  - Marco / Retinal Thickness Analyzer (RTA)
- Requires Interpretation & report
- Fee $45.64

Scanning Laser Covered Diagnosis List

- 362.85 retinal nerve fiber bundle defects 377.00-377.04
- 364.22 glaucomatocyclitic crisis Papilledema
- 364.53 pigmentary iris degeneration
- 364.73 goniosynechiae
- 364.74 pupillary membranes
- 364.77 recession of the angle
- 365.00-365.9 glaucoma
- 368.40-368.45 visual field defects
- 377.9 unspecified disorder of optic nerve or pathways

Scanning Laser 92135

- Moderate Damage - payable once or twice per year, not with a field
- Visual field examples
  - moderate reduction in retinal sensitivity
  - temporal wedge
- Optic Nerve examples
  - enlarged cup with sloped or pale rim
  - focal notch
  - rim/disc >0.1 but <0.2
  - prominent lamina cribrosa
Scanning Laser
92135

- Advanced Damage - *rarely payable, fields more valuable*
  - Visual field examples
    - loss of central vision
    - temporal island remains
    - severe reduction in retinal sensitivity
    - absolute defects to within 3 degrees of fixation
  - Optic Nerve examples
    - rim destroyed
    - rim/disc ratio<0.1

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 $11.42

Reichert IOPac

- Portable
- Battery operated
- Stores up to 1000 pts.
- USB and infrared interface
- Download to PC and printer
- Detachable probe
  - Easily replaced if necessary
  - 888 849 8955
Correction Trichiasis
67820*
- Epilation
- By forceps
- ICD-9
  - 374.05 Trichiasis without entropion
  - 374.01 Senile entropion
- Fee $54.29

Computerized Corneal Topography
92025
- Bilateral or unilateral
- Requires interpretation & report
- No limitations to diagnostic groups in most states
- Fee $28.47

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 $62.97

Multiple Punctures of Anterior Cornea 65600

- Unilateral
- Stromal Tattoo
- 25 gauge needle
- ICD-9
  - 371.70 Unspecified Corneal Deformity
- Fee $301.86
Removal of Foreign Body
65205*

- External Eye, Conjunctiva
  - superficial
  - scleral, non-perforating
- ICD-9
  - 930.18 FB in cul-de-sac
- Fee $48.82

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
- Fee $59.74

Removal of Foreign Body
65222*

- External Eye, Corneal
  - with Slit Lamp
- ICD-9
  - 930.0 FB in cornea
- Fee $65.75
Sensorimotor Examination
92060
- Quantitative measurement of ocular deviation
  - document all major fields of gaze
- Bilateral
- Requires interpretation and report
- Fee $48.93
- 92065 – Orthoptic and / or pleoptic training, with continuing medical direction and evaluation
- Fee $32.38

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 $103.08

Prolonged Physician Service
99354/99355
- Office or other outpatient setting
- Direct patient contact beyond the usual service
- List separately in addition to code for office or other outpatient E/M service
  - <30min Not reported separately
  - 30-74min 99354 X 1 (Fee $84.88/$93.36)
  - 75-104min 99354 X 1 and 99355 X 1
  - 105-134min 99354 X 1 and 99355 X 2
- 99355 - each additional 30 minutes (Fee $84.20/$92.33)
Unlisted Ophthalmic Procedure 92499

- Requires a paper claim
- Requires an attached letter of medical necessity
  - narrative description of the test
  - reasons test is needed for the care of the patient
- Requires Maximum documentation
- Examples
  - Tear assays, Shirmers
- Unlisted procedures on cornea, use 66999 (ex. LASIK)

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 $130.02

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
- 32 Mandated Services
- 50 Bilateral Procedure
- 24 Unrelated Service / Same Doctor
- 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
- E1- E4 Identifies Puncta

Comanagement of Surgery
- Procedures / 66984 / $639.69
- Global Periods - usually 90 days
- Value - up to 20%
- Modifiers (-54,-55)
- Range Dates
- Rules - Medicare Transfer Agreement in MD record
- Correspondence
- Legal/Political/Inter-professional Issues

Complicated Cataract Surgery
66982
- New CPT code for 2001/ $850.80
- Extracapsular cataract extraction with insertion of IOL, complex, requiring devices or techniques not generally used in routine cataract surgery
  - 2% 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
**A-Scan Ultrasounography**

76519

- With intraocular lens power calculation
- Manual method
- Including Interpretation & report
- Fee: $71.42-

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**Ophthalmic Biometry IOL Master**

92136

- **New** CPT code for 2002
- Partial coherence interferometry with intraocular lens power calculation
- IOL Master / Carl Zeiss Meditec
- Fee: $79.26

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**CASE 1: Cataract**

- CPT / ICD
  - 92015 / Myopia (367.1) = $20.00
  - 99203 / Cataract (366.16) = $95.00
  - Total $115.00
- Rx: Spectacles
- RTO: 1YR
- CPT / ICD
  - 92015 / Myopia (367.1) = $20.00
  - 99214 / Cataract (366.16) = $80.00
  - Total $100.00
CASE 2: Blepharoconjunctivitis

- CPT / ICD
  - 99213 or 92012 / Blepharitis (373.00) = $50.00 or $63.00
- Rx: Bacitracin Oint hs / Tobradex qid / Lid Hygiene / AFTs
- RTO: 1 WK
- CPT / ICD
  - 99212 / Blepharitis (373.00) = $45.00
  - Total $95.00 or $108.00

CASE 3: Allergic Conjunctivitis

- CPT / ICD
  - 99213 or 92012 / Conjunctivitis allergic (372.14)
  - $50.00 or $63.00
- Rx: Pataday QD / Cold Packs / AFTs
- RTO: 1 WK
- CPT / ICD
  - 99212 or 92012 / Conjunctivitis, allergic (372.14) = $45.00 or $63.00
  - Total $95.00 or $126.00

CASE 4: Rosacea (Skin & Eye)

- CPT / ICD
  - 99213 or 92012 Meibomianitis (373.12) / Acne Rosacea
    (695.30) = $50.00 or $63.00
  - 92285 / (370.01) Marginal keratitis = $45.00
  - Total $95.00 or $108.00
- Rx: Zylet QID / Lid Hygiene / Minocycline 50mg BID / MetroCream 0.75% BID
  - RTO: 2 D
- CPT / ICD
  - 99212 or 99213 / Meibomianitis (373.12) = $50.00 or $63.00
  - Total $145.00 or $171.00
CASE 5: Corneal Foreign Body

- **CPT / ICD**
  - 99213-25 / Abrasion (918.1) = $50.00
  - 99285 / Abrasion (918.1) = $45.00
  - 65222 / Corneal Foreign Body (930.00) = $65.00
  - Total $ 160.00
- **Rx:** Acular LS QID / Zymar QID / Patch +/- Ibuprofen 400mg
- **RTO:** 1 Day

CASE 6: Misdirected Lashes

- **CPT / ICD**
  - 99213-25 / SPK (370.21) = $50.00
  - 92285 / SPK (370.21) = $45.00
  - 67820 / Trichiasis (374.05) = $45.00
  - Total $140.00
- **Rx:** Xibrom BID / AFTs
- **RTO:** 1 Day / PRN

CASE 7: Corneal Erosion

- **CPT / ICD**
  - 99213 / Recurrent Corneal Erosion (371.42) = $50.00
  - 92070 / Recurrent Corneal Erosion (371.42) = $70.00
  - Total $120.00
- **Rx:** Vigamox TID / Nevanac TID / Bandage SCL
- **RTO:** 1 Day
- **CPT / ICD**
  - 99212 or 92012 / Recurrent Corneal Erosion (371.42) = $45.00 or $63.00
  - Total $165.00 or $183.00
CASE 8: Bacterial Keratitis
- CPT / ICD
  - 99213 or 92012 / Bacterial Keratitis (370.03) = $50.00 or $63.00
  - 92285 / Bacterial Keratitis (370.03) = $45.00
  - Total $95.00 or $108.00
- Rx: Zymar q2h
- RTO: 1 Day
- E/M: 99212 or 99213 or…..?
  - Total $145.00 and up

CASE 9: Central Serous Retinopathy
- CPT / ICD
  - 99213 / Central serous retinopathy (362.41) = $50.00
  - 92225-LT / Central serous retinopathy (362.41) = $20.00
  - 92250 / Central serous retinopathy (362.41) = $70.00
  - Total $140.00
- Rx: Observation
- RTO: 1 Mos
- CPT / ICD
  - 99213 / Central serous retinopathy (362.41) = $50.00
  - 92226-LT / Central serous retinopathy (362.41) = $20.00
  - 92135-LT / Central serous retinopathy (362.41) = $45.00
  - Total $255.00

CASE 10: Macular Degeneration
- CPT / ICD
  - 99203 / Age Related Macular Degeneration (362.51) = $95.
  - 92225-RT, 92225-LT / (362.51) = $40.00
  - 92250 / (362.51) = $70.00
  - Total $205.00
- Rx: Amsler Grid / Vitamins
- RTO: 6 Mos
- CPT / ICD
  - 99212 / 92135-RT, 92135-LT / (362.51) = $135.00
  - Total $340.00
CASE 11

- CPT / ICD
  - 99213 / Rheumatoid Arthritis (714.0), High Risk Medical Treatment (V58.69) = $50.00
  - 92226-RT, 92226-LT / (714.0, V58.69) = $40.00
  - 92083 / (714.0, V58.69) = $70.00
  - Total $160.00

- Rx: Observation
- RTO: 6 Mos

- CPT / ICD
  - Same as above = $160.00
  - Total $320.00

CASE 12

- CPT / ICD
  - 99213 or 92012 / Dermatitis (373.32) = $50.00 or $63.00
  - 92285 / (373.32) = $45.00
  - Total $95.00 or $108

- Hydrocortisone 1.0% QID / Cold Packs
- RTO: 1 WK

- CPT / ICD
  - 99212 / (373.32) = $45.00
  - Total $140.00 – $153.00

CASE 13: Glaucoma Suspect

- CPT / ICD
  - 99214 / Glaucoma Suspect (365.01) = $80.00
  - 92020 / (365.01) = $25.00
  - 76514 / (365.01) = $15.00
  - 92230 / (365.01) = $70.00
  - 92083 / (365.01) = $70.00

- CPT / ICD
  - 99213 or 92012 / (365.01) = $50.00 or $63.00
  - 92235-RT, 92235-LT / (365.01) = $90.00
  - Total $400.00 or $413.00

- Rx: Initiate or continue treatment or consultation-MD
- Use V58.69 in addition to ICD code when changing medications in a glaucoma patient
**CASE 14**

- **Dx:** Documentation: Narrative & Shirmer Strips
- **CPT / ICD Temporary Collagen Plugs**
  - 99214-25 / Dry Eye Syndrome (370.33) = $80.00
  - 68761-E2 / (370.33) = $125.00
  - 68761-E4 / (370.33) = $125.00 (Paid at 50% allowable)
  - Total $267.00
- **E/M: Permanent Silicone Plugs**
  - 99212-25, 68761-E2, 68761-E4 / (370.33) = $227.00
- **RTO:** >10 Days After Permanent Punctal Occlusion
- **Total $494.00**

**CASE 15**

- **CPT / ICD**
  - 66984-55, RT / 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
- **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
- 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
- PQRI Card

Thank you

Missouri Eye Associates
McGreal Educational Institute

Excellence in Optometric Education