Medical Eye vs. Well Vision: The Great Coding Dilemma

- The Problem
- The Current “Solutions”
- The Possible Solution
- The Challenge: Next Steps

Well Vision Examinations

- Well vision visits vs. Medical visits
- Many approaches around the country
- Many with validity
- All have unacceptable aspects
- Key: Consistency in coding, regardless of payment method

The Problem

Medical Eye vs. Well Vision

- How to code
- How to differentiate
- How to be consistent
- How to “play by the rules”
- CPT code for Well Vision Unlikely

Well Vision Examinations

- Why the problem?
  - Used to be carriers (MAC) have LCD for 92 code
  - Can require use of 92 codes for medical claims
  - Can require use of 99 codes for medical claims
  - Private carriers inconsistent on code use
  - May include refraction in 99 codes
  - May require 92 codes for well vision, sporadic
  - No longer 99 medical and 92 well vision

Well Vision Examinations Coding approaches across nation

- Use medical diagnosis for all examinations
- Routine coverage - refractive diagnosis
- Concerns:
  - Diagnosis based on payment
  - Creative diagnosing
Slide 6

H1  Not sure what this means here are you talking about Medical care below?
Yes-that routine is not focused.
Harvey, 5/17/2014

Slide 8

H2  Is this still true for MAC LCD? Have we reviewed all the carriers? If not we have to do this before we make this statement

Still true for private carriers certainly

For sure. Will do.
Harvey, 5/17/2014
Well Vision Examinations
Coding approaches across nation

- 92004/4 medical
- No well vision under this code
- 99 medical
- 92002/1 well vision
- Concern undercoding
- More than 7 elements performed

Medical vs Wellness
Patient with Medical Plan and separate well vision plan

- Case History
  - 68 yo established patient, not seen in 4 years
  - Reports decreased vision LE
- VA OD 20/30 OS 20/70
- Pupil equal, no APD
- EOM full, balanced
- Confrontation Fields Full to Finger Counting

Medical vs Wellness
Patient with Medical Plan and separate well vision plan

- More and more Medical Plans are adding wellness care
- Concern: “different” charge for same code

Well Vision Examinations
Coding approaches across nation

- Internally use S code for all well vision
- Internal code only
- Converted to “plan accepted code”
- All routine patients – would create same exam, same fee concept
- Payment method disregarded in coding
- 92 and 99 would be used only for medical
- Refraction separate
- Concerns “different” charge for same code

Medical vs Wellness
Patient with Medical Plan and separate well vision plan

- SL: Normal but Lens – nuclear sclerosis, cortical opacities OU
- IOP 18 OU
- Internalexam (volks super fundus 6, 20D)
- RPE changes + drusen OU
- Optic nerve and peripheral fundus = normal
- Amsler grid normal OU
- Diagnoses: Cataract, combined OU 366.19 ARMD, OU 362.51

Medical vs Wellness

- Many offices are faced with this dilemma
- More and more Medical Plans are adding wellness care
Options:
1. Perform vision well exam and reschedule for medical
2. Inquire upon patient arrive which plan intend to use
3. Bill Medical Carrier and use well vision coverage for glasses
4. Bill Medical carrier and cross file to well vision plan for refraction and glasses

The proper use of a coding systems is an important component for participation in any health care system.

Principles of Medical Record Documentation

1. Medical record should be complete and legible
2. Documentation of each encounter should include:
   a) Reason for encounter
   b) Relevant history
   c) Physical examination findings
   d) Prior diagnostic test results
   e) Assessment, clinical impression or diagnosis
   f) Plan of Care
   g) Date and Legible identity of the observer (Even if you are the ONLY provider?)
If this is a quote- reference it in on the slide

No Reference

Harvey, 5/17/2014
Coding Basics - Don't Fall Asleep

ICD-9-CM Diagnosis Codes
- Code to highest level of specificity
- Contains 3, 4, or 5 digits; be specific
- Find diagnosis in Alphabetical Index
- Verify diagnosis code in Numerical Index

ICD-10-CM Improvement
- Codes expanded to maximum of 7 characters
- Added:
  - Injury codes
  - Codes extensions for external causes of injury
  - Laterality
  - Trimester information
  - Alcohol and substance abuse
  - Postoperative complications

Coding Systems
- CPT Procedure Codes
  - What You Do
- ICD-9CM Diagnosis Codes
  - What You Find
- HCPCS Codes
  - What You Supplied (sometimes what you did)
- Modifiers
  - What's Different

ICD-9-CM Codes (Routine?)
- V41.0 Problems With Sight
- V41.1 Other Eye Problems
- V72.0 Examination of the Eyes and Vision
- 367.X Refractive Diagnosis Category

ICD-10-CM Improvement
- Harmonized with other classifications
  - DSM-IV - mental health disorders
  - ICD-O - cancer registries
  - Nursing
- Removed relationships with procedures/procedure codes
- Revised diabetes codes to be consistent with ADA categories

ICD-10 Codes (Routine?)
- Z01.00
  - Encounter for examination of eyes and vision without abnormal findings
- Z01.01
  - Encounter for examination of eyes and vision with abnormal findings
- Z97.3
  - Presence of spectacles and contact lenses

ICD-10-CM
- Organized by:
  - Index and Tables
    - Index to diseases and injury
    - Index to external causes of injury
    - Table of Neoplasms
    - Table of Drugs and Chemicals
    - Alphabetic list of terms with codes
    - Tabular list, a chronological list
    - Divided into chapters based on body system or condition
Supply of Ophthalmic Materials

- Medicare/Medicaid and Other Carriers
  - HCPCS Codes V2020 – V2799
  - HCPCS Codes Sxxxx
- Contact Lens and Spectacle Services,
- Ocular Prosthetics

Procedure Codes For Eye Health-Well Vision Services

- 92000 Series General Ophthalmological Services
- 99000 Series Evaluation and Management (E&M) Services
  - E-Codes
  - 99301 Preventative Medicine Services

New Patient Defined

New patient
Established patient

Evaluation and Management (E & M)

- 1995 vs 1997 guidelines for E&M codes
- 1997 simpler, have to specify in audit
- This is 1997 guidelines from CPT® 2012
- 99--- codes
- Office
- Hospital
- Nursing facility
- Psychiatric/sub acute
- Home

Medicare no longer covers consultations
There are private carriers who use the HCPCS codes as well so this is misleading I think

Got it

Harvey, 5/17/2014
Elements of E & M Codes

Major elements
- Chief Complaint – Always
- History
- Examination
- Medical decision-making

Other factors considered
- Counseling
- Coordination of care
- Nature of presenting problem
- Time

Elements of E & M Codes

- Chief Complaint
  - Always, every encounter
  - Concise statement describing
  - Symptom
  - Problem
  - Condition
  - Diagnosis
  - Physician recommended return
  - Any other factor related to reason for the encounter
  - Usually stated in the patient’s words

History of Present Illness

Chronological description of development of present illness from:
- First sign and/or symptom
- Previous encounter to present

Review of Systems

An inventory of body systems obtained via questions that identify signs/symptoms that patient may be experiencing or has experienced.

Elements
- Constitutional
- Ears, nose, throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Neurologic
- Endocrine
- Hematologic/Lymph
- Musculoskeletal

History of Present Illness

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- Constitutional
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- Musculoskeletal

Levels
- Basic: 1-3 elements
- Modifying factors
  - Associated signs/symptoms
- Extended: 4+ elements

1997 documentation guidelines
- Descriptions of the elements (e.g., location, quality, severity, etc.) or status of three chronic/active illnesses.

Review of Systems

Problem-oriented:
- + 1 system related to problem
Extended problem-oriented:
- + of 2-5 systems
Complete:
- + of 10 or more systems

Elements of E & M Codes

- Chief Complaint Examples
  - CC: Diarrhea
  - CC: Skin rash
  - CC: Headache
  - CC: Redness in eye
  - CC: Red eye-right
  - CC: Sore eye-right
  - CC: Sore eye-left
  - CC: Scratchy left eye

History of Present Illness

Chronological description of development of present illness from:
- First sign and/or symptom
- Previous encounter to present

Review of Systems

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Elements of E & M Codes

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  - Always, every encounter
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  - Symptom
  - Problem
  - Condition
  - Diagnosis
  - Physician recommended return
  - Any other factor related to reason for the encounter
  - Usually stated in the patient’s words
Past, Family, Social History

• Pertinent:
  • One in any of the three areas

• Complete:
  • One in all three areas for new
  • Two of three for established

Overall History Components

HPI Summary Table

Examination Elements
Examination Elements

Single System
- Slit lamp examination
  - Corneas
  - Anterior chambers
  - Crystalline lens
  - Measurement of intraocular pressures

Medical Decision-making

Number of possible diagnoses
- Amount - complexity of medical records, diagnostic tools, and/or other information
- Risk of significant complications, morbidity and/or mortality

Examination Elements

Single System
- Dilated fundus examination
- Ophthalmoscopic examination
- Optic discs
- Posterior segments
- PLUS - Orientation to time, place, person
- AND - Mood and affect (depression, anxiety, agitation)

Medical Decision-making

Other factors to secondarily consider
- Counseling
- Coordination of care
- Nature of presenting problem
- Time

Medical Decision-making

Low
- ≥ 2 Presenting problem(s)
- More complicated diagnostic procedures
- Management options

Medical Decision-making

Straightforward/Minimal
- One - Presenting problem(s)
- Simple - Diagnostic procedures
- Simple - Management options

Medical Decision-making

Low
- ≥ 2 Presenting problem(s)
- More complicated diagnostic procedures
- Management options

Medical Decision-making

Low
- ≥ 2 Presenting problem(s)
- More complicated diagnostic procedures
- Management options
## CPT Examples for Eye Care New Patients

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Initial office visit for a 10-year-old girl for determination of visual acuity as part of a summer camp physical (does not include determination of refractive error)</td>
</tr>
<tr>
<td>99205</td>
<td>Initial office visit for a 70-year-old diabetic patient with progressive visual field loss, advanced optic disc cupping and necrosis of retina.</td>
</tr>
</tbody>
</table>

## Elements of 99--- Codes

### Code History Exam Decision

<table>
<thead>
<tr>
<th>Code</th>
<th>History</th>
<th>Exam</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Problem Focused</td>
<td>Straightforward</td>
<td>Moderate</td>
</tr>
<tr>
<td>99203</td>
<td>Detailed</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>99205</td>
<td>Comp</td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>

## General Ophthalmologic Services

<table>
<thead>
<tr>
<th>CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>92002</td>
</tr>
<tr>
<td>92012</td>
</tr>
<tr>
<td>92004</td>
</tr>
<tr>
<td>92014</td>
</tr>
</tbody>
</table>
General Ophthalmologic Services

CPT® Codes

92002
Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

92004
• comprehensive, new patient, 1 or more visits

92012
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

92014
• comprehensive, established patient, 1 or more visits

CPT® Definition

Comprehensive Ophthalmological Services

g9202 and g9204
Introduction in CPT®

92002
Comprehensive ophthalmological services describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated: biomicroscopy, examination with cycloplegia or mydriasis and tonometry.

Always includes:
Initiation/continuation of diagnostic and treatment programs

92014
Intermediate ophthalmological services describes an evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external and adnexal examination and other diagnostic procedures as indicated; may include the use of mydriasis for ophthalmoscopy.

Always includes:
Initiation/continuation of diagnostic and treatment programs

Intermediate & Comprehensive Ophthalmological Services:

Medical decision-making cannot be separated from examining techniques.

- Slit lamp examination
- Keratometry
- Routine ophthalmoscopy
- Refractometry
- Tonometry
- Motor evaluation

Some Medicare Carriers further define what constitutes Intermediate and Comprehensive Ophthalmic Examinations.

This review helps in determining intermediate vs comprehensive service levels.
Ten Elements of Ophthalmologic Examination

- Confrontation fields
- Eyelids/adnexa
- Ocular motility
- Pupils/iris
- Cornea
- Anterior Chamber
- Lens
- Intraocular pressure
- Retina (ophthalmoscopy, periphery, and vessels)
- Optic disc

(Should be 12 elements including acuity and bulbar and palpebral conjunctiva but not always listed)

General Ophthalmologic Services

Comprehensive examination

Eight or more elements including:
- Fundus examination with dilation**
- Motor evaluation

**Note that CPT definitions do not require dilation but some carriers do some with further statement *with dilation unless contraindicated*.

Examples of Intermediate Services

- Established patient with known cataract not requiring comprehensive ophthalmological services
- Review of internal history
- External examination
- Ophthalmoscopy
- Biomicroscopy
- Tonometry
- Schirmer’s test
- Milt lens
- History
- General medical observation

Coding Guidelines

- Chief complaint/Reason for visit
- Documentation
- To establish medical necessity
- General medical observations
- Require dilation for 92004/92014-(? per CPT)
- Must include initiation/continuation of diagnostic and treatment programs

Summary

- General ophthalmologic code set requirements is more straightforward than E&M code set requirements
- Do NOT include refraction
- Some carriers have specific definitions for intermediate and comprehensive levels apparently beyond what CPT states

IMPORTANT: Initiation of diagnostic and treatment program seems to be the most audited item by Medicare
Describe services in which a special evaluation of part of the visual system is made, which goes beyond the services, or in which special treatment is given. Special ophthalmological services may be reported in addition to the general ophthalmological services or evaluation and management services.

### 92000 Series Codes
- **Extended Ophthalmoscopy**
- **Angiography (Fluorescein/Indocyanine Green)**
- **Fundus Photography**
- **Scanning Laser Technology**
- **Color Vision Examination**
- **Gonioscopy**
- **External Ocular Photography**
- **Sensorimotor Evaluation**
- **Visual Fields**

### General Ophthalmologic Services

#### Special Ophthalmological Services
- 92015 to 92140
  - Reported in addition to general ophthalmological services or E&M services
  - Interpretation and report by the physician or QHP is integral part of special ophthalmological services where indicated

### Refraction-92015
- **Determination of refractive state**
- **Statutorily not covered by Medicare**
- **RVU $20.42**
- **Consider Modifiers**

### S-Codes
- S0620 – routine ophthalmologic examination including refraction, new patient
- S0621 – routine ophthalmologic examination including refraction, established patient

### Routine Examination Codes?

#### S-CODES PROBLEMS
- No Evaluation
- No further definitions
- Insurers free to interpret at will

---

Effect of Lenses

With Lenses

Without Lenses

- **Determination of refractive state**
- **Statutorily not covered by Medicare**
- **RVU $20.42**
- **Consider Modifiers**

Identification of Lens Effects

Refraction not covered by Medicare

May file for denial

GY modifier may be necessary

- Indicates that the service is statutorily excluded from Medicare coverage

Annual dilated exam for diabetics

Special code for glaucoma screening

G0117 with V80.1

How about something routine?

- **S0620 – routine ophthalmologic examination including refraction, new patient**
- **S0621 – routine ophthalmologic examination including refraction, established patient**

**S-CODES PROBLEMS**

- No Evaluation
- No further definitions
- Insurers free to interpret at will
Preventative Medicine Codes

- CPT - Preventative Medicine Services
  - 99381-99397
  - Used to report the preventative medicine evaluation and management of infants, children, adolescents, and adults
  - Include the management of insignificant or trivial problems which do not require additional work.

Well Vision Examinations

Comparison of RBRVS Established Patient

<table>
<thead>
<tr>
<th>Preventative Medicine</th>
<th>General Ophthalmologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>99391 to 99397</td>
<td>90115 (Inter) 2.43</td>
</tr>
<tr>
<td>Range: 2.87 to 3.81</td>
<td>90114 (Comp) 3.12</td>
</tr>
<tr>
<td>Average: 3.38</td>
<td></td>
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Well Vision Examinations

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<tr>
<td>99381 to 99387</td>
<td>91061 (Inter) 2.32</td>
</tr>
<tr>
<td>Range: 3.10 to 4.64</td>
<td>91064 (Comp) 3.22</td>
</tr>
<tr>
<td>Average: 3.57</td>
<td></td>
</tr>
</tbody>
</table>

Preventative Medicine Codes

- New Patient
  - 99381 < 1 year old
  - 99382 1-4 years
  - 99383 5-11 years
  - 99384 12-17 years
  - 99385 18-39 years
  - 99386 40-64 years
  - 99387 >65 years

- Established Patient
  - 99391 < 1 year
  - 99392 1-4 years
  - 99393 5-11 years
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Well Vision Examinations

Possible Solution

- No single, simple answer
- Current system confusing at best
- No forthcoming “well vision code” from CPT
- Fear 92 codes will be deleted if approach CPT
- Can use existing CPT category 1 codes

REMEMBER:
- Consistency in coding REGARDLESS of payment source

Well Vision Examinations

Possible Future

- Preventative Medicine codes (99381-99397)
  - Approved by some carriers require for child (Superior Vision)
  - Currently little general use of this approach
- Encourage HIPAA compliance by payers
  - Refractinon not part of any other code
- Encourage HCPCS to delete S codes
  - May be after progress with Preventative Medicine codes

Well Vision Examinations

Take home message

- No single, simple answer
- Confusing system at best
- No forthcoming “well vision procedural code”
- Fear 92 codes will be deleted
- Can use existing category 1 codes

REMEMBER:
- Be consistent when coding across the board, REGARDLESS of payment method
Slide 102

H7  Are these new RBRVUs?
    Fixed
    Harvey, 5/17/2014

Slide 103

H6  Are these values current?
    Fixed
    Harvey, 5/17/2014