ICD-10: Decode the Mystery

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Disclosures

I am a member of Speakers Bureau for
and Valeant(B&L) but have no
financial interest in it.
I am the owner of OBC Billing
Specialists.

OBC Billing Specialists
www.claimdoctor.net  309-836-2456

Services We Provide
1. Credential doctors for all insurance plans
2. Submit Medical/ Routine Claims
   • Submit secondary claims
   • Bill Patient for Balance Due
   • Answer patient billing questions
3. ICD-10 Coding Booklet and Forms

What is Medical coding to an optometric practice?

OPPORTUNITY TO INCREASE PATIENT VOLUME AND FEE-GENERATED INCOME

Before You Start a Medical Optometric Practice you need to
1. Select insurance panels and credential for them
2. Decide how to submit your claims
3. Learn how to properly code and document exams and understand what procedures to perform

Insured Americans today

• According to recent Gallup Poll, more then 86% of US citizens are insured for medical care
• Almost 9 out 10 patients have medical coverage
Medicare Recipients

- 2013 Total Recipients
  - 49,000,000+
- 2030 Estimated Recipients
  - 80,000,000
- 1,000+ recipients per eye doctor
  - Source: CMS

How Do I Become Credentialed for Medicare?

GO TO:
Your Medicare carrier website and click on: Enrollment or https://pecos.cms.hhs.gov
or
Contact Kourtni or Ann at 309-836-2456 and they will submit application for you

Re-validate

- Current Medicare providers who applied prior to July 1st, 2011
- Re-submit 835I application and supporting documentation
- Do not need to redo 588 EFT and 460 participation agreement
- Application must be resubmitted within 10 days of receiving letter from Medicare

Other Insurances

MEDI CAL
- BCBS
- Medicaid
- Humana
- United Healthcare
- Cigna
- Wellpoint
- Anthem
- Medicare Advantage

ROUTINE
- DAVIS
- Spectera
- Superior
- VSP
- Eyemed
- Medicaid
- Avesis

Insurance Clearinghouses

- OPTUMI nsight
  http://www.optuminsight.com

- Gateway
  http://www.gatewayedi.com

Scenario #1 Not Efficient

- Submit claims with web-based clearinghouse (Gateway, ENS)
  - Must understand codes and modifiers
  - Resubmit denied claims
  - Submit secondary ins. claims
  - Send bill to patient for balance due
  - Hire/ train/ maintain billing person
Scenario #2  Efficient
- Practice management software
  - Must utilize clearinghouse
    - OPTUM! Insight, Gateway...
  - Must understand coding and modifiers
  - Resubmit denied claims
  - Submit claims to secondary ins.
  - Send bill to patient for balance due
  - Hire/train/maintain billing person

Scenario #3  Easiest and Efficient
- Practice management software, billing service and clearinghouse
- Doctor completes exam and documents diagnosis and procedure codes ONLY
- Billing service will submit secondary claims, resubmit denied claims and bill patient for balance due
- **No need to hire/train/maintain billing person**

Scenario #4  Easy and Low Cost
- **No practice management software**
- Utilize billing service
- Complete exam and document diagnosis and procedure codes
- Send claim and copy of insurance cards to billing service
- Billing service will submit secondary claims, resubmit denied claims and bill patient for balance due
- **No need to hire/train/maintain billing person**

Initial Steps for Building a Medical Optometric Practice
1. Review Medicare allowables to establish exam fees
2. Treat everything license allows and charge for every procedure performed
3. Invest in technology (Retinal Camera and OCT Scanning Laser)
- Resulted in 12 month increase of...
  - Additional $71,000 in fees

Patient Communication
- **Educate Patients**
  - Use form to explain med vs routine
  - Discuss procedure fees with patient
  - Explain to diabetic why their exam is medical and costs more
  - Patient responsibility if
    - No insurance
    - Health and vision insurance
    - Health insurance only

Medical Exam explanation for patient to read and sign
How do you explain medical versus routine to your patient

- Insurance companies set the rules and you are required to follow them
  - Routine diagnosis = routine exam
  - Medical diagnosis = medical exam

- Throw the insurance carriers under the bus

What code is used for a healthy eye exam?

- Healthy eye exam requires a refractive diagnosis
- May includes any/all tests like refraction, dilation,...
- 92002, 92012, 92004, 92014
- S-Codes
  - S0620 (Routine, new patient)
  - S0621 (Routine, est. patient)

99000 vs 92000 vs S-codes

- 99000 are always medical
- 92000 may be used for medical and routine
  - Some routine vision plans require them
- S0620 and S0621 are always routine

Medical versus Routine

**Medical**
- Chief Complaint (CC)
- Medical Necessity
- History
- Elements of Exam
- Medical decision-making
- Medical Diagnosis correlates with CC

**Routine**
- Chief Complaint
  - Refractive in Nature
- History
- Elements of Exam
- Low or no Medical decision-making
- Primary diagnosis is refractive

What if I find a medical problem during a routine exam?

- **Three Options**
  1. Finish routine exam and suggest patient come back for follow-up medical visit.
  2. Perform medical exam and have patient return for routine exam.
  3. Perform routine exam and additional supplementary tests.

GENERAL OPHTHALMOLOGICAL SERVICES

- 92015 (Refraction)
  - Must be unbundled from medical visit
- 92002/92012
  - Medical examination and evaluation with initiation/continuation of diagnostic and treatment plan
  - Intermediate exam including medical history, external exam, tonometry and possibly an internal ocular exam
  - Minimal decision-making required
  - Used for routine vision plans
GENERAL OPHTHALMOLOGICAL SERVICES continued...

- 92004/ 92014
  - Medical examination and evaluation with initiation/continuation of diagnostic and treatment plan
  - Comprehensive exam (minimum of 8 exam elements) including medical history, external and internal ocular exam, screening VF, tonometry and any additional techniques required to diagnose and treat
  - Used for routine vision plans
  - May involve multiple visits for one claim

What about routine vision plans and private pay patients?

- Most routine plans use 92000 codes but 92000 codes are medical
- **REMEMBER!!!!!!!!**
  - Every procedure code is assigned only one fee in your practice
  - Whatever you charge a Medical patient for 92000 is the same fee you must charge a routine vision plan/private pay for the same 92000 code
  - Routine plans will not pay the Medicare allowable so you will accept whatever the routine plan pays

Evaluation and Management Codes Used for Office Visits

- **New Patient**
  - 99201
  - 99202
  - 99203
  - 99204
  - 99205
  - Requires a medical diagnosis code

- **Established Patient**
  - 99211
  - 99212
  - 99213
  - 99214
  - 99215
  - Requires a medical diagnosis code

Which E/M Code?

- Determined by documentation of three elements
  - History
  - Physical Examination
  - Medical Decision-Making

Documentation of History

- **Chief Complaint or Reason for Visit**
- **History of Present Illness (HPI)**
- **Review of Systems (ROS)**
- **Past, Family and/ or Social History**

CHIEF COMPLAINT/REASON FOR VISIT PERFORMED BY STAFF

- Brief 2-3 word summary of problem
  - **Never** includes routine, glasses or contact lenses
  - Red eye, Blurry vision, Monitor cataract are acceptable
  - Must correlate with diagnosis
  - Reason for visit applies to follow up visits ordered by doctor
HISTORY OF PRESENT ILLNESS
PERFORMED BY DOCTOR

- **Location**
  - OD, OS, OU

- **Quality**
  - Painful, awareness

- **Severity**
  - Severe, mild, mod

- **Duration**
  - Min., hours, days

- **Timing**
  - New, on-going

- **Context**
  - Injury, Illness

- **Modifiers**
  - Taking med, drops

- **Symptoms**
  - Red, itchy, tearing

Review of Systems includes...

- Constitutional
- Integumentary
- Neurological
- Eyes
- Endocrine
- Ears, Nose, Mouth, Throat
- Respiratory
- Vascular/Cardiovascular
- Gastrointestinal
- Genitourinary
- Bones/Joints/Muscle
- Lymphatic/Hematologic
- Allergic/Immunologic
- Psychiatric

Past, Family and Social History
Includes

- Patient past history
- Family health history
- Lifestyle
- Marital Status

- **Tobacco Products**
  - Alcohol

Counsel patients on health effects of smoking (state funded 1-800-quitnow free access to professional counselors)

Four Types Of Medical History

- Problem-focused
- Expanded Problem-focused
- Detailed
- **COMPREHENSIVE**
  - Always Done at Initial Visit

Problem Focused

- Chief Complaint
- 1-3 Elements of the HPI
- No ROS
- No Past, Family or Social

Expanded Problem Focused

- Chief Complaint
- 1-3 Elements of HPI
- Ocular ROS
- No Past, Family or Social

Detailed

- Chief Complaint
- 4 Elements of the HPI
- Ocular ROS plus 2-8 systems
- 1 Element from the Past, Family or Social
Comprehensive Medical History

- Chief Complaint
- 4 Elements of HPI
- Ocular Review of Systems and Review 9 Additional Systems
- Complete Past, Family, and Social Hx

Elements of an Eye Exam

1. Visual Acuity
2. Visual Fields
3. Adnexa
4. EOM Motility
5. Pupils & Iri ses
6. Bulbar/ Palpebral Conjunctiva
7. SLE - Cornea
8. SLE - Lens
9. SLE - Ant Chamb
10. IOP
11. Optic Nerve
12. Posterior Seg
13. Orientation/ Mood and Affect

Types of Ocular Exam

- Problem-Focused
- Expanded Problem-Focused
- Detailed
- Comprehensive

Problem Focused

- Limited Exam of the Affected Body Area or Organ System
- 1 to 5 Elements of Eye Exam Documented

Expanded Problem Focused

- Limited Exam of the Affected Body Area or Organ System and Other Symptomatic or Related Organ Systems
- 6-8 Elements of Eye Exam Documented

Detailed

- Extended Exam of the Affected Body Area and Other Symptomatic or Related Organ Systems
- 9-12 Elements of Eye Exam Documented
COMPREHENSIVE

- Complete Single System Specialty Exam
- All Elements of Eye Exam Plus Mental Status Documented

LEVEL OF MEDICAL DECISION-MAKING

- Straightforward
- Low Complexity
- Moderate Complexity
- High Complexity

LOW COMPLEXITY (2 of 3)

- Number of Diagnostic and Treatment Options
  - Limited
- Amount and Complexity of Data
  - Limited
- Risk of Complications and/ or Morbidity/ Mortality
  - Low

MODERATE COMPLEXITY (2 of 3)

- Number of Diagnostic and Treatment Options
  - Multiple
- Amount and Complexity of Data
  - Moderate
- Risk of Complications and/ or Morbidity/ Mortality
  - Moderate
1. Medical Decision Making Simplified

Medical decision making can be simplified to established, new or multiple new ocular problems presented by patient.

<table>
<thead>
<tr>
<th>Feature Type</th>
<th>History</th>
<th>Exam</th>
<th>Decision Making</th>
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<tbody>
<tr>
<td>Established Problem</td>
<td>Problem Focused</td>
<td>Expanded Problem Focused</td>
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<td>New Problem</td>
<td>Detailed</td>
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<td>Moderate Complexity</td>
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<tr>
<td>Multiple New Problems</td>
<td>Complete</td>
<td>Complete</td>
<td>High Complexity</td>
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NEW PATIENT Must Equal or Exceed 3 of 3 in Column

<table>
<thead>
<tr>
<th>99202</th>
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<th>99205</th>
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<tbody>
<tr>
<td>History</td>
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<td>Detailed</td>
<td>Complete</td>
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<tr>
<td>Exam</td>
<td>Expanded Problem Focused</td>
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<tr>
<td>Decision Making</td>
<td>Low Complexity</td>
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ESTABLISHED PATIENT Must Equal or Exceed 2 of 3 in Column

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<th>99214</th>
<th>99215</th>
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<td>History</td>
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<td>Detailed</td>
</tr>
<tr>
<td>Exam</td>
<td>Problem Focused</td>
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<td>Detailed</td>
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<tr>
<td>Decision Making</td>
<td>Simple-forward</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
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</table>

Why Change to ICD-10?

- ICD-10 provides more specific descriptions of medical disease/condition
- Allows for future changes in the medical coding arena
- Better quantification of disease state
- More specific coding results in fewer coding errors

When will change occur?

- Change is postponed until Oct. 1st, 2015

How do you Prepare?

- Good time to convert to Electronic Health Records
- Anything with ICD-9 codes on it needs to be updated to ICD-10
- Be sure your clearinghouse and EHR are ready for switch
- Worst case scenario is delayed reimbursement due to payors not ready for switch
### Organization of ICD-10

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>H00-H05</td>
<td>Disorders of the eyelid, lacrimal system, and orbit</td>
</tr>
<tr>
<td>H10-H11</td>
<td>Disorders of the conjunctiva</td>
</tr>
<tr>
<td>H15-H22</td>
<td>Disorders of the sclera, cornea, iris, and ciliary body</td>
</tr>
<tr>
<td>H25-H28</td>
<td>Disorders of the lens</td>
</tr>
<tr>
<td>H30-H36</td>
<td>Disorders of the choroid and retina</td>
</tr>
<tr>
<td>H40-H42</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>H43-H44</td>
<td>Disorders of the vitreous body and globe</td>
</tr>
<tr>
<td>H46-H47</td>
<td>Disorders of optic nerve and visual pathways</td>
</tr>
<tr>
<td>H49-H52</td>
<td>Disorders of ocular muscles, binocular movement, accommodation, and refraction</td>
</tr>
<tr>
<td>H53-H54</td>
<td>Visual disturbances and blindness</td>
</tr>
<tr>
<td>H55-H57</td>
<td>Other disorders of the eye and adnexa</td>
</tr>
<tr>
<td>H59</td>
<td>Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified</td>
</tr>
</tbody>
</table>

### How are ICD-10 different?

- ICD-10 codes differ from ICD-9 because they are alphanumeric and contain 3-7 characters.

\[
\text{ICD-9} > \text{ICD-10} \\
366.15 > H25.011
\]

### How do we convert from ICD-9 to ICD-10?

- General Equivalence Mapping (GEM)
- No match-3%
- 1 to 1 exact mapping-24%
- 1 to 1 approximate mapping-68%
- 1 to many mapping-5%

Source: American Medical Association

### How are ICD-10 the same?

- Used to classify disease
- Use them for reimbursement by insurance payors

### 1 to 1 Exact Mapping

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>362.50 =</td>
<td>H35.30 =</td>
</tr>
<tr>
<td>Degeneration of macula</td>
<td>Unspec macular degener</td>
</tr>
<tr>
<td>362.51 =</td>
<td>H35.31 =</td>
</tr>
<tr>
<td>Nonexudative macular degeneration</td>
<td>Nonexudative AMD</td>
</tr>
<tr>
<td>362.52 =</td>
<td>H35.32 =</td>
</tr>
<tr>
<td>Exudative Macular degeneration</td>
<td>Exudative AMD</td>
</tr>
</tbody>
</table>
ICD-9 362.56 = Macular Puckering

ICD-10
H35.371 Right eye
or
H35.372 Left eye
or
H35.373 Bilateral
or
H35.379 Unspecified
Macular Puckering

1 to Many Mapping

ICD-9
250.51 Type 1 Controlled Diabetic w/ ophthalmic issues
362.01 Background DR
362.07 Diabetic macular edema

ICD-10
E10.311 Type 1 Diabetes Mellitus with Diabetic Macular Edema
250.51+362.01+362.07 = E10.311

Refractive ICD-10 Codes

- Hyperopia 367.0
  - H52.00 Hyperopia, unspecified eye
  - H52.01 Hyperopia, right eye
  - H52.02 Hyperopia, left eye
  - H52.03 Hyperopia, bilateral

- Myopia 367.1
  - H52.10 Myopia, unspecified eye
  - H52.11 Myopia, right eye
  - H52.12 Myopia, left eye
  - H52.13 Myopia, bilateral

Glaucoma Suspect

- Borderline glaucoma open angle, low risk 365.01
  - H40.011 Open angle w/ borderline, low risk, RT eye
  - H40.012 Open angle w/ borderline, low risk, LT eye
  - H40.013 Open angle w/ borderline, low risk, bilateral
  - H40.019 Open angle w/ borderline, low risk, unspecified eye

Ocular Injuries

- Initial encounter - first exam of injury
- Subsequent encounter - follow up visit
- Sequela - after healing is complete, patient returns with complications resulting from initial injury
  - Example: recurrent corneal erosion occurs in same location as corneal abrasion

Ocular Injuries

- Corneal abrasion 918.1
  - Injury of conj/ corneal abrasion w/ o FB
  - S05.00XA unspecified eye, initial encounter
  - S05.01XA right eye, initial encounter
  - S05.02XA left eye, initial encounter
  - S05.00XD unspecified eye, subsequent enc
  - S05.01XD right eye, subsequent encounter
  - S05.02XD left eye, subsequent encounter
  - S05.00XS unspecified eye, sequela
  - S05.01XS right eye, sequela
  - S05.02XS left eye, sequela
There is a code for shooting your eye out!

Penetrating Wound with Foreign Body

- S05.51XA-RT EYE initial encounter
- S05.52XA-LT EYE initial encounter

Will CPT codes change with ICD-10?

- NO, you will continue to use same CPT codes for exams and procedures for out-patient visits.
- 99xxx, 92xxx and s-codes for exams
- 92250, 92083, 92133... will be the same as with ICD-9 codes

Will modifiers for CPT codes still be necessary?

- Yes, and you will need to match them up with correct ICD-10 code for bilateral and unilateral procedures
- Example: Insert punctal plug (68761) lower left (E2) and lower right (E4) requires H04.123- Dry Eye Syndrome of bilateral lacrimal glands

PROCEDURE CODES

Bilateral Procedures
- One fee for both eyes
- Does not require modifiers
- 92083 (Threshold Visual Fields)
- 92132 (Anterior OCT, HRT)
- 92133 (Optic Nerve OCT, HRT, GDX)
- 92134 (Retina OCT, HRT)
- 92250 (Fundus Photography)
- 92020 (Gonioscopy)
- 76514 (Pachymetry)
- 92285 (External Photos)
- 92275 (Perg-Pattern Electroretinography)
- 95930 (VEP-Visual Evoked Potential)

PROCEDURE CODES

Unilateral Procedures
- Each eye billed separately
- May require a modifier
- 65222 (Corneal foreign body removal)
- 65210 (Conjunctival FB removal)
- 68761 (Punctal Plugs)
- 92225/92226 (Extended Ophthalmoscopy)
- 67820 (Epilation)
- 92071, 92072 (Bandage Contact Lens)
- 76512 (B-Scan)/ 76511 (A-Scan)
- 76510 (Ultrasound)
What are Modifiers?
- Medicare defines “modifiers” as a means to more accurately describe a service by adding or changing information to improve accuracy or specificity
- Incorrect use of modifier is #1 reason for rejection of claims

When do I use a modifier?
- Unilateral procedures require modifiers
  - [RT] right eye    [LT] left eye
  - [E1] upper left lid    [E2] lower left lid
  - [E3] upper right lid  [E4] lower right lid

Most Common Modifiers
- -24 is for unrelated E/M service by same doctor during post-op period
  - Ex. 3 days after Punctal plug insertion has PVD
  - -24 modifier is attached to 99000 E/M code for PVD
- -25 is for when patient’s condition requires a separately identifiable E/M service above and beyond the usual pre-op/post-op care
  - Ex. Epilation of lashes for Trichiasis
  - -25 modifier is attached to 99000 E/M code
  - Intent of visit is to find cause of complaint
- -55 is Post-op management only
- -79 is when performing post-op care on second eye during the global period of first eye

-25 Modifier goes with 99xxx and 92014 but not 92004
- 92250 (Fundus Photos)
- 65222 (Corneal foreign body removal)
- 65210 (Conjunctival FB removal)
- 68761 (Punctal Plugs)
- 92225/ 92226 (Extended Ophthalmoscopy)
- 67820 (Epilation)
- 92071/ 92072 (Bandage Contact Lens)
- 76512 (B-Scan)/ 76511 (A-Scan)
- 76510 (Ultrasound)
- 92132/ 92133/ 92134 (OCT)

What are Global Periods?
- Time period following surgery is considered global period
  - Major Surgery- 90 days [Cataract]
  - Minor Surgery- 10 days [Punctal Plug]
- All office visits during global period are billed together as one fee for post-op care
  - Exception is when office visit is for unrelated eye problem
- New for 2017: Most Global Periods will not be used

Example #1
- Non-Insulin dependent Diabetic
  - History--Comprehensive
  - Physical Exam—12 Elements plus mental status
  - Decision-making—Moderate
  - Diagnosis—250.50 and 362.01
  - ICD-10—E11.319
  - E/M Code--???????
**DIABETIC EYE EXAM**

- Diabetics have a medical eye exam because their physician recommends it....
- Diagnosis codes
  - 250.00 Diabetes NID w/o complications
  - ICD-10 E11.9 Type 2 Diabetes w/o complications
  - 250.01 Diabetes ID w/o complications
  - ICD-10 E10.9 Type 1 Diabetes w/o complications
  - 250.50 Diabetes NID w/oph. manifest.
  - 250.51 Diabetes ID w/oph. manifest.
  - 362.01-362.07 Diabetic retinopathy
- Procedure codes
  - 99000 E/M or 92000
  - 92225, 92081, 92082, 92083, 92250, 92134, 92275

**Type 2 Diabetes with Ocular Manifestations 250.50**

- E11.311 Typ 2 retinphy w/ edema
- E11.319 Typ 2 retinphy w/o edema
- E11.321 Typ 2 mild nonprof w/ edema
- E11.329 Typ 2 mild nonprof w/o edema
- E11.331 Typ 2 mod nonprof w/ edema
- E11.339 Typ 2 mod nonprof w/o edema
- E11.341 Typ 2 sever nonprof w/ edema
- E11.349 Typ 2 sever nonprof w/o edema
- E11.351 Typ 2 prolif w/ edema
- E11.359 Typ 2 prolif w/o edema

**Type 1 Diabetes with Ocular Manifestations 250.51**

- E10.311 Typ 1 retinphy w/ edema
- E10.319 Typ 1 retinphy w/o edema
- E10.321 Typ 1 mild nonprof w/ edema
- E10.329 Typ 1 mild nonprof w/o edema
- E10.331 Typ 1 mod nonprof w/ edema
- E10.339 Typ 1 mod nonprof w/o edema
- E10.341 Typ 1 sever nonprof w/ edema
- E10.349 Typ 1 sever nonprof w/o edema
- E10.351 Typ 1 prolif w/ edema
- E10.359 Typ 1 prolif w/o edema

**New Patient must equal or exceed 3 of 3 in the column so the answer is ....**

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>History</th>
<th>Exam</th>
<th>Decision Making</th>
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<tbody>
<tr>
<td>99202 99203 99205</td>
<td>Expanded Problem-Focused</td>
<td>Detailed</td>
<td>Complete</td>
</tr>
<tr>
<td>99202 99203</td>
<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
</tr>
</tbody>
</table>

**Diabetic Evaluation**

- Order Photos, TVF, Gonio today
- Sent letter to PCP
- Return 1 week OCT retina

**NOTE.....Photos and OCT are mutually exclusive procedures and must be performed on different days for full reimbursement**
ICD-10 E11.319- Type II diabetes w retinopathy, w/o macular edema
H25.043- Posterior subcap cat

99204-Office visit 92250- Fundus photos 92020- Gonio
92083- TVF 92015- Refraction

Must document supplementary tests on separate form
EXAMPLE PATIENT #2

- Glaucoma Patient
  - History—Comprehensive
  - Physical Exam—12 Elements plus mental status
  - Medical Decision Making—Moderate

- Diagnosis- 365.11
- ICD-10 Diagnosis- H40.11X2 POAG moderate stage

New Patient must equal or exceed 3 of 3 in the column so the answer is ....

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<td>Decision Making</td>
<td>Low Complexity</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
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NEW PATIENT

<table>
<thead>
<tr>
<th>Example #2</th>
</tr>
</thead>
</table>

**EXAMINATION**

- **History**:
  - Can’t read fine print up close
  - Sore bothers on bright sunny day
  - Has trouble with reading

- **Diagnosis**:
  - Diagnosed with glaucoma 3 years ago
  - Using prednisolone at bed time
  - Both eyes

- **Decision**:
  - Monitor IOP’s monthly
  - Monitor ZEP 1 monthly
  - Continue prednisolone 40 mg OD
SUPPLEMENTARY TESTS

- Document on examination form that you ordered Photos, TVF, Gonioscopy and OCT.
- Document supplementary procedures on separate form.
  - Findings
  - Diagnosis or change from previous test
  - Treatment Plan

INTERPRETATION AND REPORT

- 92225 (Extended Ophthalmoscopy)
- 92081, 92082, 92083 (Visual Field)
- 92250 (Fundus Photos)
- 92060 (Sensorimotor)
- 92285 (External Photos)
- 92132, 92133, 92134 (GDx, OCT, HRT)
- 92100 (Serial Tonometry)
- 92275 (Electroretinograph)
- 95930 (Visual Evoked Potential)
- TC - Technical component
- Only used if procedure is shared between 2 offices

BILLING STATEMENT

- Records diagnosis codes, E/M codes, procedure codes and fees
- Provides receipt for patient
- Use when submitting Medicare claim to a billing service

PRIMARY OPEN ANGLE GLAUCOMA

- POAG 365.11
  - H40.11X0 POAG, stage unspecified
  - H40.11X1 POAG, mild stage
  - H40.11X2 POAG, moderate stage
  - H40.11X3 POAG, severe stage
  - H40.11X4 POAG, indeterminate stage

No RT/ LT eye indicator for POAG

GLAUCOMA SUSPECT OR MILD DAMAGE

OCT can be used every 12 months to follow pre-glaucoma patients or those with “mild” damage demonstrate any or all of the following:

- **Visual Field**
  - No detectable VF defect;
  - “mild” generalized reduction in retinal sensitivity
  - “mild” constriction of isopters
  - Nasal step peripheral to 20 degrees; and/or small relative defects of the Bjerrum area, peripheral to 9 degrees

- **Optic Nerve**
  - Asymmetric or vertically elongated cup enlargement; neural rim intact, rim: disc ratio > 0.2
  - Cup: disc ratio <0.8
  - Focal notch
  - No definite pathologic cupping; and/or previously observed disc hemorrhage

Source: NGS Medicare carrier archived policy
Moderate glaucomatous damage would demonstrate any or all of the following:

OCT can be used every 6-12 months to follow glaucoma patients with "moderate" damage

**Visual Field**
- "moderate" generalized reduction in retinal sensitivity;
- "moderate" constriction of isopters absolute defects to within 9 degrees of fixation; and/or temporal wedge

**Optic Nerve**
- enlarged optic nerve cup with neural rim remaining but sloped or pale
- focal notches with rim: disc ratio > 0.1 but < 0.2
- cup: disc ratio > 0.8 but < 0.9; and/or prominent lamina cribrosa

Severe glaucomatous damage would demonstrate any or all of the following:

- OCT is not allowed for severe or end-stage glaucoma

**Visual Field**
- "severe" generalized reduction in retinal sensitivity;
- "severe" constriction of isopters (i.e., 14° < 10 degrees);
- absolute defects to within 3 degrees of fixation;
- loss of central acuity; and/or temporal island remains

**Optic Nerve**
- diffuse enlargement of optic nerve cup; rim: disc ratio < 0.1, cup: disc ratio > 0.9; and/or wipe out of all or a portion of the neuroretinal rim

**HOW DO I FILL OUT HCFA?**

- Refraction is not a Medicare reimbursable procedure
  - Don't put amount collected from patient for refraction in Box 29
  - Collect refraction fee the day of exam

- Many supplementary procedures require Box 17 & 17b be filled in (referring physician [you] and your individual NPI #)
- Modifiers are needed in Box 17
  - DK - doctor in office orders test
  - DN - doctor from another office
  - DQ - doctor supervising test
WHAT IS AN EOB?

- Explanation of Benefits
- Sent by Medicare to provider
- Explains payments and/or rejections
- Indicates whether crossover claim has been forwarded to supplemental insurance
ICD-10 H40.11X2-POAG, Moderate Stage
OCT 92133-ON OCT
99213-OV 95930 Visual Evoked Potential

OCT Pearl
- NOTE.....Anterior Seg 92132 and Optic Nerve 92133 OCT are mutually exclusive procedures and must be performed on different days for full reimbursement.

Glaucoma Flow Sheet
- Glaucoma/ Glaucoma suspect
- IOP 3-6 months
- Photos/ Ext. Ophthalmoscopy 6-12 months
- Threshold VF 6-12 months
- Ant. Seg and ON OCT 12 months (6 months for Ocular Hypertension)
- Pachymetry 1x
- Gonioscopy 12 months
- Serial Tonometry 1x
- 99000 Office visit at every follow-up

Example #3
- Age-Related Macular Degeneration
  - History—Comprehensive
  - Physical Exam—12 Elements plus mental status
  - Decision-making—Moderate
  - Diagnosis—362.52
  - ICD-10—H35.32
  - E/ M Code—???????

New Patient must equal or exceed 3 of 3 in the column so the answer is ....
8/18/2015

99204 Office Visit  92275 Perg  
92082 Visual Field  92134 Retina OCT

ICD-10 GEM for AMD

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EXAMPLE #4

- Epiretinal Membrane Patient
  - History—Comprehensive
  - Physical Exam—12 Elements plus mental status
  - Medical Decision Making—Moderate

- Diagnosis: 362.65
- ICD-10 Diagnosis: H35.371

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ESTABLISHED PATIENT Must Equal or Exceed 2 of 3 in Column

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**EPIRETINAL MEMBRANE**

**Examination**

- Present: Joe Doe
  - Date: 8/17/15, Set OCT 08-17 04:15
  - Age: 49
  - Last Exam: 1 year ago

**History**
- Loss of sharpness right only
- 2 months, became last two

**Symptoms**: Allergies, Lid... 

**Quality**: Medications

**Location**: Orinal RGS

**Severity**: Orinal RGS

**Duration**: Orinal RGS

**Timing**: Orinal RGS

**Content**: Medical History & ORS from 02/07/15, reviewed, no changes

**Allergies**: Orinal RGS

---

**Visual Fields**

- Normal central visual field

**Diagnosis**: Orinal RGS

**Plan**: Orinal RGS

**Signatures**: Orinal RGS

**Pattern Electroretinography (ERG)**

- Normal, no significant changes

**Signatures**: Orinal RGS
Example #5

- High Risk Med
  - History—Comprehensive
  - Physical Exam—12 Elements plus mental status
  - Decision-making—Moderate
  - Diagnosis—714.0, V58.69, E931.4
  - ICD-10—M06.09, Z79.899, T37.2X5A
  - E/M Code—???????

New Patient must equal or exceed 3 of 3 in the column so the answer is ....

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High Risk Medication

- Submit diagnosis codes for:
  - Systemic Disease M06.09
  - Current treatment with high risk med Z79.899
  - Placquenil T37.2X5A

ICD-10 For High Risk Meds

- V58.69 Long term use of high risk med
- ICD-10
  - Z79.3 Long term use contraceptives
  - Z79.891 Long term use opiates
  - Z79.899 Long term drug therapy
Other Medications potentially billable as high risk

- **Amiodarone** - cardiac arrhythmias
  - Conal opacities, whirl appearance
- **Ethambutol** - tuberculosis
  - Blue-yellow defects
- **Flomax** - benign prostatic hypertrophy
  - Floppy iris syndrome
- **Interferon** - hepatitis, organ transplant rejection, and certain types of cancers
  - Optic neuritis and retinitis

Continued Medications potentially billable as high risk

- **Gilena** - multiple sclerosis
  - Macular edema
- **Tamoxifen** - cancer
  - Macular changes
- **Steroids** - anti-inflammatory
  - Glaucoma and cataracts
- **Viagra** - erectile dysfunction
  - Vision loss associated with arteritis

EXAMPLE #6

- **Cataract Patient**
  - History—Comprehensive
  - Physical Exam—12 Elements plus mental status
  - Medical Decision Making—Moderate

Diagnosis: 366.17
ICD-10 Diagnosis: H25.89 Cataract

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POST-OP COMANAGEMENT

- Requires arrangement between surgeon and optometrist.
- Need signed Confirmation of Post-op Co-management Arrangement.
- Decide when surgeon will relinquish care back to optometrist.

HOW DO I DETERMINE FEE?

- 90-Day Global Period is 20% of the allowable surgical fee.
- If cataract surgery (66984) is $650 then 20% is $130 ($130/90 days = $1.44 per day). If patient is released to OD after 22nd day of 90-day global period then surgeon bills for 22 days (22 x $1.44 = $32) and OD bills for 68 days (68 x $1.44 = $98).

HOW DO I FILL OUT HCFA?

- Must call surgeon for information:
  - Date of surgery (Box 24. A.)
  - Surgeon’s end date
  - Your begin date is the next day
  - Surgical procedure and diagnosis code
  - Must use 55 modifier and RT/LT

ICD-10 H25.89- Age Related Cataract
66984- Surgical Removal of Cataract

Some carriers require date of surgery/1 unit
79 modifier indicates 2nd cataract removed during post-op of 1st

**Age-related Cataract**
- Last digit 1-RT, 2-LT, 3-bilateral
- H25.03[1,2,3] Ant subcap polar cat
- H25.04[1,2,3] Post subcap polar cat
- H25.01[1,2,3] Cortical cat
- H25.0[1,2,3] Nuclear cat
- H25.2[1,2,3] Hypermature cat

**Other Cataracts**
- Last digit 1-RT, 2-LT, 3-bilateral
- H26.04[1,2,3] Ant subcap infant cat
- H26.05[1,2,3] Post subcap infant cat
- H26.01[1,2,3] Infant cortical cat
- H26.03[1,2,3] Infant/juvnile nuclear
- H26.13[1,2,3] Total traumatic cat

**After-cataract Obscuring Vision 366.53**
- ICD-10 is not specific for this so use...
- H26.49[1,2,3] Other secondary cataract

**EXAMPLE #7**
- **Dry Eye Patient**
  - History—Comprehensive
  - Physical Examination—9 Elements
  - Medical Decision Making—Moderate
  - Diagnosis code- 375.15
  - ICD-10 Diagnosis- H04.123 Bilateral Dry Eye

**ESTABLISHED PATIENT (2 of 3)**

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**TearLab for Dry Eye**

- CPT 83861 QW modifier
- Requires CLIA-waiver for reimbursement

**Some typical Dry Eye treatment options are:**

1. Over-the-counter artificial tears, gels, and ointments
2. Oral omega-3 supplements
3. Oral anti-inflammatory medications, such as doxycycline
4. Topical anti-inflammatory therapy, such as cyclosporine, corticosteroids, and azithromycin
5. Punctal plugs


**Dry Eye - 375.15**

- H04.121- Dry eye syndrome of RT lacrimal gland
- H04.122- Dry eye syndrome of LT lacrimal gland
- H04.123- Dry eye syndrome of bilateral lacrimal glands
- H04.124- Dry eye syndrome of unspecified lacrimal gland

**HOW DO I FILL OUT HCFA?**

- Document office visit (99214) with -25 modifier
- Document insertion of Punctal Plugs (68761) for each punctum using E-modifiers
  
  - Ex: E2 (Lower left lid)
  
- Pays full fee for first Punctal Plug and 50% of fee for any additional Punctal Plug(s) inserted on same day
ICD-10 H04.123- Dry Eye, Bilateral
99214- Office Visit  83861-QW TearLab
68761- Closure of punctum

Inflammadry

- Test that detects elevated levels of MMP-9, an inflammatory marker that is consistently elevated in the tears of patients with dry eye disease.¹


CLIA Waiver

- Allows certain tests to be performed in your office
- Allows you to submit claim for reimbursement to insurance

To Enroll for CLIA waiver

- Complete application
- Pay applicable fee

Punctal Plugs

- 10 Day Global Period
- Return after 10th day, repeat for silicone plugs if collagen plugs were inserted first
- Submit claim same as original
- If you see patient during 10-day global for condition other then Dry Eye, use correct modifiers
ICD-10 H04.123- Dry Eye, Bilateral
99213-Office Visit 83516-QW Inflammadry
68761- Closure of punctum

Another option for plugs
- 90 day extend plugs
- Insert and follow-up 30 days
- Follow-up 90-120 days
- Insert another set after 90 days if needed
- REMEMBER....Dry eye can be a chronic disease

EXAMPLE #8
- Trichiasis Patient
  - History—Comprehensive
  - Physical Examination—8 Elements
  - Medical Decision Making—Moderate

Diagnosis- 370.21 & 374.05
ID-10 Diagnosis- H16.143 Bilateral Punctate Keratitis, H02.056 Trichiasis left lid & H02.053 Trichiasis right lid

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TRICHIASIS/EPILATION PATIENT

EXAMINATION

Example #8
HOW DO I FILL OUT HCFA?

- Two diagnosis codes for two separate problems
  - SPK
  - Trichiasis

- Requires -25 modifier with 99214
- 67820 requires E-modifiers and is billed as unilateral procedure

Punctate Keratitis 370.21

- H16.141- PK RT eye
- H16.142- PK LT eye
- H16.143- PK Bilateral
- H16.149- PK unspec

Trichiasis 374.05

- H02.051- Trich w/o entrop RT upper lid
- H02.052- Trich w/o entrop RT lower lid
- H02.053- Trich w/o entrop RT unsq lid
- H02.054- Trich w/o entrop LT upper lid
- H02.055- Trich w/o entrop LT lower lid
- H02.056- Trich w/o entrop LT unsq lid
- H02.059- Trich w/o entrop unsq eye and unsq lid

EXAMPLE #9

- Corneal Foreign Body Patient
  - History—Comprehensive
  - Physical Examination—11 Elements
  - Decision Making—Moderate

  - Diagnosis— 930.0 and 918.1
  - ICD-10- T15.01XA- FB in RT cornea, 1st OV
  - T15.02XA- FB in LT cornea, 1st visit,
  - S05.01XA- RT Corneal abrasion 1st OV,
  - S05.02XA- LT Corneal abrasion, 1st visit

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HOW DO I FILL OUT HCFA?

- To bill E/M and procedure code on same day requires -25 modifier with 99214
- Corneal foreign body removal (65222) and removal of epithelium (65435) are unilateral procedures that requires RT/ LT modifier
- Bandage contact lens (92071) is a unilateral procedure
- External Ocular Photography (92285) is a bilateral procedure

Corneal Foreign Body 930.0

- T15.00XA- FB unsp cornea, 1st visit
- T15.01XA- FB in RT cornea, 1st visit
- T15.02XA- FB in LT cornea, 1st visit
- T15.00XD- FB unsp cornea, subseq
- T15.01XD- FB in RT cornea, subseq visit
- T15.02XD- FB in LT cornea, subseq visit
- T15.00XS- FB unsp cornea, sequela
- T15.01XS- FB in RT cornea, sequela
- T15.02XS- FB in LT cornea, sequela

ICD-10 T15.01XA- Foreign Body in cornea, RT eye, 1st OV
T15.02XA- FB in cornea, LT eye, 1st OV
S05.01XA- Corneal abrasion, RT eye, 1st OV
S05.02XA- Corneal abrasion, LT eye, 1st OV
ICD-10 T15.01XA- Foreign Body in cornea, right eye T15.02XA- FB in cornea, left eye S05.01XA- Corneal abrasion, right eye S05.02XA- Corneal abrasion, left eye

EXAMPLE #10
- Conjunctivitis Patient
  - History—Comprehensive
  - Physical Examination—9 Elements
  - Medical Decision Making—Moderate
- Diagnosis- 077.1 EKC
- ICD-10 Diagnosis- B30.0 Adenoviral keratoconjunctivitis

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<td>99214</td>
<td>Detailed</td>
<td>Detailed</td>
<td>Moderate Complexity</td>
</tr>
<tr>
<td>99215</td>
<td>Complete</td>
<td>Complete</td>
<td>High Complexity</td>
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</tbody>
</table>

HOW DO I FILL OUT HCFA?
- Document diagnosis and E/M codes
- No supplementary insurance for Medicare patient
- May collect 20% of your fee or Medicare allowable (whichever is less)
ICD-10 B30.0- Adenoviral Keratoconjunctivitis 99214- OV 92285- External photos 87809-QW Adeno Detector

Infectious Agent Antigen Detector

- Requires CLIA waiver
  - Adeno Detector
    - 87809QW-waived test
    - 87809-not a waived test

- To Enroll for CLIA waiver
  - Complete application
  - Pay applicable fee
  - Or call Kourtini or Ann at 309-836-2456

Medicare Deductible is...

Beginning Jan 1st of 2015 first $147 of health care is patient responsibility
Signature On File

Have patient sign SOF

This allows you to share diagnosis/procedure information with patients' insurance

All patients must have a copy in their file if you are submitting their claims

When does patient sign an ABN?

Advance Beneficiary Notice

This is required for Medicare patients ONLY

Explains to patient what may be patient's financial responsibility

Not required for procedures that will always be denied like refraction

Is Patient New or Established?

- New Patient has not been examined in your office by you or any partner in past 36 months
- Established Patient has been examined in your office by you or a partner in past 36 months

Timely Filing Requirements

- Date of service after 01/01/2010
  - Claim must be filed within 1 year
  - If not filed within 1 year you may only collect 20% of allowable from patient
Multiple supplementary tests performed on same day
- Medicare allows 100% of TC (technical component) and 26 (interpretation & report) of higher fee procedure
- Medicare allows 100% of 26 and 80% of TC for additional procedures

Medicare Allowable Fees
- Ohio and Kentucky
  - CGS Administrators
  - Go to: http://www.cgsmedicare.com/index.html
  - Click on: Medicare Part B, then Fees and go to Option 3: Select a fee schedule

Medicare Allowable Fees
- PA, DE, NJ, MD, DC, LA, AR, TX, NM, OK, CO
- Novitas Solutions
  - Go to: https://www.novitas-solutions.com/
  - Click on: Medicare Part B then Fees

Medicare Allowable Fees
- IL, WI, MN, CT, NY
  - MA, ME, NH, VT, RI
  - National Government Services
  - Go to: http://www.ngsmedicare.com
  - Then click on: Fee Schedules

Medicare Allowable Fees
- Florida and Puerto Rico
  - First Coast Service Options
    - Go to: medicare.fcso.com
    - Click on State and Part B
    - Click on Fee Schedules
    - Click on Fee Schedule Data File
    - Click on Fee Schedule for your locality
Medicare Allowable Fees

- AZ, MT, ND, SD, UT, WA, WY, OR, AK, NV, CA, HI
- Noridian
- Go to:
  https://www.noridianmedicare.com/macj3b/fees/
  Click on PDF next to (your state) under 2015 MPFS

- SC, NC, VA, WV
- Palmetto
- Go to:
  http://www.palmettogba.com/medicare
  Click on: J1 Part B MAC (your state)
  Click on: Physician Fee Schedules
  Click on: 2015 Medicare Schedule for your state

- GA, AL, TN, MS
- Cahaba GBA
- Go to www.cahabagba.com
- Click Part B then Accept
- Click Physician Fee Schedule
- Click on your location

How to read the Fee Schedule

<table>
<thead>
<tr>
<th>Par Amount</th>
<th>Non-Par Amount</th>
<th>Limiting Charge</th>
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<tbody>
<tr>
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<td>92250 24</td>
<td>22.42</td>
<td>21.30</td>
</tr>
</tbody>
</table>

Start tomorrow

- Transition to medical billing
- Evaluate your fee schedule
- Treat everything license allows
- Charge for every procedure
- Invest in new technology
- Find your comfort level