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Documentation and Coding Updates for the Pediatric Practice in 2021

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Panel:

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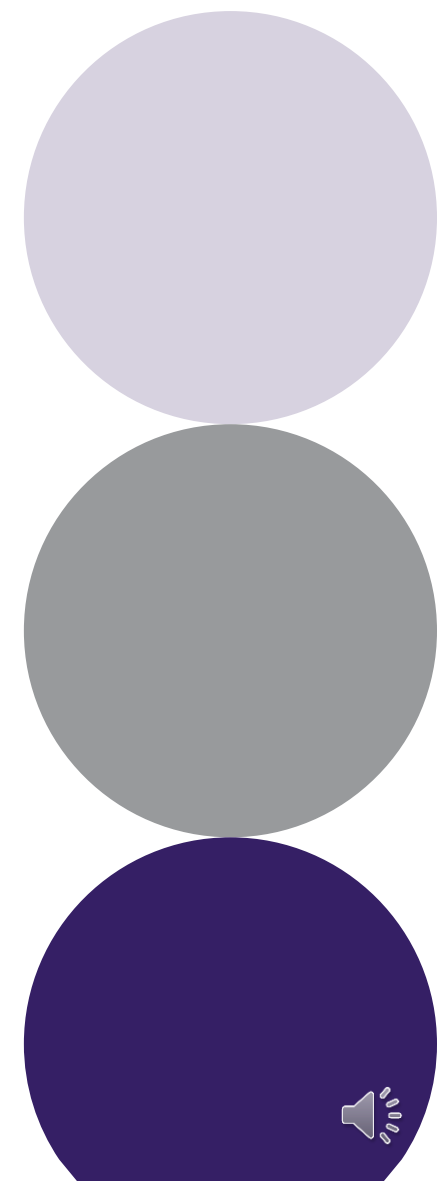
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- Michael X. Repka, MD, MBA
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Speaker Financial Disclosure

- Sue Vicchrilli has no financial interest or relationships to disclose.





Topics

- Updates on E/M Criteria
- Implementing a Strategy of When to Submit an Eye visit code vs. E/M code
- Case Scenarios
- What Else You Need to Know
- Surgical Modifiers



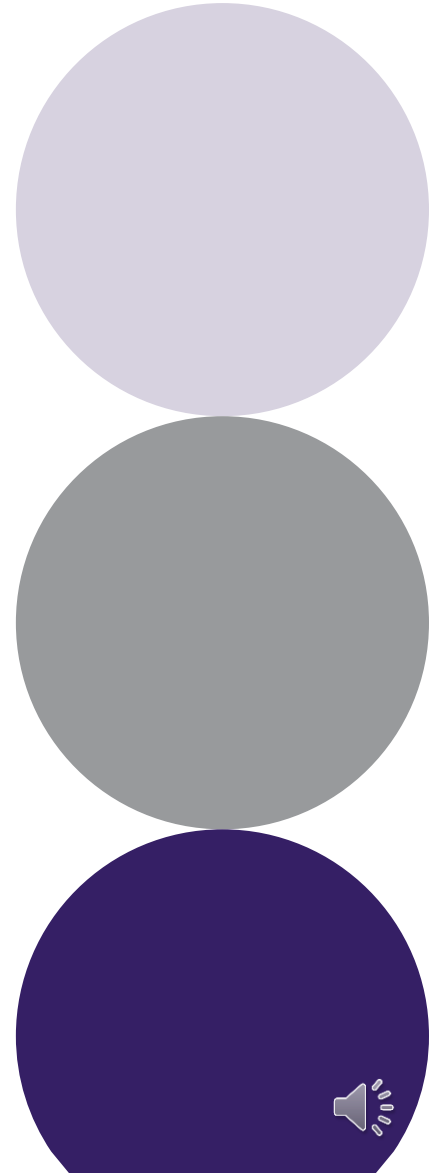


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Updates on E/M Criteria

American Medical Association





American Academy of Ophthalmic Executives*

Final Determination Table for Medical Decision Making

To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high). Otherwise, select 1 level lower from highest level.

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/ or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury	Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/ or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 Categories must be met Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the results(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s)	Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s) Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)	Extensive 2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported) Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)
Risk of Complications and/ or Morbidity or Mortality of Patient Management	Minimal Minimal risk of morbidity from additional diagnostic testing and treatment	Low Low risk of morbidity from additional diagnostic testing or treatment	Moderate Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health	High High risk of morbidity from additional diagnostic testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis
Final Determination	99202 99212	99203 99213	99204 99214	99205 99215



It's In The Details

- The good news is that of the 3 components to MDM
 1. **Number and complexity of problems addressed at the encounter;**
 2. **Amount and/or complexity of data to be reviewed and analyzed;**
 3. **Risks of complications and/or morbidity of mortality of patient management**
 - Most exams are determined by
 - Number and/or complexity of problems and
 - Risk of complications
 - Not amount and/or complexity of data



Amount and/or Complexity of Data to be Reviewed and Analyzed



- Moderate
 - At least 1 of 3 categories must be met
- Category I Tests, documents, or independent historian(s).
 - Any combination of 3 from the following
 - Review of prior external note(s) from each unique source;
 - An external physician or other QHP who is not in the same group practice or is of a different specialty or subspecialty
 - Review of the result(s) of each unique test;
 - Must be a test with a CPT code
 - Can't be a test for which the practice has or will be paid separately
 - The review must be documented on the impact of diagnosis or treatment plan. It does not have to be as detailed as your own interpretation/report of a test.



Amount and/or Complexity of Data to be Reviewed and Analyzed



- Ordering of each unique test;
 - Test must have a CPT code
 - Can't be a test for which you will be paid separately
 - MRI, CT scan, lab work
- Assessment requiring an independent historian(s)
 - An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.
 - In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met.



Amount and/or Complexity of Data to be Reviewed and Analyzed



- Regarding discussion of management or test interpretation
 - Must be two-way conversation. Letters do not qualify.
- Who is a Qualified Healthcare Provider (QHP)?
 - Must be licensed to practice medicine
 - Nurse Practitioner (NP)
 - Physician Assistant (PA)
 - Not orthoptists, technicians, scribes/writers
- Social determinants of health: Economic and social conditions that influence the health of people and communities.
 - Examples may include food or housing insecurity.



ICD-10 Codes: Social Determinants of Health

Z59.0	Homelessness
Z59.1	Inadequate housing
Z59.5	Extreme poverty
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances





ICD-10 “Z” Codes

- Not primary paying diagnosis codes
- Provide supporting documentation for moderate level of risk
 - Still must meet moderate in one other category
- Not all payers may recognize
 - May cause claim to deny





Risk of Complications

- Prescription drug management
 - Does not require a change
- Decision regarding minor surgery with identified patient or procedure risk factors
 - For coding purposes, minor surgery is defined as 0 or 10-days of postop care
 - Modifier -25
 - While medically necessary, if the exam (E/M or Eye visit code) is performed solely to confirm the need for surgery, then the exam is not separately billable
 - For E/M decision making, minor surgery is defined by the surgeon



Minor Procedures by Postop Period

CPT Code(s)	Description	Global Period
65205 - 65222	Removal of foreign body	Zero-days
65430	Scraping of cornea, diagnostic, for smear and/or culture	Zero-days
67346	Biopsy of extraocular muscle	Zero-days
67820	Correction of trichiasis; epilation, by forceps only	Zero-days
68510	Biopsy of lacrimal gland	Zero-days
68525	Biopsy of lacrimal sac	Zero-days
67345	Chemodeneration of extraocular muscle	10-days
67700	Blepharotomy, drainage of abscess, eyelid	10-days



Minor Procedures by Postop Period

CPT Code(s)	Description	Global Period
67800 – 67805	Chalazion family, except under anesthesia	10-days
67810	Incisional biopsy of eyelid skin including lid margin	10-days
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	10-days
67850	Destruction of lesion of lid margin (up to 1 centimeter)	10-day
67938	Removal of embedded foreign body, eyelid	10-day
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	10-day
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	10-day





Risk of Complications

- Decision regarding elective major surgery without identified patient or procedure risk factors
 - For coding purposes, major surgery is defined as 90-day global period
 - Modifier -57 conveys to the payer that this is the exam to determine the need for surgery performed within 72 hours
 - For E/M decision making, major surgery is defined by the surgeon



High Risk

- High risk is still high risk
 - Difference is not incomed by having to perform and count elements of history and exam.





What Components Represent Time?

- Physician time
 - On the date of the encounter

Preparing to see the patient • Eg, review of tests	Performing a medically necessary appropriate examination and/or evaluation
Obtaining and/or reviewing separately obtained history	Counseling and educating the patient, family or caregiver
Ordering medications, tests or procedures	Documenting clinical information in the EHR or other health record
Referring/communicating with other HCP when not reported separately	Care coordination when not reported separately





Time

- Following exam, in person visit with parent/guardian to further discuss treatment:
 - Billable based on time even when no elements of the exam are performed
 - 99212 - 99215
 - Should be notified a claim will be submitted
- Following exam, virtual phone call with parent/guardian to further discuss treatment:
 - Billable based on time even when no elements of the exam are performed
 - 99212 - 99215
 - Should be notified a claim will be submitted



Time



E/M New Patient	Time		E/M Established Patient	Time
99202	15 – 29 min of total time		99212	10 – 19 min of total time
99203	30 - 44		99213	20 - 29
99204	46 - 59		99214	30 - 39
99205	60 - 74		99215	40 - 54

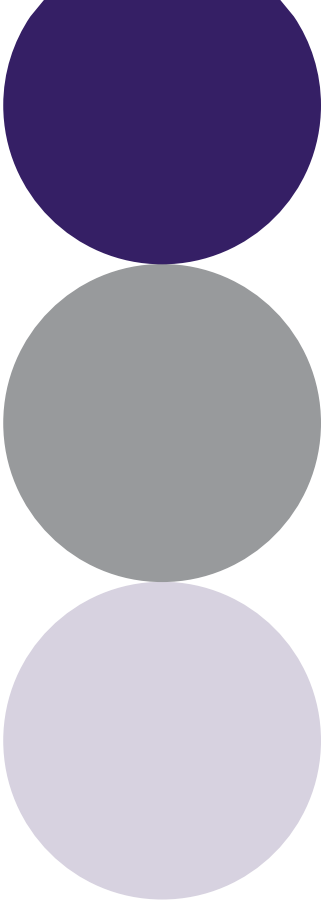


Prolonged Service Codes

- 99417
 - To be reported when physician has already achieved a level 5 exam based on time and additional time, in 15 min increments, is spent taking care of the patient
 - Published in CPT
 - Commercial payers?
- G2212
 - Published in CMS final rule
 - Medicare patients
 - \$31.44
- 99205: 60-74 min
- 99215: 40-54 min



Implementing a Strategy of When to Submit an Eye visit code vs. E/M code



Process



Ongoing updates

aao.org/em



Know the documentation criteria for Eye visit codes 92002 – 92014



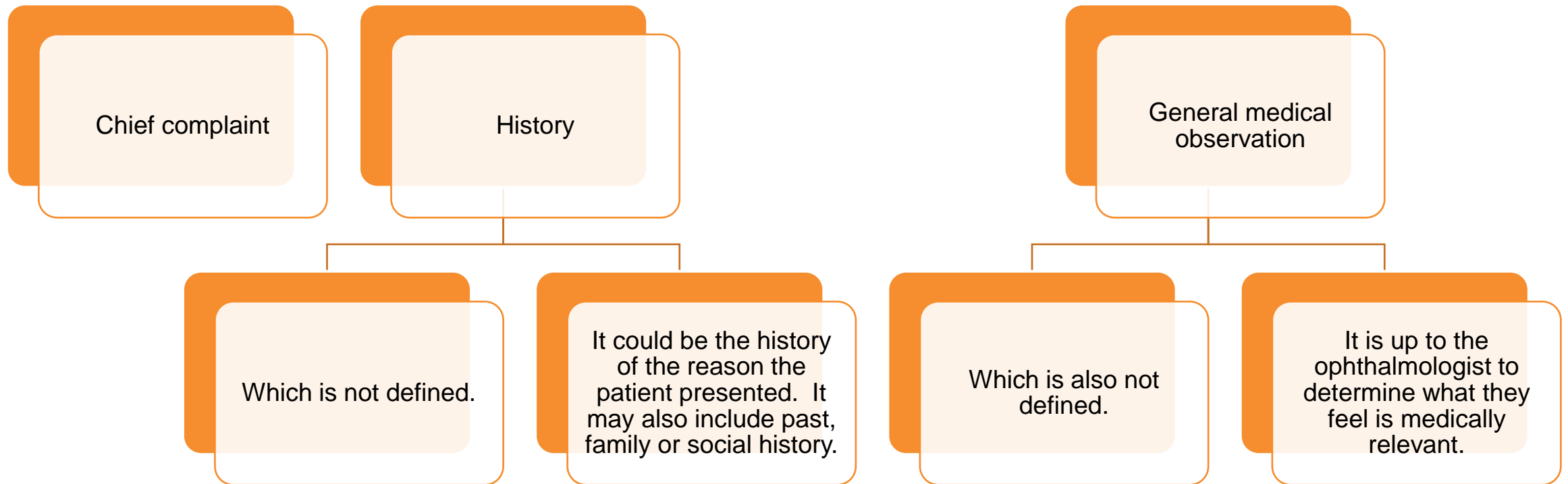
Understand the 9 scenarios when an Eye visit code can't be submitted

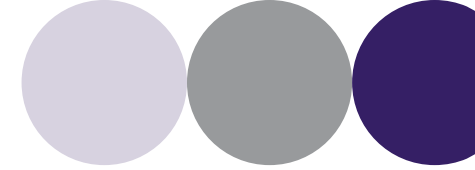


Prepare excel spreadsheets or upload allowables into EHR



Eye Visit Code History





Eye Visit Code Exams

- ✓ There are 12 elements of a comprehensive exam.
- ✓ Three or more, but less than 12 elements of the exam are medically necessary to perform for intermediate exam.
- ✓ All 12 for comprehensive exam

Visual acuity	Gross visual fields	Extraocular motility	Conjunctiva
Ocular adnexa	Pupil and iris	Cornea	Anterior chamber
Lens	Intraocular pressure	Optic nerve discs	Retina and vessels



Dilation?

- May include the use of mydriasis (dilation) for ophthalmoscopy
 - As medically necessary
 - If you don't dilate, document why
 - A non-mydriatic camera photo is not a substitute for a dilated exam.





Initiation of Diagnostic and Treatment Program

✓ Initiation of Diagnostic and Treatment Program:

○ **This includes, but is not limited to:**

- Prescription of medication (over the counter drugs count),
- Glasses or contact lens prescriptions,
- Arranging for special ophthalmological diagnostic or treatment services,
- Requesting consultations,
- Ordering laboratory procedures and/or radiological services,
- Scheduling necessary follow-up of a medical problem, or
- Recommendation or decision for or scheduling or performance of a major or minor surgical procedure



Scenarios When You Should Not Submit an Eye Visit Code

ICD-10 code is not a covered diagnosis

POS is not the office

Frequency exceeded

E/M required for medical diagnoses

Subject to downcoding based on diagnosis

Commercial plan still recognized consult codes

Telemedicine

Prolonged services

Payer allowable



2021 Fee Schedule

E/M New	Office	wRVU
99202	\$.93
99203	\$	1.60
99204	\$	1.82
99205	\$	3.50
Eye New	Office	
92002	\$.88
92004	\$	2.60

E/M Est	Office	wRVU
99212	\$.70
99213	\$	1.3
99214	\$	1.92
99215	\$	2.80
Eye Est	Office	
92012	\$.92
92014	\$	1.42



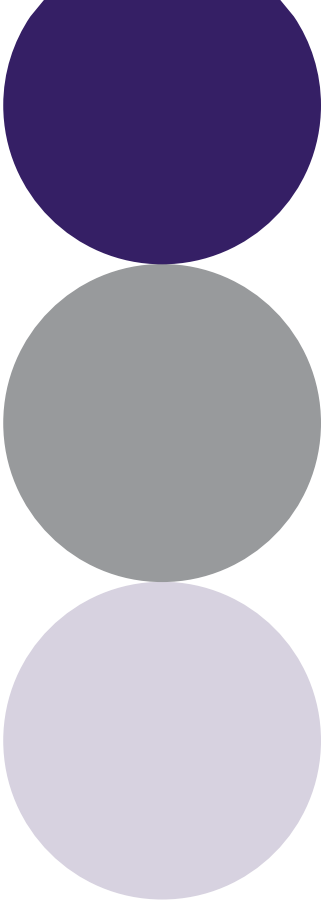
2021 Fee Schedule

E/M New	Payer 1	Payer 2
99202	\$ 76.02	\$92.73
99203	\$111.32	\$131.41
99204	\$170.46	\$201.47
99205	\$211.21	\$254.65
Eye New	Office	
92002	\$77.35	\$107.40
92004	\$142.09	192.17

E/M Est	Payer 1	Payer 2
99212	\$44.59	\$55.34
99213	\$73.93	\$91.21
99214	\$109.19	\$132.13
99215	\$146.81	\$177.56
Eye Est	Office	
92012	\$81.28	\$113.11
92014	\$117.70	\$161.50



Case Scenarios



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Case Study 1

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Red lids: Blepharitis 1 self limited or minor problems	Minimal
Amount and/or complexity of data	Independent historian	Limited
Risk of complications	Warm compresses, lid scrub	Minimal
		99202/99212



Case Study 2

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Blepharitis Chalazion LLL 2 self-limited or minor problems	Low
Amount and/or complexity of data	Independent historian	Limited
Risk of complications	Warm compresses, lid scrub	Minimal
		99203/99213



Case Study 3

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Blepharitis on all four lids Chalazion LLL and LUL 2 or more chronic illnesses with exacerbation, progression	Moderate
Amount and/or complexity of data	Independent historian	Limited
Risk of complications	Warm compresses, lid scrub Antibiotic/antibiotic steroid combination Prescription drug management	Moderate
		99204/99214



Case Study 4

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Chalazion won't resolve on its own 1 or more chronic illnesses with exacerbation, progression	Moderate
Amount and/or complexity of data	Independent historian	Limited
Risk of complications	Elective major surgery under general anesthesia	Moderate
		99204/99214



Case Study 5

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Intermittent crossing OS, worse over past 2 months. 1 or more chronic illnesses with exacerbation, progression	Moderate
Amount and/or complexity of data	Independent historian (1) Review of pediatrician chart note (1) Discussion of management with pediatrician	Moderate
Risk of complications	Patching and glasses Return in two months	Low? Moderate?
	Plus sensorimotor exam and refraction	99204/99214



Case Study 5: Second visit 2 months later

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	1 or more chronic illnesses with exacerbation, progression	Moderate
Amount and/or complexity of data	Independent historian (1) Letter to pediatrician	Limited
Risk of complications	Elective surgery	Moderate
	Plus sensorimotor exam and refraction	99214



Case Study 6

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Failed vision test. Amblyopia suspect OS Esotropia OS 1 or more chronic illnesses with exacerbation, progression	Moderate
Amount and/or complexity of data	Independent historian (1)	Limited
Risk of complications	Spectacle Rx for full time wear Family fails to keep follow-up appointments. Phone calls and letters sent. - Social determinants of health	Moderate
	Plus sensorimotor exam and refraction	99204/99214



Case Study 7

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Pediatrician: Absent red reflex bilaterally and possible blond fundus No cataracts High hyperopia with bilateral refractive amblyopia Undiagnosed new problem with uncertain prognosis	Moderate
Amount and/or complexity of data	Independent historian (1) Pediatrician notes reviewed (1) Newborn nursery report (1) + Phoned pediatrician	Extensive
Risk of complications	Follow-up in 3 months	Low
	Plus sensorimotor exam and refraction Consultation code recognized by commercial plan?	99204/99214



Case Study 8

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Trauma OS by flying debris from firecracker 1 injury that pose a threat to life/body function	High
Amount and/or complexity of data	Independent historian (1) Notes from ED physician reviewed CT scan reviewed (1) Discussion of management with Instacare physician	High
Risk of complications	Hyphema OS, removal of multiple FB to eye and lids. Elevated IOP. Rx: Sedative + complete bed rest. Follow-up again in office	Moderate
	Exam took place in ophthalmologist's office Participating with insurance?	99205/99215



Additional Scenarios

- ROP
 - Documentation must support 1997 guidelines due to place of service
 - See March EyeNet Savvy Coder
 - Family of codes depending on payer
 - Initial hospital care: 99221, 99222, 99223
 - Subsequent hospital care: 99231, 99232, 99233
 - Inpatient consultations. New or established patients: 99251, 99252, 99253, 99254, 99255



ROP Criteria

- Family of codes depending on payer
 - Initial hospital care: 99221, 99222, 99223
 - Comprehensive history
 - Comprehensive exam
 - High complexity MDM
 - Typically 50 minutes are spent at the bedside and on the patient's hospital floor or unit
 - Subsequent hospital care: 99231, 99232, 99233
 - Detailed interval history
 - Detailed examination
 - High complexity MDM
 - Typically 35 minutes are spent at the bedside and on the patient's hospital floor or unit



ROP Criteria continued

- Inpatient consultations. New or established patients: 99251, 99252, 99253, 99254, 99255
 - Comprehensive history
 - Comprehensive exam
 - High complexity MDM
 - Typically 110 minutes are spent at the bedside and on the patient's hospital floor or unit



Follow-up ROP in Office

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Regressing ROP One stable chronic illness	Low
Amount and/or complexity of data	Independent historian (1)	Limited
Risk of complications	Monitor for <i>future</i> risks of refractive error and strabismus	Low
	Refraction + extended ophthalmoscopy? - change in pathology that is drawn and labeled - diopter of lens - scleral depression	
	Participating with insurance?	99213



Follow-up ROP in Office

Clinical Scenario	Work Performed	E/M Code
Number and/or complexity of problems	Worsening ROP	Moderate
	1 or more chronic illnesses with exacerbation, progression or An acute chronic illness that pose a threat to body function	High
Amount and/or complexity of data	Independent historian (1)	Limited
Risk of complications	Schedule laser	Moderate
	Emergent? Active bleed? Bilateral PRP? Immediate threat to bodily function?	High
	Participating with insurance?	99214 or 99215





Additional Scenarios

- Where does albinism, torticollis, sickle-cell, Marfan's, retinal dystrophies, etc., fit with E/M risk?
 - No cook-book answer – it depends!
 - A lot depends on whether the patient is stable on no treatment, or if there is ongoing therapy, or if a change in status or progression/worsening necessitates more testing, a change in therapy, or a surgical procedure
 - An established patient with albinism or retinal dystrophies is not changing exam to exam so no added risk
 - Aphakia is a riskier situation than average with risk of glaucoma reaching 47% by 5 years



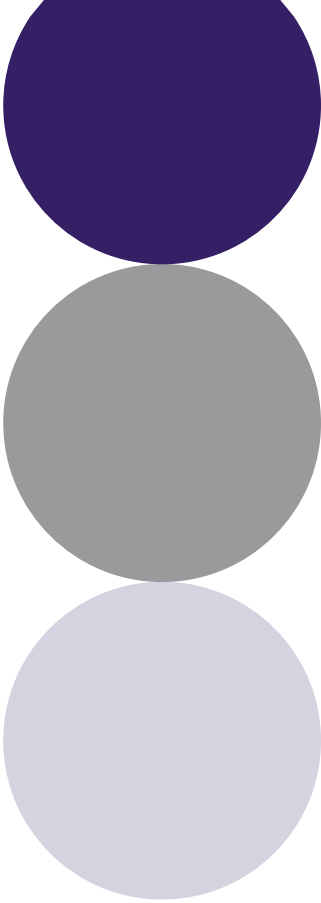


Anesthesia

- What about a child with a history of asthma or diabetes?
- This can contribute to risk for the ophthalmologist's code level selection.
- It depends on whether the patient is stable or not.
 - A history of asthma or diabetes won't necessarily increase risk,
 - But active asthma or unstable/brittle diabetes will.



What Else You Need to Know



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Audits

- Will I be at a higher audit risk if I submit more E/M than Eye visit codes?
 - Change in billing patterns
- Maybe
 - One of the reasons for the E/M documentation changes is to reduce/eliminate the need for audits
 - Conduct internal audits before submitting 99205/99215 and random 99204/99214 to assure MDM or time requirement is well documented.



99072

- Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease
- A few commercial plans have an allowable of \$1 - \$6.
- Many deny coverage and it is not appropriate to collect directly from patients.





Worldwide Myopia Epidemic

- Genetics and environmental factors play key roles in myopia. But increasing prevalence appears to be driven by environmental factors, including less time outdoors. More time spent on near-work activities such as digital screen viewing may also play a role.
- *“Children need us to act now—there’s no time to waste. Those who progress to become high myopes have a 50 percent greater risk of glaucoma, are 17 percent more likely to need cataract surgery, and have a six times greater risk of retinal detachment and retinal tears.”*

- Richard Abbott, MD, Academy’s Myopia Task Force





Office Based Surgery

- Before you perform a “major” surgery in your office surgical suite:
 - Consult risk management company.
 - When preauthorizing, make sure procedure is payable with POS 11.
 - When the procedure is performed 50% or greater in a facility, the commercial payer may not have an allowable for office based surgery.
 - When it is covered, may or may not be a higher allowable to factor in office based supply costs.
 - When not covered, can’t bill the patient out-of-pocket.
 - Must continue providing care through the postop period at no additional charge.



Surgical Modifiers

Reminder: EUAs are bundled with all surgical procedures



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Surgical Modifiers

- Modifier -58 Staged or related procedure performed during postop
 - Three definitions:
 - Lesser to greater
 - Therapeutic treatment such as an injection given during the global period
 - Preplanned and documented as such
 - Does not apply to laser procedures which state per session or 1 or more sessions
 - 100% of the allowable
 - Begin a new global period





Surgical Modifiers

- Modifier -78 Unplanned return to operating/procedure room for related procedures by the same physician during postop period
 - Surgery doesn't meet the definition of modifier -58
 - Facility or office (make sure a covered benefit in the office depending on payer)
 - Same physician = all physicians of the same practice
 - 70% of the allowable
 - Not paid for the approximate 10% preop or 20% postop
 - Do not begin a new global period

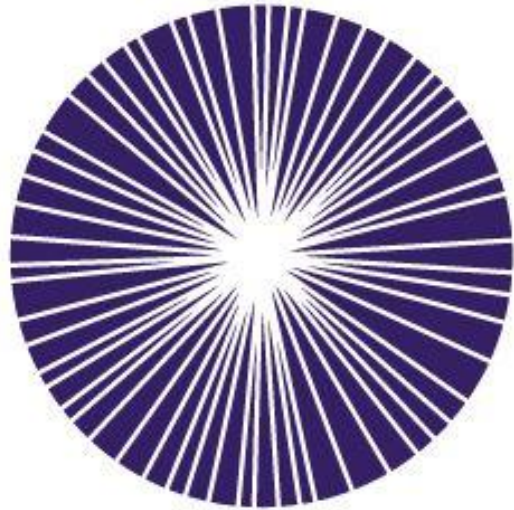




Surgical Modifiers

- Modifier -79 Unrelated procedure or service by the same physician during postop period
 - Same physician = all physicians of the same practice
 - 100% of the allowable
 - Begin a new global period





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