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CODING AND AUDITING WORKSHOP

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CODING OPTIONS


General Ophthalmological Services (Eye Codes)

- May be used by MDs and ODs
- Begin with the number "92"

Evaluation and Management Services (E&M Codes)

- May be used by any providers
- Begin with the numbers "99"


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ANATOMY OF A CODE

- Eye Codes
 - "92" followed by three additional numbers
 - New patient codes end with 02 or 04 (e.g. 92002, 92004)
 - Established patient codes end with 12 or 14 (e.g. 92012, 92014)
 - 92002 and 92012 = Intermediate codes
 - 92004 and 92014 = Comprehensive codes


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 **Anatomy Continued**

E&M Codes


- "99" followed by three additional numbers
- New patient codes end with 0x (e.g. 99203, 99204, 99205)
- Established patient codes end with 1x (e.g. 99213, 99214, 99215)

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 **Anatomy Continued**

- Consultation services are all treated as new patient services (e.g. 99243, 99244, 99245)
- E&M services – referred to by levels
 - 99211 = level 1 service
 - 99212 = level 2 service
 - 99203 = level 3 service
 - 99204 = level 4 service
 - 99215 = level 5 service


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 **DOCUMENTATION REQUIREMENTS**

Eye codes


- History (at least chief complaint)
- Examination – Physical Elements
 - Visual acuity
 - IOP (not children, trauma, disease)
 - Confrontation fields (92004, 92014)

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 "92" Exam Continued


- Adnexa (includes lids, lacrimal glands, lacrimal drainage, orbits, pre-auricular lymph nodes)
- Ocular motility (includes primary gaze alignment) – 92004, 92014
- Bulbar and Palpebral Conjunctivae

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 "92" Exam Continued


- Pupils and Irises (shape, direct and consensual [afferent pupil], size [e.g. anisocoria], morphology [structure])
- Slit Lamp Exam – Required for all "92"
 - Corneas (including epithelium, stroma, endothelium, tear film)
 - Anterior chambers (depth, cells ,flare)

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 "92" Exam Continued


- Lenses (clarity, anterior and posterior capsules, cortex, nucleus)
- Ophthalmoscopy (unless contraindicated); dilation required for comprehensive "92"
 - Optic discs (size, c/d ratio, appearance [e.g. atrophy, cupping, tumor, elevation], nerve fiber layer)

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 "92" Exam Continued

- Posterior Segments (retina [vitreous, macula and periphery] and vessels [e.g. exudates and hemorrhages])


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 "92" Exam Continued

Five "92" exam components easily performed by OMP:


- Visual acuity
- IOP
- Confrontation fields
- Ocular motility
- Pupils

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 Documentation Continued


- E/M codes
- History
 - Chief Complaint (CC)
 - History of Present Illness (HPI)
 - Associated signs and symptoms (halos, pain, tearing, discharge, redness, FB sensation, floaters, dizziness)
 - Context (after medications, while driving, reading)
 - Duration (date of onset)

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 "99 Code Hx Continued

- Location (eye or adnexa)
- Modifying factors (medication/therapy improvement, no improvement or worsened, heat vs. cold, opening or shutting eyelids)


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 "99 Code Hx Continued

- Quality (blurry, foggy vision, double vision)
- Severity (usually degrees of pain or loss of sight)
- Timing (AM, PM, mealtime, arising from prone position, lying down)


Note: The medical record should describe at least 4 of the above elements or the status of at least 3 chronic conditions for an extended HPI.

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 "99" Code Hx Continued


- Review of Systems (ROS)
 - Allergic/Immunologic
 - Cardiovascular/Cardiac
 - Constitutional Symptoms (fever, weight loss, etc.)
 - Ear, Nose, Mouth and Throat
 - Endocrine

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 "99" Code Hx Continued


- Eyes
- Gastrointestinal
- Genitourinary
- Hematologic/ Lymphatic
- Integumentary
- Musculoskeletal
- Psychiatric
- Respiratory

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 "99" Code Hx Continued


- Past Family and/or Social History (PFSH)
 - Past Hx (the patient's past experiences with illnesses, operations, injuries and treatments)
 - Family Hx (a review of medical events in the patient's family, including diseases, which may be hereditary or place the patient at risk)
 - Social Hx (an age appropriate review of past and current activities [e.g. smoking, drinking])

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 Documentation Continued


- E/M Examination Elements
 - IOP
 - Visual acuity
 - Adnexa (lids, lashes, lacrima, pre-auricular lymph nodes, orbits)
 - Conjunctivae (bulbar and palpebral)
 - Pupils and Irises (shape, size, reaction)
 - Confrontation fields

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 "99 Exam Continued

- EOM , including gaze alignment
- Slit Lamp Exam
 - Cornea (tear film, epithelium, stroma, endothelium)
 - A/C (depth, flare, cells)
 - Lenses (clarity, anterior and posterior capsules, cortex, nucleus)


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 "99" Exam Continued

- Funduscopy/ophthalmoscopy (direct or indirect, dilated or undilated)
- Optic discs (c/d ratio, appearance, nerve fiber layer)
- Posterior segment (vessels, retina, macula, vitreous)


Note: In order to bill a comprehensive E/M Service (discussed later), the funduscopy must be performed through a dilated pupil. If dilation is contraindicated, the reason must be documented.

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 "99 Exam Continued

- Mental Status (orientation to time, place and person [TPP] or mood and affect. Mental status is only required for a comprehensive E/M service [discussed later])


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Documentation Continued

- Medical Decision Making (MDM)
 - Presenting Problems
 - Diagnostic Tests Ordered
 - Management Options Selected
 - Level of Risk

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E/M Code Summary

*Three specific categories make up these codes:

- History
- Examination
- Medical Decision Making

*All three must be met for new patients and two of the three for established patients.

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History

Four specific components make up the E/M history:

- CC
- HPI
- ROS
- PFSH


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HPI, ROS & PFSH

- 8 bullets make up HPI
- 14 bullets make up ROS
- 3 bullets make up PFSH


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Examination

13 bullets make up the E/M examination.

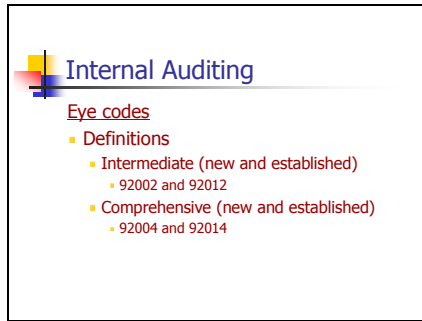
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Medical Decision Making

3 components make up the E/M MDM requirement.

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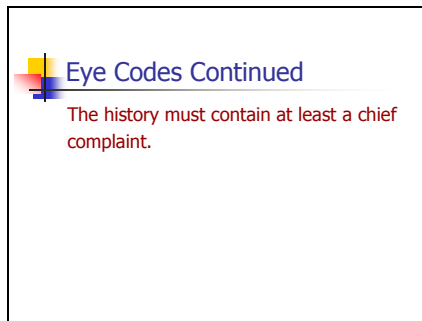


Internal Auditing

Eye codes

- Definitions
 - Intermediate (new and established)
 - 92002 and 92012
 - Comprehensive (new and established)
 - 92004 and 92014

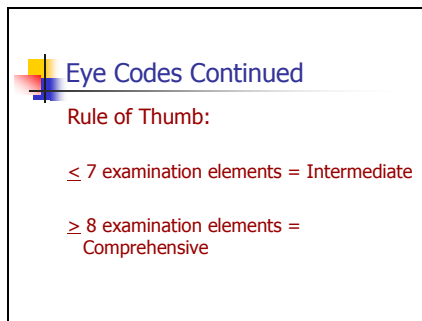
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Eye Codes Continued

The history must contain at least a chief complaint.

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Eye Codes Continued

Rule of Thumb:

≤ 7 examination elements = Intermediate

≥ 8 examination elements = Comprehensive


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Eye Codes Continued


Eye codes require much less documentation than E/M codes, are not subject to as much compliance scrutiny and typically pay better.

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Review of "92" and "99" Worksheets

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HPI Scenario

How many HPI elements are contained in the following statement?

"Cataracts OU; glare, especially while driving at night; very blurry vision during past 3 months."


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 **Answer**

Seven (7)


- Associated Signs & Symptoms (glare)
- Context (while driving)
- Duration (3 months)

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 **Answer**

- Location (OU)
- Quality (blurry)
- Severity (very)
- Timing (at night)


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 **Audit Scenario #1**

History (should be in patient's own words):
A new patient states, "I woke up this morning with a red, blurry right eye and my right eyelids were stuck together."


Examination: Visual acuity, inspection of bulbar and palpebral conjunctivae, slit lamp exam of corneas, A/C and lenses, fundus exam through non-dilated pupils, exam of pupils and irises.

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 **Audit Scenario #1 Continued**

Diagnosis: Acute bacterial conjunctivitis
Treatment: Antibiotic drops
Recommendation: Return for follow up tomorrow.
What code/s could/should be used?


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 **Answer**

92002: Why? Why not 92012? Why not 92004?

99202: Why not 99203?

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 **Audit Scenario #2**

History

A new patient states, "I have been having difficulty reading in dim light with both eyes for the past 6 months or so. I seem to have more trouble at the end of the day than at the beginning."


Further history documented a review of 5 systems and all three PFSH bullets.

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 **Audit Scenario #2 Continued**


Examination
The examination documented the following:
VA, IOP, Conf. Fields, all adnexa components,
EOM in all positions, conjunctivae, pupil and
irises, slit lamp exam of corneal layers, A/C,
lenses and dilated fundus exam of the optic
disc, including size, C/D ratio, appearance
and NFL, all structures and tissues in the
posterior segments and a refraction

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 **Audit Scenario #2 Continued**


Diagnosis: Presbyopia; +2 NSC
Treatment: New glasses (Rx given)
Recommendation: Return for cataract
follow-up in 6 months
What code/s could/should be used?

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 **Answer**

Best Code: 92004
Why?
Could also use: 99203
Why?

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Consultations

What would be different about the requirements to satisfy codes 99204 and 99244?

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QUESTIONS?

THANK YOU!
