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Actionable Steps & Coding Competencies to Audit Proof Your Practice

Southern Eye Congress
Sunday, July 24, 2022



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Financial Disclosure

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 - Academy Director of Coding & Reimbursement
- I have no financial interests or relationships to disclose.



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Course Agenda

Meet the Auditors


Study the Policies

Identify the Targets


Avoid Common Denials

Eliminate Chart Deficiencies

Put into Action



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Meet the Auditors

Identify the contractors and audit types



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Medicare Audit Contractors



Auditor		Contractor
CERT	Comprehensive	Varies by state* AdvanceMed
TPE	Targeted, Probe and Educate	MAC
SMRC	Supplemental Medical Review Contractor	Noridian National, all states
RA or RAC	Recovery Audit	Varies by state*
UPIC	Unified Program Integrity Contractor	Varies by state* Cotiviti, Performant

Contractor names, targeted areas and tips for submitting chart records, visit aao.org/audits

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Green Envelope = SMRC Audit



- National Contractor: Noridian
- To make more visible they mail in **green** envelopes
- Current projects:
 - 2019 cataract surgery
 - 2019 intravitreal injections
- Results letter
 - Discussion & Education Period (D&E)
 - Re-Review



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Pre or post-payment reviews

Up to three rounds of review

Each round examines a minimum of twenty (20) and a maximum of forty (40) claims

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Pre or post-payment reviews

Up to three rounds of review

Each round examines a minimum of twenty (20) and a maximum of forty (40) claims

TPE: Targeted Probe and Educate

If high denial rates continue after three rounds, the MAC shall refer to CMS for additional action, which may include

- extrapolation,
- referral to Unified Program Integrity Contractor (UPIC),
- referral to the RAC,
- 100% pre-pay review, etc.

Current projects: cataract surgery, botox and intravitreal injections, retina OCT and E/M services

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Pre or post-payment reviews

Up to three rounds of review

Each round examines a minimum of twenty (20) and a maximum of forty (40) claims

RA: Recovery Audits

Automated audits

- Driven by data-mining

Complex review

- Performed by evaluating chart documentation
- RA sends an additional documentation request (ADR)
- Number of records depends on size of practice

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OIG: Office of the Inspector General

Ongoing focus on ophthalmology


- 2012 Report: Medicare Paid \$22 million for potentially inappropriate payments for certain cataract, glaucoma and AMD services

Recent investigations

- Bypass modifiers: -25 and -59
- Intravitreal injections
- 28-day rule
- Extended ophthalmoscopy

Reports published in 2021

- California and Florida practices




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Study the Policies

Gain expert knowledge



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Study the Policies

Just because you were paid...


- Doesn't make it correct

Just because you were paid...

- Doesn't make it policy

Just because you were paid...

- Doesn't mean they won't recoup



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Medicare Policies and Articles

National Coverage Determinations (NCDs)

- Apply to everyone in all states

Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs)

- Published per the local Medicare Administrative Carrier (MAC) and provide:
 - Documentation guidelines
 - Indications & limitations
 - Frequency edits
 - Payable ICD-10 codes



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Medicare Policies and Articles

- Academy webpage
 - [aao.org/lcds](#)


Local Coverage Determination Policies

To help you successfully meet the requirements for put forth by your Medicare Administrative Contractor, the Academy has provided the applicable local coverage determination policies for each U.S. state and some territories. Each policy below can also be found at [aao.org](#).

To search the alphabetical list of National Coverage Determinations, visit the Centers for Medicare & Medicaid Services website.

Note for Alabama, Georgia, Tennessee: On Feb. 23, Jurisdiction J transferred to Palmetto USA.

- Cigna Government Services: Kentucky, Ohio
- East Coast Service Center: Florida, Puerto Rico, Virgin Islands
- National Government Services
 - JC Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont
 - JB Illinois, Minnesota and Wisconsin
- Novitas
 - JC California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands
 - JF Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming
- Novus
 - JA Pennsylvania, New Jersey, Maryland, Delaware and the District of Columbia
 - JH Texas, Oklahoma, Colorado, New Mexico, Arkansas, **Alabama**, Mississippi
- Palmetto
 - JA **Alabama, Georgia, Tennessee**
 - JB South Carolina, North Carolina, Virginia and West Virginia
- WPS Government Health Administrators
 - JB Iowa, Kansas, Missouri, and Nebraska
 - JB Indiana and Michigan



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Palmetto

Current Policies

Anterior Segment (AS)

- L00400 updated May 26, 2016 with effective date Oct 3, 2016

Argon II (thermal proptosis)

- L00294 updated Dec 26, 2015 with effective date Oct 3, 2016

Refractive surgery

- L00502 updated Apr 14, 2011 with effective date Apr 22, 2011
- L00471 updated May 14, 2011 with effective date May 20, 2011

Cataract surgery

- L00507 updated Dec 26, 2015 with effective date Jan 1, 2016
- L00503 updated Dec 26, 2015 with effective date Jan 1, 2016
- L00475 updated May 19, 2012 with effective date May 26, 2012

Glaucoma treatment

- L00494 updated Apr 19, 2011 with effective date Apr 19, 2011
- L00496 updated May 29, 2011 with effective date May 27, 2011

Conjunctivitis

- L00470 updated Dec 3, 2016 with effective date Nov 17, 2012

Corneal topography

- L00508 updated May 9, 2016 with effective date Nov 17, 2012

Corneal and refractive surgery

- L00499 updated May 9, 2016 with effective date June 1, 2012

DocuMosaic Intracocular Ophthalmic Insert (Devarge)

- L00502 updated on Jan 16, 2012 effective date Jan 1, 2012
- L00502 updated on May 16, 2012 with effective date May 20, 2012

Edox

- L00477 updated April 12, 2011 with effective date April 22, 2011

Flax and GCB

- L00474 updated June 9, 2011 with effective date June 12, 2011
- L00402 updated July 9, 2011 with effective date July 16, 2011

Business coding

- L00400 updated Jan 27, 2013 with effective date Feb 25, 2014

None

- L00470 updated Apr 19, 2011 with effective date Apr 1, 2012

Neurology and Neurology

- L00501 updated Aug 26, 2012 with effective date Oct 1, 2012

Low vision devices

- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012

Low vision services

- L00498 updated Dec 27, 2011 with effective date Jan 1, 2012
- L00499 updated on May 16, 2012 with effective date May 20, 2012
- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012

Web

- L00499 updated on Jan 1, 2012 with effective date Jan 1, 2012
- L00498 updated on May 16, 2012 with effective date May 20, 2012
- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012

Neurological services

- L00499 updated on Jan 1, 2012 with effective date Jan 1, 2012
- L00498 updated on May 16, 2012 with effective date May 20, 2012
- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012

Optometric and Ophthalmic photography

- L00499 updated on Jan 1, 2012 with effective date Jan 1, 2012
- L00498 updated on May 16, 2012 with effective date May 20, 2012
- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012

Perimetry

- L00499 updated on Jan 1, 2012 with effective date Jan 1, 2012
- L00498 updated on May 16, 2012 with effective date May 20, 2012
- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012

ICD9

- L00499 updated on Jan 1, 2012 with effective date Jan 1, 2012
- L00498 updated on May 16, 2012 with effective date May 20, 2012
- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012

Med Coverage

- L00499 updated on Jan 1, 2012 with effective date Jan 1, 2012
- L00498 updated on May 16, 2012 with effective date May 20, 2012
- L00497 updated Dec 27, 2011 with effective date Jan 1, 2012




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Pop Quiz #1

- Per Palmetto LCD L37644, indication for YAG laser capsulotomy (CPT code 66821) is based on clinical judgment regarding 1 or more of the following, *except*:
 - Visual acuity of 20/30 or worse
 - Impact on daily living
 - Symptoms of decreased contrast
 - Amount of posterior capsular opacification






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Pop Quiz #2

- For all insurance payers, there is no visual acuity requirement for cataract surgery. Just document the best corrected visual acuity and impact on daily living.
 - True
 - False





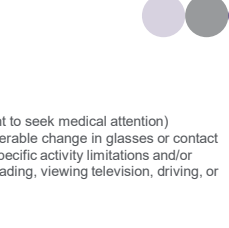
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Who is the Payer?

- Palmetto L34413**
 - Cataract causing symptomatic (i.e., causing the patient to seek medical attention) impairment of visual function not correctable with a tolerable change in glasses or contact lenses, lighting, or non-operative means resulting in specific activity limitations and/or participation restrictions including, but not limited to reading, viewing television, driving, or meeting vocational or recreational needs.





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Who is the Payer?

• Novitas L35091

○ Visual function no longer meets the patient's needs based on visual acuity, visual impairment, and potential for functional benefits.

○ Visual Impairment and function are not correctable by glasses or other non-surgical measures.

○ Limitations:

▪ Tolerable refractive correction that provides vision and meets the patient's needs and desires.

▪ The patient's lifestyle is not compromised by the cataract, and they are able to perform activities of daily living.

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Who is the Payer?

• Aetna, Cataract Surgery 0508

○ Visual acuity of 20/50 or worse and:

▪ Impact on daily living

▪ BCVA

▪ Cataract is the limiting factor

○ Visual acuity of 20/40 or better and:

▪ Impact on daily living

▪ Complaint of glare, confirmed by testing (e.g., BAT)

▪ Cataract is the limiting factor

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Prior Authorization

JUN 25, 2022

Aetna Drops Prior Authorization for Most Cataract Surgery

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JUN 26, 2022

Humana to Launch Cataract Prior Authorization in Georgia


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Identify the Targets

Prepare for the inevitable audit




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Audit Targets

- Intravitreal Injections
- Cataract Surgery
- Photodynamic Therapy
- Unbundling Ophthalmic Testing
- Blepharoplasty
- Botox Injections
- New Patient Exams When Established






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Pop Quiz #3

- In recent SMRC audits of Eylea intravitreal injections, claims failed with the following medication documentation in the procedure note, *except*:
 - 2 mg/0.05 ml injected. Residual medication less than 1 unit was discarded.
 - 0.05 ml injected
 - Single-use vial of Eylea was injected
 - Eylea OS, single-use syringe






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Intravitreal Injections




Focus of SMRC, TPE, CERT and OIG audits



Review LCDs and LCAs



Utilize the Academy Intravitreal Injection checklist




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aao.org/retinapm

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Intravitreal Injection Checklist and Guide for Chart Documentation

Procedure record includes:

- o Diagnosis
- o Route of administration (intravitreal injection) and medication name
- o Site of injection - eye (s) treated
- o Dosage in mg and volume in mL (e.g., Avastin 1.25 mg@ 0.05 mL) and lot number
- o Single-use medications record wastage greater than 1 unit (e.g., Trience)
- o For wastage less than 1-unit document: "any residual medication less than one unit has been discarded." (e.g., EYLEA)
- o Consent completed for injection, medication and eye (s) on file.
- o For initial treatment using a medication with off-label use, an informed consent with that notification is completed. (e.g., Avastin)

Review the entire checklist at aao.org/retinapm



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Intravitreal Injections

- Novitas A53121

JUN 25, 2021

Novitas Confirms J9035 Should Not Be Used to Bill for Intravitreal Injections of Avastin

In its latest revision to LCA A53121 for [J9035 \(intravitreal injection\)](#), applicable as of April 1, the Medicare administrative contractor Novitas added coding guidance language confirming once again that J9035 should not be used to bill for Avastin intravitreal injections. The correct code is J9030.


Although this is consistent with Novitas coverage policy dating back to Aug. 22, 2018, member feedback indicates that implementation has been unclear. Please review the Novitas' latest local coverage articles (LCAs) for specific coding guidance.

Additional changes to the LCA include coding guidance for new treatments, including Byovizio and Susvivo.

- Palmetto
 - o Avastin - no active policy
 - o J9035

Eylea

- A53387 Updated April 12, 2021 with effective date April 22, 2021



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Pop Quiz #4

- Per Palmetto LCA A53047, all the following justify the use of CPT code 66982, complex cataract surgery, *except*:
 - Mechanical expansion of the pupil using hooks
 - Need to support the lens implant with permanent intraocular sutures
 - Complication during surgery
 - Use of dye (e.g., trypan blue) to stain the lens for a mature cataract

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TPE Audits: Cataract Surgery

Palmetto

- Denial rate 25.67%
- April 2021- June 2021

Novitas

- Minor 92%
- Moderate 2%
- Major 6 %
- October 2021-March 2022

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TPE Audits: Cataract Surgery

Noridian

- 71.3 % denial rate: Alaska, Idaho, Oregon and Washington
- 26.6% denial rate: Arizona, Utah, Montana, North Dakota, South Dakota and Wyoming
- Common documentation deficiencies:
 - BCVA, manifest refraction
 - Cataract grade
 - Functional impairment
- Missing statements:
 - Tolerable change in glasses will not improve the patient's vision
 - Reasonable expectation cataract removal will improve vision

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Cataract Surgery

Cataract Pre-Op Checklist

This checklist meets the current requirements of all Medicare Administrative Contractors. For commercial or Medicaid plans, check your website.

☐ Chief complaint unique to each patient (Share Don't "Clone" notes from patient to patient).

- Decreased ability to carry out activities of daily living, including—but not limited to—reading, watching television, driving, or meeting occupational or vocational requirements.

☐ Visual acuity (VA) and best corrected visual acuity (BCVA)

- At the time of pre-op Cigna has a VA requirement—BCVA of 20/30 or worse at distance or near, or additional testing shows one of the following: Conventional light testing decreases VA by 2 lines or glare testing decreases VA by 2 lines.
- If complaint is with near vision, document BCVA at near, too.
- Explain concerns of glare, it is appropriate to perform and document glare test results.

☐ Exam reveals that other eye diseases—including, but not limited to, macular degeneration or diabetic retinopathy—is not the primary cause of decreased visual function.

☐ When one or more concomitant ocular diseases are present that potentially affect visual function (e.g., macular degeneration or diabetic retinopathy), the attention should indicate that the cataract is believed to be significantly contributing to the patient's visual impairment.

☐ The patient has been educated by the surgeon about the risks and benefits of cataract surgery and the alternative to surgery and has provided informed consent.

☐ The patient has determined that he/she is no longer able to function adequately with the current visual function and desires surgery.

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- Fact Sheet for Documenting the Need for Cataract Surgery
- Video: Cataract Surgery Documentation Checklist
- Palmetto & Novitas policies
 - aao.org/lcds

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Pop Quiz #5

- According to the CMS NCDs for photodynamic therapy (PDT), which of the following must be present before therapy:

- Evidence of classic CNVM on OCT or FA
- Evidence of classic CNVM on FA
- A diagnosis of myopic degeneration
- Atrophic or dry AMD

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Photodynamic Therapy (PDT)

Focus of Recovery Auditor Contractors (RAs)

CMS National Coverage Determinations (NCDs)
Ocular Photodynamic Therapy 80.2.1
Verteporfin 80.3.1
Photodynamic Therapy 80.2

Utilize the Academy PDT checklist
aao.org/retinagm

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PDT Audit Pitfalls

Does not support medical necessity

Missing FA with evidence of classic CNVM

No documentation of wastage

Not reporting wastage on claim form

PDT Checklist:

☐ Choroidal neovascularization membrane (CNVM) secondary to age-related macular degeneration

☐ CNVM under the geometric center of the foveal avascular zone

☐ Evidence of classic CNVM on fluorescein angiogram (FA)

☐ Area of classic CNVM at least 50% of the area of the total neovascular membrane

☐ Dosage in mg and volume in ml

☐ Medication wastage recorded


HCPCS J3396 injection, Verteporfin, 0.1 mg

Chart documentation

- Total drug dosage: 12 mg (reconstituted volume 8 ml, volume of DSR 24 ml)
- Wasted: 3 mg

Code

- J3396, 120 units
- J3396 – JW, 30 units


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PDT: Who is the Payer?

Commercial, MA Plans and Medicaid may have published policies	Expanded covered diagnosis codes and exclusions	Reference CMS NCDs
Research and prior authorize	CSR, myopic degeneration, presumed ocular histoplasmosis Aetna Verteporfin Photodynamic Therapy 0594	UHC Medicare Advantage Photodynamic Therapy, guideline MPG245.06

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Pop Quiz #6

- According to the CMS NCCI edits, it is appropriate to unbundle CPT codes 92133 and 92134 when different diagnosis codes are linked to each test.

1. True

2. False




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Bundled Testing Services




Focus of Recovery Auditor Contractors (RAs) - Cotiviti

Unbundling of 92133 and/or 92134 during same session




Reference CMS NCCI edits

Updated quarterly



Utilize Academy Quick Reference Guides



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Bundled Testing Services

- CCI edits:
 - "0" indicator-mutually exclusive
 - "1" indicator-can unbundle when appropriate
- When is it appropriate to unbundle with modifier -59?
 - Separate structure, opposite eye
 - When the payer states in published policies

Column 1	Column 2	Date of Bundle	Date of Deletion	Indicator
92134	92250	20110101	*	1
92133	92134	20110101	*	0
67028	92201, 92202	20200101	*	1




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Ophthalmic Testing Services NCCI 28.2 Effective 7/1/2022	Visual Field, Ext 92083	IOL Master 92136	FA 92235	ICG 92240	FA/ICG 92242	FP 92250	Posterior Segment OCT 92134	Optic Nerve OCT 92133
Visual Field, Ext 92083		Biliable same day	Biliable same day	Biliable same day	Biliable same day	Biliable same day	Biliable same day	Biliable same day
IOL Master 92136	Biliable same day		Biliable same day	Biliable same day	Biliable same day	Biliable same day	Biliable same day	Biliable same day
FA 92235	Biliable same day	Biliable same day		Mutually Exclusive	Mutually Exclusive	Biliable same day	Biliable same day	Biliable same day
ICG 92240	Biliable same day	Biliable same day	Mutually Exclusive		Mutually Exclusive	Bundled	Biliable same day	Biliable same day
FA/ICG 92242	Biliable same day	Biliable same day	Mutually Exclusive	Mutually Exclusive		Bundled	Biliable same day	Biliable same day
FP 92250	Biliable same day	Biliable same day	Biliable same day	Bundled	Bundled		Bundled	Bundled
Posterior Segment OCT 92134	Biliable same day	Biliable same day	Biliable same day	Biliable same day	Biliable same day	Bundled		Mutually Exclusive
Optic Nerve OCT 92133	Biliable same day	Biliable same day	Biliable same day	Biliable same day	Biliable same day	Bundled	Mutually Exclusive	



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Testing Services, CCI bundles.
July 1, 2022, Version 28.2


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Pop Quiz #8

- It is appropriate to use a cosmetic vial of Botox for functional treatment to reduce wastage as they contain the same medication.

- True
- False






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Botox Injections




TPE/CERT targeted audits



Review LCDs & LCAs



Prior Authorizations including Medicare



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Hospital outpatient department (OPD) services – medical record checklist
(revitesolutions.com)
aao.org/lids

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Botox Injections

Academy Fact Sheets aao.org/coding

- Blepharospasm, hemifacial spasm
- Migraine
- Correction of strabismus

Includes:

- Documentation checklist
- Prior authorization checklist for HOPD
- Coding for drug and wastage
- Medicare policy billing guidelines



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Pop Quiz #9

- A small group of subspecialists merge into one practice and a new Taxpayer Identification Number (TIN) for the large group practice is created. Are patients who have seen physicians at any of the smaller group practices within three years considered new or established?

- New
- Established






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New vs Established




Frequent RA automated audits



Established patient seen after 3 years, 1 day is new



Referral within same group, different subspecialty is established



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How did you do?

- Identify more audit targets
 - aao.org/audits

Audit Types and Agencies

- Comprehensive Error Rate Testing (CERT) - Advantamed
- Office of Inspector General (OIG)
- Recovery Audit (RA) - Celvix
- Recovery Audit (RA) - Celvix Government Services
- Recovery Audit (RA) - Performant
- Targeted Probe and Educate (TPE)






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Avoid Common Denials

Medicare audit report card



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Medicare Top Reasons for Denial

Insufficient documentation

Does not support medical necessity

Incorrect coding

Claim billed in error by provider



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Medicare Top Reasons for Denial

Insufficient documentation

- Procedure note lacking drug name, indication for injection or wastage of 1 unit or greater
- No order for testing or surgery
- Missing signature

Does not support medical necessity


- ICD-10 codes not included in payer policy
- Missing impact on activities of daily living
- Frequency edit

Incorrect coding

- Wrong units
- Missing modifier
- Incorrect ICD-10 linked to procedure
- Billing 66982 when OP report supports 66984
- Bundled service

Claim billed in error by provider

- Procedure not performed
- Wrong medication
- Bilateral when unilateral procedure
- Patient was not seen on DOS




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Signature Requirements

- Handwritten or electronic signatures
 - All chart documents submitted
- No stamped signatures
- Signature is legible or provide a signature log
- If missing, must include an attestation statement
- Electronic signature is secure
 - Maintain electronic signature policy, provide in audit




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Eliminate Chart Deficiencies

Avoid the top 5




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Top Chart Deficiencies

1. Missing physician order for delegated testing services
2. Cloned charts
3. No patient identifiers
4. Chief complaint or reason for visit lacking
5. No assessment or plan



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#1 Missing Order for Delegated Test

Delegated testing services require physician order

The physician must examine the new patient to determine medical necessity

Standing orders or screening tests are not covered by insurance payers

Test interpretation required



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Written or Electronic Physician Order

Date of service

Name of the test(s)


Medical necessity reflected in the chart note

Medically necessary diagnosis

Eye(s) being tested

Interpretation/report

Physician legible or secure electronic signature



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#2 Cloned Charts

Copied forward from previous encounter, not updated or accurate


Assessment today not relevant

OIG, January 2014

Cloned charts can produce inappropriate charges

Could facilitate inflated claims and duplicate or create fraudulent claims

[CMS and Its Contractors Have Adopted Few Program Integrity Practices To Address Vulnerabilities in EHRs \(OEI-01-11-00571; 01/14\) \(hhs.gov\)](#)



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#2 Cloned Charts



How can you identify cloned charts?



Internal chart audit

Patient presents for YAG laser today, right eye. S/P cataract surgery
Assessment and plan states based on exam today, cataract surgery is recommended in the right eye.



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#3 No Patient Identifiers

Patient identifiers must be present on each printed chart document

- E.g., patient name, date of birth, MRN number

Potential deficiencies:

- EHR functionality allows for updating header, footer of printed chart note
- Written chart record, scanned into EHR
- Copy of test
- Consents, VFQ, ABN



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#4 Chief Complaint Lacking

Document a medically relevant history

Must tell the story, reflect in plan

Potential deficiencies:

- Patient presents with red, tearing eye – not assessed in plan
- Cataract surgery recommended, chief complaint does not include impact on daily activities
- Scheduled Injection today, but medically necessary exam of fellow eye not documented in chief complaint
- Unrelated exam in postop (new dx fellow eye), c/c states "here for 1 week postop"



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#5 No Assessment or Plan

Complete documentation confirms MDM and medical necessity

Document each diagnosis assessed during the encounter and status

- Stable, worsening, uncertain prognosis

What is the treatment plan?

- Follow-up 6 months
- Laser
- Surgery



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#5 No Assessment or Plan

- Potential deficiencies:
 - Billing exam with -25 modifier, not assessing the problem that is significant, separately identifiable
 - Exam in postop period, appending -24 with no assessment or plan for unrelated diagnosis
 - Assessment does not include reason for visit or address new symptoms



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Put Into Action

Key steps to audit proof your practice




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Perform Internal Chart Audits

Create	Create your own Comparative Billing Report
Run	Run utilization reports per provider for all E/M and Eye visit codes.
Compare	Compare the percentages and identify any outliers.
Target	Target modifier use (e.g., -24, -25 and -59) and frequent procedure and testing codes
Audit	Audit for proper documentation requirements, correct coding and consider payer policies
Correct	Take corrective action when errors are found. Educate internally. Submit timely voluntary refunds.




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Get a Second Opinion




ROTATE INTERNAL AUDITORS



INVOLVE THE ENTIRE TEAM



EXTERNAL CHART AUDITS




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Prepare Your Practice

- Who opens the mail?
- Internal process for all audit requests
 - Additional Documentation Requests (ADR)
- Designated staff and physicians notified of any audit request
- Review of documentation prior to submission
 - Utilize checklists and payer policies
- Provide letter summary, as appropriate
- Include approved abbreviation lists and signature logs
- Appropriate delivery method, avoid fax
- Meet all deadlines






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Lessons Learned

- Use a trusted source for coding guidance
- Review OP reports and procedure notes for required documentation
 - Templates may not be complete
- Always document medication used and wastage, mg and ml
- Recognize the auditor may not understand ophthalmology
 - Provide comprehensive documentation





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Ongoing Continued Education






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Academy Resources

- Audit Webpage
 - aao.org/audits
- Coding Resources
 - aao.org/coding
- Retina Coding & Practice Management
 - aao.org/retinapm
- Join the [AAOE-Talk](#) Community!



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