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# Protect Your Revenue: Strategies to Improve Documentation & Coding Compliance

Southern Eye Congress  
Sunday, July 23, 2023

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## Speaker Financial Disclosure

- Joy Woodke, COE, OCS, OCSR
  - Academy Director of Coding & Reimbursement
- Speaker has no financial relationships to disclose.
- All relevant financial relationships have been mitigated.

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## Course Agenda

- Coding Compliance
  - News of the Day
- Audit Realities
- Strategies to Implement
  - Prevention
  - Stellar Documentation
  - Master the Policies
  - Coding Competency
  - Work Smarter, Not Harder

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## Coding Compliance

News of the Day

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## Why is Compliance Important?

**Ophthalmologists to Pay Multidigit-Dollar Settlements in 3 Kickback Cases**



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## How Can This Happen?

- Listening to inaccurate advice
- Getting the advice you want to hear
- Inadequate compliance training
- Not prioritizing practice management
- Solution: ongoing compliance training

• "But everyone does it"


• Seek answers from trusted sources

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### Be Cautious

Avoid the hot idea

- Too good to be true?
- Is it enough if everyone is doing it?
- Is the increase in income worth the risk of audit or worse?
- Don't be the next headline
- Verify with a trusted source
- Be cautious – avoid any potential to defraud payers and beneficiaries.



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### Your Trusted Source

- Academy's Comprehensive Guidelines for the Co-Management of Ophthalmic Postoperative Care
- Link from [aao.org/cataractsurgery](http://aao.org/cataractsurgery)
- OMIC Co-management Resources
  - <https://aao.org/co-management-of-surgery>

#### Comprehensive Guidelines for the Co-Management of Ophthalmic Postoperative Care

**Introduction**  
As cataract surgery has become a common procedure, the need for a standard of care for the management of ophthalmic postoperative care has become increasingly apparent. This document provides a comprehensive review of the current literature and offers guidance on the management of ophthalmic postoperative care.

**Objectives**  
The purpose of this document is to provide a comprehensive review of the current literature and offer guidance on the management of ophthalmic postoperative care.

**Indications**  
This document is intended for ophthalmologists and other eye care professionals who are involved in the management of ophthalmic postoperative care.

**Health and safety**  
This document is intended for ophthalmologists and other eye care professionals who are involved in the management of ophthalmic postoperative care.



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### Co-Management

- Potential pitfalls
  - Legal
  - Ethical
  - Patient complaints
  - Noncompliance
  - Targeted audits
- Protocols
  - Seek appropriate legal advice




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### Under Scrutiny

Comparative Billing Report (CBR)

September 2022, CMS released CBRs

Analyzing claims data from Jan 1 - Dec 31 2019 for these 3 metrics:

- Percent of cataract surgeries billed as a complex procedure (CPT 66982)
- Percent of YAG procedures (CPT code 66821) performed within 18 months of cataract surgery in the same eye
- Co-management - Percent of cataract surgeries where post-operative care was rendered by a different provider




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### Cataract Surgery

- Pitfalls to Avoid
  - Balance billing Medicare beneficiaries for femtosecond laser w standard cataract surgery
  - Applying Medicare's noncoverage policy of premium IOL to all payers
  - Lack of required co-management documentation
  - Co-management arrangements for premium IOL and LASIK that are kickbacks
  - Incorrect coding


Academy/AAOE resources – [aao.org/coding](http://aao.org/coding)



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### Co-management Coding

<p><b>Case 1 – standard cataract surgery, right eye</b></p> <ul style="list-style-type: none"> <li>• Surgeon provides zero postop days</li> </ul>	<p><b>Surgeon:</b></p> <ul style="list-style-type: none"> <li>• 66984 –54 –RT</li> </ul>	<p><b>Co-manager:</b></p> <ul style="list-style-type: none"> <li>• 66984 –55 –RT</li> <li>• CMS-1500</li> <li>• Item 19:                     <ul style="list-style-type: none"> <li>• Date range of postop care (90 days)</li> </ul> </li> </ul>
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### Co-management Coding


<p><b>Case 2 – complex cataract surgery, left eye</b></p> <ul style="list-style-type: none"> <li>• Surgeon provides seven postop days</li> </ul>	<p><b>Surgeon:</b></p> <ul style="list-style-type: none"> <li>• 66982 –54 –LT</li> <li>• 66982 –55 –LT</li> <li>• CMS-1500</li> <li>• Item 19:</li> <li>• Date range of postop care (7 days)</li> </ul>	<p><b>Co-manager:</b></p> <ul style="list-style-type: none"> <li>• 66982 –55 –LT</li> <li>• CMS-1500</li> <li>• Item 19:</li> <li>• Date range of postop care (83 days)</li> </ul>
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### Pop Quiz

- All payers recognize co-management coding with modifiers –54 and –55 ?

A. True  
 B. False




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### Access Resources

- June EyeNet Savvy Coder:
  - Cataract Co-management Compliance: CMS Outreach Prompts Internal Reviews
  - [aao.org/eyenet](http://aao.org/eyenet)
- Learn more:
  - 2023 Fundamentals of Ophthalmic Coding



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### Audit Realities

We Must Take Action

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### We often hear ...

- When did the Medicare policy change?
- My documentation will not pass the audit...
- I found out about my audit when the MAC started recoupments...
- We have been billing wrong for 5 years?




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### Pop Quiz

- SMRC Audits of 2019 intravitreal injections had an error rate of:

A. 10%  
 B. 18%  
 C. 29%  
 D. 100%




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### Preventive vs Emergency Response




Assess




Make a plan



Set goals



Monitor



Corrective action

### Practice Compliance Plan

**What it's Not**

- One and done
- Book on the shelf
- For everyone else
- An afterthought

**What it Must Be**

- Living, breathing document
- Actionable steps
- Your culture

### Effective Compliance Plan

**Key action steps**

- Current policies and procedures
- Compliance officer
- OIG exclusion list
  - <https://exclusions.oig.hhs.gov>
- Ongoing education (FWA training)
- Internal chart audits
- Open communication
- Identify problems and correct
- Recurring agenda item

### Practice Vital Signs

- RCM dashboard
  - Identify red flags, drill down
- Financial benchmarks
  - Staff payroll, overhead ratio
- Medication income statement
  - Closely monitor for profitability
- Claim denial management
  - Percentage of write-off
  - Claim denial rates




### Stellar Documentation

Audit proof your charts

**Pop Quiz**

- According to Palmetto LCD L34413, the physician assessing that the cataract is visually significant and impacting the patient's daily living is sufficient documentation to establish medical necessity.

A. True  
B. False




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**Pop Quiz**

- According to Palmetto LCD L34413, what should be documented in the exam findings?

A. BCVA at a distance and at near, if complaint at near  
B. Complete review of systems  
C. Degree of lens opacity correlating to corrected visual acuity  
D. Both A & C




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**Pop Quiz**

- According to Palmetto LCD L34413, the following physician assessments should be documented must be present in the patient chart:

A. Visual impairment not correctable with a tolerable change in glasses  
B. Visually significant cataract, schedule surgery  
C. Reasonable expectation exists that cataract surgery will significantly improve the visual and functional status  
D. A and C  
E. All of the above



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**Cataract: Physician Assessment**

**Visually-significant cataract:**

- Visual impairment not correctable with a tolerable change in glasses
- Reasonable expectation exists that cataract surgery will significantly improve the visual and functional status
- One or more ocular diseases - cataract is believed to be significantly contributing to the patient's visual impairment
- Patient desires surgery

**Other types of cataract:**

- Cataract surgery is being performed to establish clear media for the treatment (or monitoring) of:
  - Posterior segment conditions, or
  - Inflammation or secondary glaucoma, or
  - Worsening angle closure (phacomorphic glaucoma) due to increase in crystalline lens

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**Cataract Documentation**

**Chief complaint** • Impact on activities of daily living

**Exam** • BCVA with MR  
• Cataract grade

**Assessment and plan** • Key physician statements per policies

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Learn more at [aaao.org/cataract-surgery](http://aaao.org/cataract-surgery)  
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**Pop Quiz**

- My EHR is designed for ophthalmology and the templates provide all the necessary documentation per payer policies.

A. True  
B. False




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### Pop Quiz

- In recent SMRC audits of intravitreal injections, examples of insufficient documentation included the following, except:

- Dosage injected in mg and mL
- Wastage was discarded
- Off-label indication
- Lack of a procedure note



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### Intravitreal Injection Documentation

<b>Medical necessity</b>	<ul style="list-style-type: none"> <li>Treatment plan, why the specific medication was chosen, changed or continued</li> <li>Diagnosis per FDA label and/or payer policy</li> <li>Physician note</li> </ul>
<b>Procedure note</b>	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>Site of injection, route of administration, eye(s)</li> <li>Dosage in mg and mL, document wastage</li> </ul>
<b>Inventory log</b>	<ul style="list-style-type: none"> <li>Medication used linked to patient, date of encounter</li> <li>Available in the event of an audit</li> </ul>

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### Master the Policies


[aao.org/lcds](http://aao.org/lcds)

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### What do policies provide ?




INDICATION



FREQUENCY



DOCUMENTATION




CODING


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### Define Medical Necessity



PHYSICIAN





INSURANCE

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### Access Medicare Policies

**Local Coverage Determination Policies**

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- 1. **Local Coverage Determination Policies**
- 2. **Medicare Administrative Guidelines**
- 3. **Medicare Coverage**
- 4. **Medicare Reimbursement**
- 5. **Medicare Billing**
- 6. **Medicare Audits**
- 7. **Medicare Appeals**
- 8. **Medicare Denials**
- 9. **Medicare Coverage**
- 10. **Medicare Reimbursement**
- 11. **Medicare Billing**
- 12. **Medicare Audits**
- 13. **Medicare Appeals**
- 14. **Medicare Denials**
- 15. **Medicare Coverage**
- 16. **Medicare Reimbursement**
- 17. **Medicare Billing**
- 18. **Medicare Audits**
- 19. **Medicare Appeals**
- 20. **Medicare Denials**

[aao.org/lcds](http://aao.org/lcds)


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### Pop Quiz

- Palmetto LCA-A53387 for Eylea, includes the following statements - **accept**

- Treatment of macular edema more frequently than every 4 weeks (alternating drugs every 2 weeks) will not be covered
- It is medically necessary for the treatment of patients with macular edema
- It is not reasonable and necessary to injection more than one anti-VEGF in the same eye, same session
- It is not typical to inject one anti-VEGF in one eye and another in the other eye



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### Palmetto A53387

- Eylea indications per FDA label
  - Neovascular (wet) age-related macular degeneration (AMD)
  - Macular edema following retinal vein occlusion (RVO)
  - Diabetic macular edema (DME)
  - Diabetic retinopathy
- Frequency per label
- If different medications are injected into each eye during the same session, the rationale for this therapy must be documented

[aao.org/foeds](http://aao.org/foeds)

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### Pop Quiz

- A patient complaint of "irritated skin lesion" is sufficient justification for lesion removal per Novitas LCD L34938

- True
- False



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### Novitas L34938

- Removal of lesions will be considered as medically necessary, and not cosmetic, if one or more of the following a present and documented:
  - The lesion clinically restricts eye function. For example, the lesion
    - restricts eyelid function
    - causes misdirection of eyelashes or eyelid
    - restricts lacrimal puncta and interferes with tear flow
    - touches the globe
    - interferes with vision
  - There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesion appearance or prior biopsy of a related or similar lesion suggesting malignancy.

Review more at [aao.org/foeds](http://aao.org/foeds)


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### Pop Quiz

- According to Palmetto LCD L37644, YAG laser capsulotomy is justified in the global period of cataract surgery, same eye, when:
  - Modifier -78 is appended to CPT 66821
  - Posterior capsular opacification (PCO) 3+
  - Patient complaint of glare
  - Contraction of the posterior capsule with displacement of the IOL.



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### Palmetto L37644

- YAG Laser Capsulotomy
- Not covered when performed in the global period of cataract surgery unless justified by one of these indications:
  - Posterior capsular plaque/opacity which cannot be safely removed during primary phacemulification cataract procedure, or
  - Capsular block during which cataract remnants and fluid become trapped within the lens capsule and addressed with YAG laser posterior capsulotomy, or
  - Contraction of the posterior capsule with displacement of the intraocular lens.
- CPT code 66821, modifier -78
  - A56792 - ICD-10 codes

Review more at [aao.org/foeds](http://aao.org/foeds)

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### Palmetto L37644




- YAG Laser Capsulotomy
- Diagnosis of functional visual impairment due to PCO is based on:
  - Visual loss and/or symptom of glare (visual acuity 20/30 or worse under Shellen conditions, using contrast sensitivity, or simulated glare testing);
  - Symptoms of decreased contrast
  - Amount of posterior capsular opacification or;
  - Other possible causes of decreased vision following cataract surgery.

Review more at [aao.org/codes](https://aao.org/codes)

### Pop Quiz

- According to Novitas LCD L35038, SCODI, which of the following statements regarding frequency is **false**?
  - No more than 1 OCT per month to manage the patient with any retinal disease
  - No more than 1 OCT per year for the hydroxychloroquine (Plaquenil) exam.
  - No more than 2 exams per year for the patient who has or is suspected of having glaucoma



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### Novitas L35038




- Scanning computerized ophthalmic diagnostic imaging (SCODI) or optical coherence tomography (OCT)
- Posterior segment, CPT code 92134
  - No more than one (1) exam every two (2) months will be considered medically reasonable and necessary to manage the patient whose primary ophthalmological condition is related to a retinal disease that is **not** undergoing active treatment.
  - No more than one (1) exam per month (28-days\*) will be considered medically reasonable and necessary to manage the patient with retinal conditions undergoing active treatment, or in conditions suggestive of rapid deterioration (AMD, CNV, ME, DR, VU, CME)
  - In addition, other conditions which may undergo rapid clinical changes monthly requiring aggressive therapy and frequent follow-up (e.g., macular hole and traction retinal detachment) may also require monthly scans.

Review A57600\* and L35038 at [aao.org/codes](https://aao.org/codes)

### Pop Quiz

- According to Palmetto LCD L34426, the frequency for fluorescein angiography, CPT code 92235, is considered medically necessary no more than:
  - Twice per year
  - Once a year
  - 9 times per year
  - 12 times per year

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### Coding Competency

Your Best Defense




### Polling 1: Complex Cataract Surgery

- Our canned OP report includes documentation of a cataract in the right eye with poor red reflex and use of Trypan Blue.
- Correct coding is:
  - 66984 –RT
  - 66981 –RT
  - 66982 –RT
  - 66984 – 22 – RT

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### 1: Complex Cataract Surgery

- CPT code 66982, complex cataract surgery
  - Mature cataract with use of Trypan Blue may qualify
  - Who is the payer?
- Review the documentation:
  - Poor red reflex is a finding, not a diagnosis
  - Exam findings should include poor red reflex or can't be obtained. Pupil appears white.
  - Assessment - mature cataract
  - OP report diagnosis includes diagnosis of mature cataract, procedure includes use of trypan blue.

### Complex Cataract Surgery

- Why and How?
  - Document the supporting diagnosis and additional tools & techniques
    - Noridian A57195, recommended OP report statements:
      - The patient required suturing a posterior chamber intraocular lens because of insufficient capsular support.
      - Intraoperative iris hooks were required to address a severely miotic pupil.
      - Trypan blue dye was needed to adequately visualize the lens capsule in the presence of a mature cataract.
  - Report secondary ICD-10 codes as appropriate per the payer policy
    - eg. K21.81 Floppy iris syndrome, H27.11- subluxation of lens

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### 1A: Complex Cataract Surgery

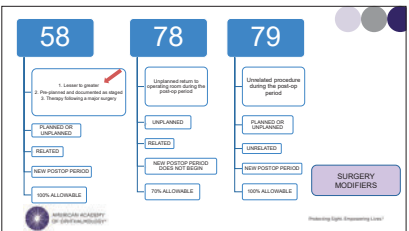
- Bonus Question
  - The diagnosis of floppy iris syndrome is enough to qualify for complex cataract surgery.

A. True  
B. False

### Polling 2: Modifiers

- During a postoperative visit of CPT code 66710 Ciliary body destruction; cyclophotocoagulation, transscleral (TCP) the patient still had elevated pressure. They were scheduled for CPT code 66183 Express Shunt, in the same eye, same diagnosis within the global period. Which modifier would be appended to 66183?
  - A. -58
  - B. -59
  - C. -78
  - D. -79

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### Polling 3: Level of Exam for Glaucoma

- All glaucoma visits are considered moderate level of MDM because of prescription drug management.
  - A. True
  - B. False

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Section 3000 of National Evaluation  
**2023 Final Determination Table for Medical Decision Making**  
 (Effective 10/1/2023)

Complexity	History	Physical	Medical Decision Making
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

Download at [aba.org/aba](http://aba.org/aba)

### E/M Level 3 vs 4

Reason for the exam?

6-month glaucoma check, VF

Glaucoma, stable, continue meds, return in 6 months  
 • 1 stable chronic illness (low problem), data none, risk RX management (moderate)

Overall MDM, low  
 • Level 3, 99213

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### E/M Level 3 vs 4

Reason for the exam?

6-month glaucoma check, VF

Glaucoma, worsening, change meds, return in 4 months  
 • 1 chronic illness, progression (moderate problem), data none, risk RX (moderate)

Overall MDM, moderate  
 • Level 4, 99214

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### E/M Level 3 vs 4

Reason for the exam?

6-month glaucoma check and evaluation of chronic dry eyes  
 • 1 VFA none responsive to disease progression

Glaucoma, continue meds, return 1-2 months repeat VF; Dry eyes, stable  
 continue AI, return PRN  
 • 2 chronic illnesses (moderate problem), data none, risk RX (moderate)

Overall MDM, moderate  
 • Level 4, 99214

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## What Else You Need to Know

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Section 3000 of National Evaluation  
**2023 Final Determination Table for Medical Decision Making**  
 (Effective 10/1/2023)

Complexity	History	Physical	Medical Decision Making
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

Download at [aba.org/aba](http://aba.org/aba)

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### 2023 E/M: Office, Hospital, ED

MOCA	PROVIDER CATEGORY	COM	MOCA/DATE	MOCA
Office New	99202 (15-29 min)	99203 (30-44 min)	99204 (45-59 min)	99205 (60-74 min)
Office Established	99212 (20-29 min)	99213 (30-39 min)	99214 (40-49 min)	99215 (50-59 min)
Initial Hospital Inpatient (Intensive care unit, critical care or other inpatient time)	99221 (40 min)	99222 (40 min)	99222 (55 min)	99223 (75 min)
Subsequent Hospital Inpatient (Intensive care unit, critical care or other inpatient time)	99221 (20 min)	99221 (20 min)	99222 (35 min)	99223 (50 min)
Emergency Department (New or not advised)	99282	99283	99284	99285

Source: 2023 Fundamentals of Ophthalmic Coding  
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### Medicare Administrative Carriers (MACs)

- Draft MIPS LCDs and LCAs**
  - Impacting MIPS coverage
- Current Goniotomy references in LCDs or LCAs**
  - First Coast, Novitas, Palmetto
  - [aao.org/lcds](http://aao.org/lcds)
- Medicare conducting pre-payment reviews of CPT code 65820**
  - Goal to increase utilization
  - Operative report should include description of procedure that meets the definition
  - Coding is based on the physician work, not the device**
  - [www.aao.org/medicare](http://www.aao.org/medicare)

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### CPT Code 65820

Increased utilization and new procedures may prompt RUC review

Possible new definitions and codes in the future

2021 Utilization 21,146

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### What is Goniotomy & Canaloplasty?

- CPT codes 65820 and 66174
  - Requires 3 clock hours or 90 degrees of treatment
- Explore more requirements at [aao.org/migs](http://aao.org/migs)

**Codes and Coverage Fact Sheets**

**Canaloplasty**  
Ask the Coding Experts. What type of procedure qualifies as CPT 66174?

**Block, laser inject and hydro as a stand-alone procedure or in conjunction with cataract surgery**  
Question: For laser inject and hydro as a stand-alone procedure (PPF) Revised September 2022

**XEN Gel Stents**  
Question: Do XEN Gel Stent codes (65820, 65821) require laser? PPF, Revised June 2022

**Goniotomy**  
Question: Can hydrothermal coding be used? PPF, Revised January 12, 2023

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### JW and JZ Modifiers

Effective July 1, 2023 - report JZ modifier

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### JW Modifier

- Effective January 1, 2017
- Single-dose containers
- Report on all claims that bill for unused and discarded drugs
- Documentation must include amount of drug injected and wasted
- Units reported must match chart note

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### JZ Modifier



- Required July 1, 2023
- Single-dose vials, containers and packages
- Report when no discarded amount of drug or when less than 1 unit



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### Pop Quiz

- Do not report JW or JZ modifier for:
  - Multi-dose vials or containers
  - Sample drugs
  - Specialty pharmacy drugs
  - All of the above



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### Pop Quiz

- Prefilled syringe of Eylea is injected, 2 mg/0.05 ml. Residual medication less than 1 unit was discarded.
- HCPCS code J0178, injection, aflibercept, 1 mg
- Code this case:
  - J0178 – JZ, 2 units
  - J0178, 2 units
  - J0178 – JW, 2 units
  - J0178, 1 unit and J0178 – JW 1 unit

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### Work Smarter, Not Harder

Strategies to improve efficiency...and accuracy



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### Academy Resources

- Quick Reference Guides
- Documentation Checklists
- Fact Sheets
- Decision Trees

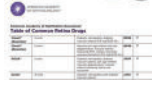


[aao.org/coding](http://aao.org/coding)



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### JW or JZ?

- Table of Common Retina Drugs
  - JW and JZ Fact Sheet
  - [aao.org/retina](http://aao.org/retina)
- Table of Common Drugs
  - Not just for retina practices
  - Botox, Dexamethasone, S-FU
  - Coding for Injectable Drugs
  - [aao.org/practice-management/coding/injectable-drugs](http://aao.org/practice-management/coding/injectable-drugs)


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### Academy Resources


- [aao.org/coding](http://aao.org/coding)
- [aao.org/audits](http://aao.org/audits)
- [aao.org/retinapm](http://aao.org/retinapm)
- [aao.org/em](http://aao.org/em)
- [aao.org/lcds](http://aao.org/lcds)
- [aao.org/cataract-surgery](http://aao.org/cataract-surgery)
- [aao.org/consulting](http://aao.org/consulting)



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