

AMERICAN ACADEMY OF OPHTHALMOLOGISTS
 Making Sight. Strengthening Lives!

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 • "But everyone does it"
- Getting the advice you want to hear
- Inadequate compliance training
- Not prioritizing practice management
- Solution: ongoing compliance training • Seek answers from trusted sources

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Co-management Coding


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


- SMRC Audits of 2019 cataract surgery documentation had an error rate of:

A. 17%
 B. 23%
 C. 44%
 D. 51%




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Audit Targets



INTRAVITREAL INJECTIONS



CATARACT SURGERY



aao.org/audits

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 Additional Audit Targets: Refractive Errors, Bionic Injections, Subconjunctival Injections, Training, OCT and New Patients when Examined
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Audit Realities

Yes, we failed

- What can we expect?
- Increased scrutiny
- What should we do?
- Take action now


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New Cataract Surgery Documentation Hub

- Audits
 - Download checklists!
- Comparative Billing Reports
 - (Co-management resources)
- Prior Authorization

Cataract Surgery Documentation

AAO continues to be leading the program... (text continues)



aao.org/cataract-surgery

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Academy Intravitreal Injection Checklist

- Access at aao.org/retinapm

AMERICAN ACADEMY OF OPTOMETRIC EDUCATION
 American Academy of Ophthalmology
Checklist: Intravitreal Injector Documentation and Coding Guidelines

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Strategies to Implement


We got this!

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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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Palmetto LCD L34413

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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Palmetto LCD L34413

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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



AMERICAN ACADEMY OF OPTOMETRISTS
Palmetto LCD L34413

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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Palmetto LCD L34413, Nivitas LCD L30091
Palmetto LCD L34413

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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
Palmetto LCD L34413

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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Palmetto LCD L34413

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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/foia

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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/foia


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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/foia



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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/cods

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/cods

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 used 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

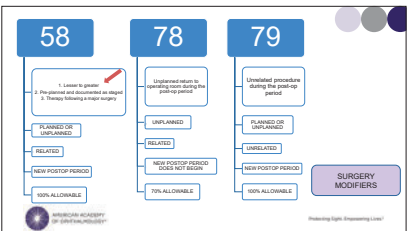
- Bonus Question
 - The diagnosis of floppy iris syndrome is enough to qualify for complex cataract surgery.

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
Level 1	1-2	1-2	1-2
Level 2	3-4	3-4	3-4
Level 3	5-6	5-6	5-6
Level 4	7-8	7-8	7-8

Download at 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 for 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
Level 1	1-2	1-2	1-2
Level 2	3-4	3-4	3-4
Level 3	5-6	5-6	5-6
Level 4	7-8	7-8	7-8

Download at aba.org/aba

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2023 E/M: Office, Hospital, ED

MOCA	PROVIDER CATEGORY	CDM	MODALITY	MSM
Office New	99202 (15-29 min)	99203 (30-44 min)	99204 (45-59 min)	99205 (60-74 min)
Office Established	99212 (10-19 min)	99213 (20-29 min)	99214 (30-39 min)	99215 (40-49 min)
Initial Hospital Inpatient (Intensive care unit, critical care or acute care inpatient time)	99221 (40 min)	99222 (40 min)	99222 (55 min)	99223 (75 min)
Subsequent Hospital Inpatient (Intensive care unit, critical care or acute care 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

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
- 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**
 - What you do with that device matters

CPT Code 65820

Increased utilization and new procedures may prompt RUC review

Possible new definitions and codes in the future

2021 Utilization 21,146

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

Codes and Coverage Fact Sheets

Canaloplasty
Ask the Coding Experts: What are the inclusion criteria for CPT 66174?

Block, laser inject and hydrus as a stand-alone procedure or in conjunction with cataract surgery
Question: Do these laser and hydrus cataract procedures qualify for PDP/Retiree Reentry 2022?

XEN Gel Stents
Question: Do XEN Gel Stent codes fall under PDP/Retiree Law 2022?

Goniotomy
Question: Do goniotomy codes fall under PDP/Retiree January 12, 2022?

JW and JZ Modifiers



Effective July 1, 2023 - report JZ modifier

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




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

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

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

JW or JZ?


- Table of Common Retina Drugs
 - JW and JZ Fact Sheet
 - 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


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Academy Resources


- aao.org/coding
- aao.org/audits
- aao.org/retinapm
- aao.org/em
- aao.org/lcds
- aao.org/cataract-surgery
- aao.org/consulting



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