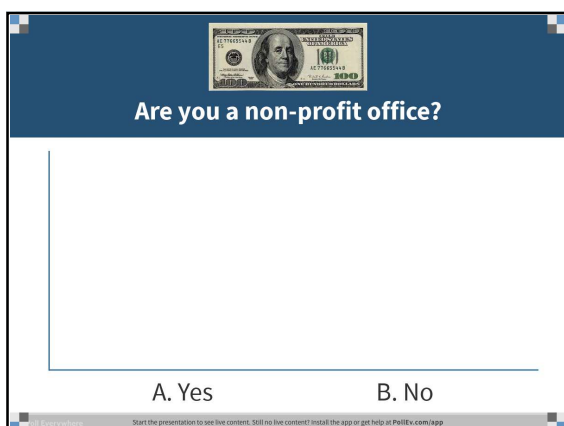


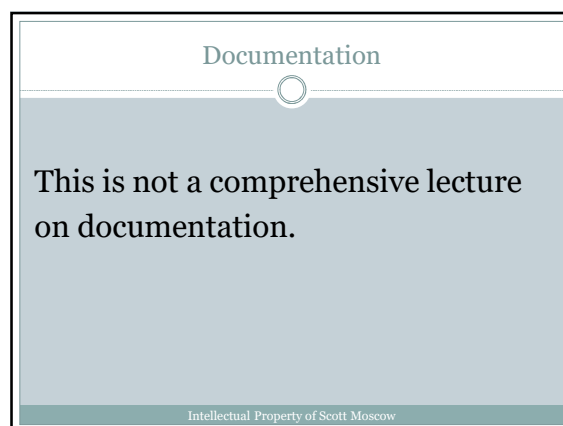
1



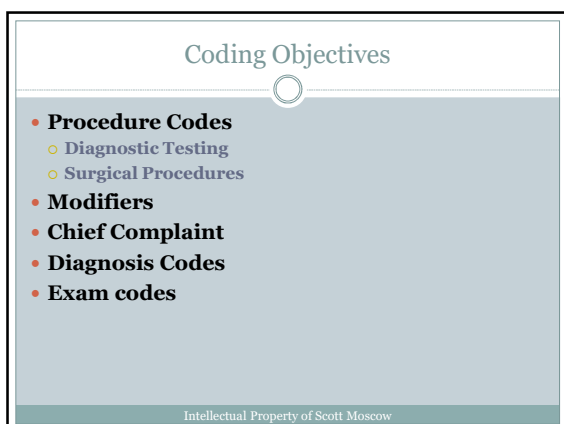
2



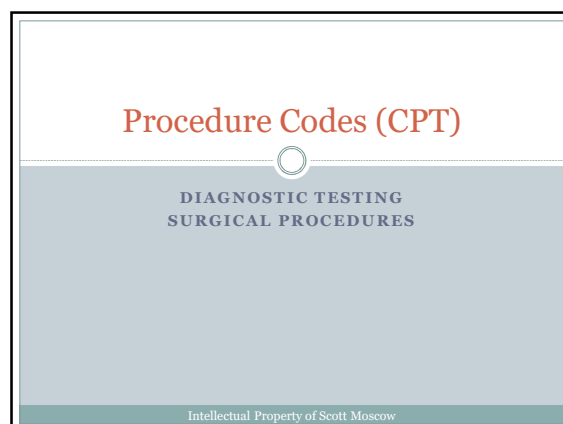
3



4



5



6

Procedure Codes

- Tied each procedure code to ONLY 1 diagnosis
- The diagnosis code does NOT have to be the primary diagnosis but it can be.

Intellectual Property of Scott Moscow

7

Multiple Procedures on the Same Day

- Bill the most expensive code 1st
 - 1st code billed = paid in full
 - 2nd code & later = paid at lower rate

Intellectual Property of Scott Moscow

8

Mutually Exclusive Procedures

- Only one procedure will be reimbursed if both procedures are performed on the same day
 - Both procedures will be reimbursed if performed on different days

Intellectual Property of Scott Moscow

9

Mutually Exclusive Procedures

- External Ocular Photography (92285)
- Fundus Photography (92250)
- OCT, Retina (92134)
- OCT, Optic Nerve (92133)

Photos and OCTs cannot be performed on the same day!

Intellectual Property of Scott Moscow

10

Diagnostic Testing

- Corneal Topography (92025)
- External Ocular Photography (92285)
- Fundus Photography (92250)
- Gonioscopy (92020)
- OCT, Retina (92134)
- OCT, Optic Nerve (92133)
- Pachymetry (76514)
- Serial Tonometry (92100)
- Visual Fields (92083)

Intellectual Property of Scott Moscow

11

External Ocular Photos

- | | |
|---|--|
| <ul style="list-style-type: none"> • Conjunctiva <ul style="list-style-type: none"> ◦ Abrasion (S05.0__X__) ◦ Conjunctivitis, Acute, Viral (B30.1) ◦ Conjunctivitis, Mucopurulent (H10.02__) ◦ Conjunctival Foreign Body (T15.1__X__) ◦ Pinguecula (H11.15__) • Cornea <ul style="list-style-type: none"> ◦ Abrasion without FB (S05.0__X__) ◦ Corneal Foreign Body (T15.0__X__) ◦ Ulcer, Central (H16.01__) ◦ Ulcer, Marginal (H16.04__) ◦ Herpes Keratitis (B00.52) ◦ Pterygium (H11.04__) | <ul style="list-style-type: none"> • Subconjunctival Hemorrhage (H11.3__) • Lids <ul style="list-style-type: none"> ◦ Ectropion, Senile (H02.13__) ◦ Edema of Eyelid (H02.84__) ◦ Entropion, Senile (H02.03__) ◦ Incomplete Blink (H02.59) ◦ Preseptal Cellulitis (H02.84__) ◦ Ptosis (H02.4__) ◦ Trichiasis, w/o Entropion (H02.05__) |
|---|--|

Intellectual Property of Scott Moscow

12

Fundus Photos

• Glaucoma

- Angle Closure (H40.2__)
- Angle Closure, Suspect (H40.03__)
- Low Tension (H40.12__)
- Ocular Hypertension (H40.05__)
- POAG (H40.11__)
- Suspect High Risk (H40.02__)
- Suspect Low Risk (H40.01__)

• Macula

- ARMD, Dry (H35.31__)
- ARMD, Wet (H35.32__)
- Central Serous Retinopathy (H35.71__)
- Cystoid Edema (H35.35__)
- Drusen (H35.36__)
- Epiretinal Membrane (H35.37__)
- Macular Hole (H35.34__)
- Macular Scar (H31.01__)
- Vitreomacular Adhesion (H43.82__)

Intellectual Property of Scott Moscow

13

Fundus Photos

• Optic Nerve

- Drusen (H47.32__)
- Optic Atrophy (H47.2__)
- Papilledema (H47.1__)
- Peripapillary Atrophy (H31.29)

• Systemic

- Diabetes I W/Manifest (E10.3__)
- Diabetes II W/Manifest (E11.3__)
- H35.03__ Hypertensive Ret

• Retina/Vitreous

- Chorioretinal Scars (H31.09__)
- CHRPE (H35.54)
- Floaters (H43.39__)
- Lattice Degeneration (H35.41__)
- Nevus, Choroidal (D31.3__)
- Occlusion of Vessels (H34.____)
- Retinal Detachment (H33.____)
- Vitreous Detachment (H43.81__)

Intellectual Property of Scott Moscow

14

OCT, Optic Nerve

• Glaucoma

- Angle Closure (H40.2__)
- Angle Closure, Suspect (H40.03__)
- Low Tension (H40.12__)
- Ocular Hypertension (H40.05__)
- POAG (H40.11__)
- Suspect High Risk (H40.02__)
- Suspect Low Risk (H40.01__)

• Optic Nerve

- Drusen (H47.32__)
- Optic Atrophy (H47.2__)
- Papilledema (H47.1__)
- Peripapillary Atrophy (H31.29)

Intellectual Property of Scott Moscow

15

OCT, Retinal

• Macula

- ARMD, Dry (H35.31__)
- ARMD, Wet (H35.32__)
- Central Serous Ret (H35.71__)
- Cystoid Edema (H35.35__)
- Drusen (H35.36__)
- Epiretinal Membrane (H35.37__)
- Macular Hole (H35.34__)
- Macular Scar (H31.01__)
- Vitreomac. Adhesion (H43.82__)

Intellectual Property of Scott Moscow

16

Visual Field

• Glaucoma

- Angle Closure (H40.2__)
- Angle Closure, Suspect (H40.03__)
- Low Tension (H40.12__)
- Ocular Hypertension (H40.05__)
- POAG (H40.11__)
- Suspect High Risk (H40.02__)
- Suspect Low Risk (H40.01__)

• Optic Nerve

- Drusen (H47.32__)
- Optic Atrophy (H47.2__)
- Papilledema (H47.1__)
- Peripapillary Atrophy (H31.29)

Intellectual Property of Scott Moscow

17

Visual Field

- Field, Constriction (H53.48__)
- Defect, Homo (H53.46__ Field)
- Field Defect, Hetero (H53.47)
- Field Defect, Other (H53.45)
- Visual Discomfort (H53.14__)
- Visual Distortions (H53.15)
- Visual Disturbances, Other (H53.8)
- Amblyopia (H53.0__)
- Ptosis (H02.4__)
- High-risk Med., Long Term (Z79.899)

Intellectual Property of Scott Moscow

18

If you performed Fundus Photography (92250) & Visual Field Extended (92083) on the same day with the same diagnosis, which procedure should you bill first?

Visual Field Extended (92083) - \$65.44 (Medicare Allowable in Atlanta)	
Fundus Photography (92250) - \$58.25 (Medicare Allowable in Atlanta)	

© 2019 EyeSolutions Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

19

Which 2 procedures are Mutually Exclusive?

Visual Field Extended (92083) & Optic Nerve OCT (92133)	
Fundus Photography (92250) & Visual Field Extended (92083)	
Optic Nerve OCT (92133) & Fundus Photography (92250)	

© 2019 EyeSolutions Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

20

Surgical Procedures

- Cataract Surgery (66984)
- Removal Foreign Body Conjunctiva, Embedded (65210)
- Removal Corneal Epithelium (65435)
- Placement of Amniotic Membrane on Ocular Surface (65778)
- Removal Foreign Body, Cornea with Slit Lamp (65222)
- Chalazion Injection, Intralésional, up to 7 (11900)
- Epilation with Forceps (67820)
- Dilation of Lacrimal Punctum (68801)
- Probing of Nasolacrimal Duct (68810)
- Closure of Lacrimal Punctum by Plug, Each (68761)
- **Fitting of Contact Lens to Treat Ocular Surface Disease (92071)**

Intellectual Property of Scott Moscow

21

Surgical Procedures

- Any evaluation that was done to determine the need for the surgical procedure is included in that surgical procedure.

Intellectual Property of Scott Moscow

22

Surgical Procedures & OV

- In order to justify an Exam (992xx or 920xx) on the same date of service as a surgical procedure, a second and significant diagnosis (if appropriate) would be needed to support the Exam.
 - Add modifier -25 to Exam

Intellectual Property of Scott Moscow

23

Global Periods

- Time starting with a surgical procedure and ending some period of time after the procedure where all office visits associated with the surgical procedure are covered by a global fee.

Intellectual Property of Scott Moscow

24

Global Periods

- Amniotic Membrane (65778) = 0 days
- Cataract Surgery (66984) = 90 days
- Chalazion Injection (11900) = 10 days
- Conjunctival FB Removal (65210) = 0 days
- Corneal FB Removal (65222) = 0 days
- Dilation of Lacrimal Punctum (68801) = 10 days
- Probing of Nasolacrimal Duct (68810) = 10 days
- Punctal Plugs (68761) = 10 days
- Subconjunctival Injection (68200) = 0 days

Intellectual Property of Scott Moscow

25

Coding Objectives

- ✓ **Procedure Codes**
 - ✓ Diagnostic Testing
 - ✓ Surgical Procedures
- **Modifiers**
- **Chief Complaint**
- **Diagnosis Codes**
- **Exam codes**

Intellectual Property of Scott Moscow

26

Modifiers

EXAM MODIFIERS
PROCEDURES MODIFIERS

Intellectual Property of Scott Moscow

27

Exam Modifiers

ADD TO EXAM CODE
(NOT PROCEDURE CODE)

Intellectual Property of Scott Moscow

28



Take Picture of Slide

29

Exam Modifiers

- **-24** Exam with or without Procedure(s) during Global Period
- **-25** Exam code has a second, significant diagnosis compared to surgical code



Intellectual Property of Scott Moscow

30

-24 Exam Modifiers

- Exam with or without Procedure(s) during Global Post Op Period
- A diagnosis independent of the surgical procedure required
- Exam's Primary Chief Complaint should be completely independent of the surgical procedure (which global period you are in)

Intellectual Property of Scott Moscow

31

-25 Exam Modifier

- Unrelated procedure with different diagnosis than primary diagnosis
- A diagnosis independent of the surgical procedure required
- Exam's Primary Chief Complaint should be completely independent of the surgical procedure performed that day

Red flag for audits

Intellectual Property of Scott Moscow

32

The -25 modifier should be tied to which of the following?

Exam Code

Procedure Code

33

Which modifier do you add to the exam if you remove a foreign body and have a second, significant diagnosis?

-55

-24

-25

34

Foreign Body in Cornea

- T15.01XA Right Eye / **Initial** Encounter
- T15.01XD Right Eye / **Subsequent** Encounter
- T15.01XS Right Eye / **Sequela**
- T15.02XA Left Eye / **Initial** Encounter
- T15.02XD Left Eye / **Subsequent** Encounter
- T15.02XS Left Eye / **Sequela**

Intellectual Property of Scott Moscow

35

ARMD Dry, Early Stage OU & Corneal Foreign Body Removal OD



Intellectual Property of Scott Moscow

36

If a patient has ARMD OU addressed and a corneal foreign body removed OD on the same day, which diagnosis needs to be the primary diagnosis in order to get paid for the exam and the foreign body removal on the same day?

ARMD

Corneal Foreign Body

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](https://www.PollEv.com/app)

37

ARMD Dry, Early Stage OU & Corneal Foreign Body Removal OD

- **Exam Code-25**
 - Associated Dx 1: ARMD Dry, Early Stage OU (H35.313)
- **Corneal FB Removal (65222)**
 - Associated Dx 2: Corneal Foreign Body OD (T15.01XA)

Intellectual Property of Scott Moscow

38

At a patient's 1 month Cataract Post Op, you realize the patient has ARMD, and you want to perform an Office Visit and a Retinal OCT. Can you bill for the Office Visit and Retinal OCT?

Yes. You can use the -24 modifier

No. You can NOT bill for the OV or the Retinal OCT

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](https://www.PollEv.com/app)

39

At a patient's 1 month Cataract Post Op, you realize the patient's anterior chamber has 2+ cell. You increase the patient's Durezol from qday to TID. Can you bill an Office Visit?

Yes. You can use the -24 modifier

No. The cells are secondary to cataract surgery. The management of the cells is included in the Global Period.

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](https://www.PollEv.com/app)

40

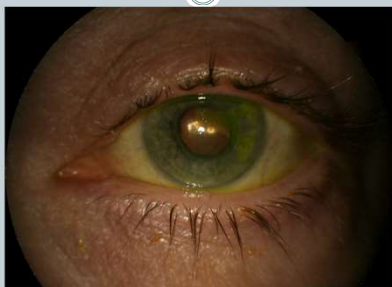
Injury of Conjunctiva and Corneal Abrasion without Foreign Body

- S05.01XA Right Eye / **Initial** Encounter
- S05.01XD Right Eye / **Subsequent** Encounter
- S05.01XS Right Eye / **Sequela**
- S05.02XA Left Eye / **Initial** Encounter
- S05.02XD Left Eye / **Subsequent** Encounter
- S05.02XS Left Eye / **Sequela**

Intellectual Property of Scott Moscow

41

High Risk Glaucoma Suspect Check OU & Corneal Abrasion OS



Intellectual Property of Scott Moscow

42

If you address Glaucoma and put on a bandage contact lens to treat the Corneal Abrasion, which should be the primary diagnosis?

Corneal Abrasion Initial Encounter OS (S05.02XA)	
High Risk Glaucoma Suspect OU (H40.023)	

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

43

Do you need a modifier to get paid for an OV to monitor Glaucoma AND the procedure of Fitting a Contact Lens to treat a Cornea Abrasion(92071) at the same visit?

No.	
Yes. The -25 modifier.	

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

44

Glaucoma & Corneal Abrasion requiring a Bandage Contact Lens with Modifier

- **Exam Code-25**
 - Associated Dx: 1. High Risk Glaucoma Suspect OU (H40.023)
- **Bandage CL (92071)**
 - Associated Dx: 2. Corneal Abrasion Initial Encounter OS (S05.02XA)

Intellectual Property of Scott Moscow

45

-GA Exam OR Procedure Modifiers

- Given Waiver of Liability (or Advance Beneficiary Notice for Medicare) to patient
- If the claim is denied, the patient will be fully and personally liable to pay you for the service.
- Will NOT influence determination of coverage
- Add this modifier if you have reason to believe the insurance company will not pay for the service

Intellectual Property of Scott Moscow

46

Procedure Modifiers


**ADD TO PROCEDURE CODE
(NOT EXAM CODE)**

Intellectual Property of Scott Moscow

47

Procedure Modifiers

- **-50** Unilateral procedure is performed bilaterally
- **-51** Multiple (Surgical?) Procedures
- **-52** Bilateral procedure only performed on one eye
- **-55** 1st Visit Cataract Post Op
- **-79** Procedure during the postoperative period of unrelated/original surgical procedure
- **-79 & -55** 2nd Eye's 1st Visit Cataract Post Op visit during First Eye's Global Period
- **-E1** = Upper Left
- **-E2** = Lower Left
- **-E3** = Upper Right
- **-E4** = Lower Right
- **-RT** = Right Side
- **-LT** = Left Side



Intellectual Property of Scott Moscow

48

-50 Procedure Modifier

- Unilateral procedure is performed bilaterally
- 150% of unilateral reimbursement
- Example:
 - Amniotic Membrane inserted into both eyes on the same day

Intellectual Property of Scott Moscow

49

-51 Procedure Modifier

- Multiple (surgical?) procedures are performed on the same day
- Attach modifier to the secondary procedure
- Example:
 - Probing of Nasolacrimal Duct 68810
 - Dilation of Lacrimal Punctum 68801-51
 - **NOT always required**

Intellectual Property of Scott Moscow

50

-52 Procedure Modifier

- Bilateral procedure only performed on one eye
- Payment is reduced by 50%
- Bilateral Procedures
 - External Photos (92285)
 - Topography (92025)
 - Gonioscopy (92020)
 - Pachymetry (76514)
 - Fundus Photos (92250)
 - OCT, ON (92133)
 - OCT, Retina (92134)
 - Visual Fields (92083)

Intellectual Property of Scott Moscow

51

-55 Procedure Modifier

- 1st Visit Cataract PO
 - Usually 1 day PO
- Bill **ONLY** the first time co-managing office sees the patient after surgery for THAT eye

Intellectual Property of Scott Moscow

52

-55 Procedure Modifier

- Cataract Surgery 66984-55
- Primary Diagnosis
 - MUST match what surgery center billed!
 - Example: Cataract NS for **ONLY** the eye that had surgery
 - Cataract NS OD (H25.11)
 - Cataract NS OS (H25.12)
- Secondary Diagnosis
 - Pseudophakia (Z96.1)

Intellectual Property of Scott Moscow

53

-79 Procedure Modifier

- Procedure during the Global Period of Unrelated/Original surgical procedure

Intellectual Property of Scott Moscow

54

-55 AND -79 Procedure Modifier

- 2nd Eye's 1st Visit Cataract Post Op visit during First Eye's Global Period

Intellectual Property of Scott Moscow

55

Procedure Modifiers

- -E1 = Upper Left
- -E2 = Lower Left
- -E3 = Upper Right
- -E4 = Lower Right
- -RT = Right Side
- -LT = Left Side

**ONLY Use E's if all 4 lids
OR
2 procedures on the same side**



Intellectual Property of Scott Moscow

56

Punctal Plugs Prerequisites

- It is expected that all other treatments, including trial period of artificial tears, proved unsuccessful in relieving the patient's symptoms before utilization of plugs
 - or patient declined other treatments

DOCUMENT!!!!

Intellectual Property of Scott Moscow

57

Which procedure modifier do you use if you insert a punctal plug into lower right and lower left puncta?

RT &
LT

E1 &
E3

Start the presentation to see live content. Still no live content? Install the app or get help at Pellicia.com/app

58

Blepharitis OV & K-sicca treated with Punctal Plugs

Option A

- Exam Code-25
 - Associated Dx: Blepharitis
- 68761 Punctal Plug-RT
 - Associated Dx: K-Sicca
- 68761 Punctal Plug-LT
 - Associated Dx: K-Sicca

Option B

- Exam Code
 - Associated Dx: Blepharitis
- 68761 Punctal Plug-RT
 - Associated Dx: K-Sicca
- 68761 Punctal Plug-LT
 - Associated Dx: K-Sicca

Which is billed correctly?

Intellectual Property of Scott Moscow

59

Which is billed correctly?

Option
A

Option
B

Start the presentation to see live content. Still no live content? Install the app or get help at Pellicia.com/app

60

Blepharitis OV & K-sicca treated with Punctal Plugs

Option A	Option B
<ul style="list-style-type: none"> Exam Code-25 <ul style="list-style-type: none"> Associated Dx: Blepharitis 68761 Punctal Plug-RT <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-LT <ul style="list-style-type: none"> Associated Dx: K-Sicca 	<ul style="list-style-type: none"> Exam Code-25 NOT Paid <ul style="list-style-type: none"> Associated Dx: Blepharitis 68761 Punctal Plug-RT <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-LT <ul style="list-style-type: none"> Associated Dx: K-Sicca

Intellectual Property of Scott Moscow

61

Blepharitis OV & K-sicca treated with Punctal Plugs

Option A	Option B
<ul style="list-style-type: none"> Exam Code-25 <ul style="list-style-type: none"> Associated Dx: Blepharitis 68761 Punctal Plug-RT <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-LT <ul style="list-style-type: none"> Associated Dx: K-Sicca 	<ul style="list-style-type: none"> Exam Code-25 <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-RT <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-LT <ul style="list-style-type: none"> Associated Dx: K-Sicca

Which is billed correctly?

Intellectual Property of Scott Moscow

62

Which is billed correctly?

Option A

Option B

Start the presentation to see live content. Still no live content? Install the app or get help at PA@EV.com/app

63

Blepharitis OV & K-sicca treated with Punctal Plugs

Which is billed correctly?

Option A	Option B
<ul style="list-style-type: none"> Exam Code-25 <ul style="list-style-type: none"> Associated Dx: Blepharitis 68761 Punctal Plug-RT <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-LT <ul style="list-style-type: none"> Associated Dx: K-Sicca 	<ul style="list-style-type: none"> Exam Code-25 NOT Paid <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-RT <ul style="list-style-type: none"> Associated Dx: K-Sicca 68761 Punctal Plug-LT <ul style="list-style-type: none"> Associated Dx: K-Sicca

Intellectual Property of Scott Moscow

64

Blepharitis OV & K-sicca treated with Punctal Plugs:
Chief Complaint + 4 HPI

- Existing Condition, Blepharitis
 - Location: **Both Eyes**
 - Quality: **Improving**
 - Severity: **Moderate**
 - Duration: **1 month**
 - Timing: **Constant**
 - Context: **All the time**
 - Modifying Factors: **Scrubs, Hot Compresses, Omega 3 Vitamins & PFAT**
 - Signs/Symptoms: **Eye Irritation**

Intellectual Property of Scott Moscow

65

Blepharitis OV & K-sicca treated with Punctal Plugs:
Assessment & Plans

- Assessment 1. Squamous Blepharitis Right Upper/Lower Eyelids (H01.02A)
 - Plan: Continue Scrubs, Hot Compresses, Omega 3 Vitamin & PFAT
- Assessment 2. Squamous Blepharitis Left Upper/Lower Eyelids (H01.02B)
 - Plan: Continue Scrubs, Hot Compresses, Omega 3 Vitamin & PFAT
- Assessment 3. Keratoconjunctivitis, Sicca (H16.223)
 - Plan: Continue Xiidra BID OU. Inserted Punctal Plugs into Lower Right and Lower Left Puncta. All other treatments, including trial period of artificial tears, proved unsuccessful in relieving the patient's symptoms before utilization of plugs.

Intellectual Property of Scott Moscow

66

Which procedure modifier do you use if you insert a punctal plug into all 4 puncta?

RT & LT

E1, E2, E3 & E4

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

67

Which procedure modifier(s) do you use if you insert a punctal plug into the Upper Left and Lower Left puncta?

LT

RT & LT

E1 & E2

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

68

Which modifier do you use for your first followup after cataract surgery on the second eye during the first eye's 90 day global period?

-55

-24

-25


-79 & -55

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

69

Chalazion


- H00.11 Right Upper Eyelid
- H00.12 Right Lower Eyelid
- H00.14 Left Upper Eyelid
- H00.15 Left Lower Eyelid



Intellectual Property of Scott Moscow

70

Chalazion Injection



Intellectual Property of Scott Moscow

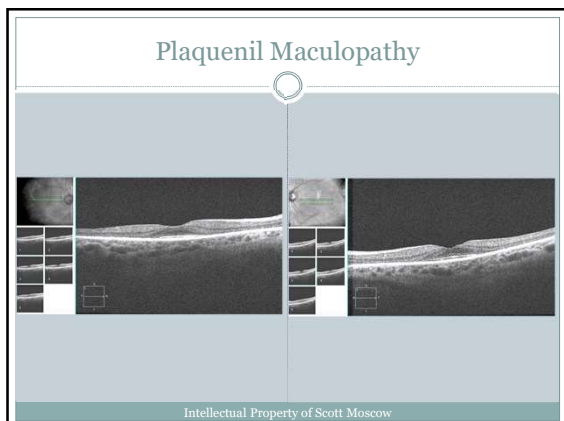
71

Blepharitis All Lids & Chalazion Injection Upper Left

- **Exam Code-25**
 - Associated Dx: Blepharitis
- **11900 Chalazion Injection-LT**
 - Associated Dx: Chalazion Upper Left Eyelid

Intellectual Property of Scott Moscow

72



73

Other Long Term (Current) Drug Therapy (Z79.899) High Risk Medication (ex: Plaqueul)

Standard of Care	What Insurance Pays for
<ul style="list-style-type: none"> Fundus Photo 10-2 Visual Field OCT, Macula Exam 	<ul style="list-style-type: none"> Fundus Photo 10-2 Visual Field OCT, Macula

Intellectual Property of Scott Moscow

74

Systemic Disease Treated with Plaqueul

<ul style="list-style-type: none"> Systemic Lupus Erythematosus (M32.19) Multiple Sclerosis (G35) Rheumatoid Arthritis (Mo6.09)
--

Intellectual Property of Scott Moscow

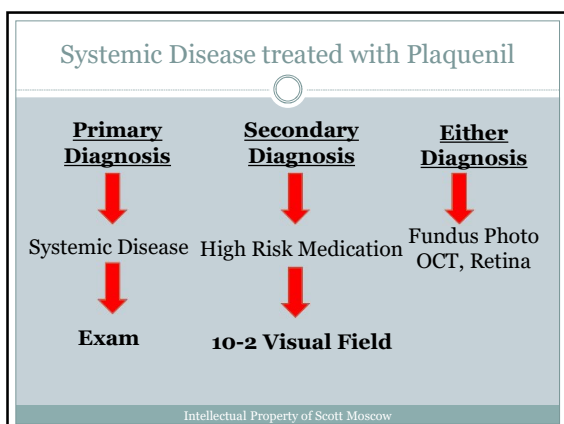
75

Systemic Lupus Erythematosus (M32.19), Multiple Sclerosis (G35) & Rheumatoid Arthritis (Mo6.09)

Standard of Care	What Insurance Pays for
<ul style="list-style-type: none"> Fundus Photo OCT, Macula Exam 10-2 Visual Field 	<ul style="list-style-type: none"> Fundus Photo OCT, Macula Exam

Intellectual Property of Scott Moscow

76



77

Can you perform a Fundus Photo (92250) and a OCT, Retina (92134) on the same day?

Yes

No. They are Mutually Exclusive.

Start the presentation to see live content. Still no live content? Install the app or get help at Pella's.com/app

78

Coding Objectives

- ✓ **Procedure Codes**
- ✓ **Diagnostic Testing**
- ✓ **Surgical Procedures**
- ✓ **Modifiers**
- **Chief Complaint**
- **Diagnosis Codes**
- **Exam codes**

Intellectual Property of Scott Moscow

79

Chief Complaint

Intellectual Property of Scott Moscow

80

Audit

One of the top reasons doctors fail an audit is the primary diagnosis does not relate to chief complaint!!!!

Intellectual Property of Scott Moscow

81

Chief Complaint

- Why is the patient here?
- Chief Complaint does not stop until the end of the exam
- Primary Diagnosis MUST match chief complaint!

Intellectual Property of Scott Moscow

82

History of Present Illness (HPI)

- Need 4 for comprehensive
 - Location
 - Quality
 - Severity
 - Duration
 - Timing
 - Context
 - Modifying Factors
 - Signs/Symptoms

Intellectual Property of Scott Moscow

83

Location

- | | |
|------------------------|------------------------|
| • Right eye | • Bilateral lower lids |
| • Left eye | • Across the forehead |
| • Both eyes | • Right temple |
| • Right upper lid | • Left temple |
| • Right lower lid | • Both temples |
| • Left upper lid | • Back of head |
| • Left lower lid | • Top of head |
| • Bilateral upper lids | |

Intellectual Property of Scott Moscow

84

Quality

- Diffuse
- Localized
- Dull Ache
- Throbbing
- Improving
- Stable
- Worsening

Intellectual Property of Scott Moscow

85

Severity

- Mild
- Moderate
- Severe
- Grade on a scale

Intellectual Property of Scott Moscow

86

Duration

- Minute(s)
- Hour(s)
- Day(s)
- Week(s)
- Month(s)
- Year(s)

Intellectual Property of Scott Moscow

87

Timing

- After accident
- Afternoon
- Comes in waves
- Constant
- Evening
- Intermittent
- Morning
- Occasional
- Seasonal
- Seldom
- Slow onset
- Sudden onset
- Unrelenting
- Varies

Intellectual Property of Scott Moscow

88

Context

- Driving
- Distance
- Computer
- Near
- With/without glasses/contact lenses
- Looking left/right/up/down
- Day/Night

Intellectual Property of Scott Moscow

89

Modifying Factors

- Artificial Tears
- Cool/Hot Compresses
- Dark sunglasses
- Increasing/Decreasing lighting
- Head tilt
- Glasses
- Contact lenses

Intellectual Property of Scott Moscow

90

Signs/Symptoms

- Flashes
- Floaters
- Glare with headlights
- Blurred vision
- Burning
- Discharge
- Irritation
- Itching
- Light sensitivity
- Pain
- Swelling
- Tearing
- Vision loss
- Asthenopia

Intellectual Property of Scott Moscow

91

Coding Objectives

- ✓ **Procedure Codes**
- ✓ **Diagnostic Testing**
- ✓ **Surgical Procedures**
- ✓ **Modifiers**
- ✓ **Chief Complaint**
- **Diagnosis Codes**
- **Exam codes**

Intellectual Property of Scott Moscow

92

Diagnosis Codes

Intellectual Property of Scott Moscow

93

ICD-10 Codes

- ICD-10 Codes-International Classification of Diseases 10th Edition
 - i.e. your Assessment/Diagnosis
- Not all clinical terms have an ICD-10 code

If it doesn't have an ICD-10 code, it does NOT count for coding purposes!

Intellectual Property of Scott Moscow

94

Symptom vs Cause

- **Only use the symptom as a diagnosis if...**
 - You can NOT find the cause of the symptom
 - The cause of the symptom does NOT have an ICD-10 Code

Intellectual Property of Scott Moscow

95

Vision Insurance Diagnoses

Intellectual Property of Scott Moscow

96

Vision Insurance Diagnoses

- Myopia
- Astigmatism
- Hyperopia
- Presbyopia
- Emmetropia
- Accommodative Dysfunction?
- Other?

Intellectual Property of Scott Moscow

97

Vision Chief Complaint + 4 HPIs

- Blurred Vision
 - Location: **Both Eyes**
 - Quality: **Worsening**
 - Severity: **Moderate**
 - Duration: **5 Years**
 - Timing: **Constant**
 - Context: **Without Glasses**
 - Modifying Factors: **Glasses**
 - Signs/Symptoms: **Asthenopia**

Intellectual Property of Scott Moscow

98

What is your Vision Insurance diagnosis?

Other Visual
Disturbances
(H53.15)

Myopia-Both
Eyes (H52.13
)

Start the presentation to see live content. Still no live content? Install the app or get help at [PA@EV.com/app](mailto:PA@EV.com)

99

Newer Medical Diagnosis Codes

SINCE OCTOBER 2018

Intellectual Property of Scott Moscow

100

Other Benign Neoplasm of Skin

- D23.111 = Right Upper eyelid
- D23.112 = Right Lower eyelid
- D23.121 = Left Upper eyelid
- D23.122 = Left Lower eyelid

Intellectual Property of Scott Moscow

101

Malignant Melanoma of Eyelid, including canthus

- C43.111 = Right Upper
- C43.112 = Right Lower
- C43.121 = Left Upper
- C43.122 = Left Lower

Intellectual Property of Scott Moscow

102

Blepharitis Eyelid

- H01.01A = Ulcerative Right Upper AND Lower
- H01.01B = Ulcerative Left Upper AND Lower
- H01.02A = Squamous Right Upper AND Lower
- H02.02B = Squamous Left Upper AND Lower

Intellectual Property of Scott Moscow

103

Meibomian gland dysfunction

- H02.881 = Right Upper Eyelid
- H02.882 = Right Lower Eyelid
- H02.884 = Left Upper Eyelid
- H02.885 = Left Lower Eyelid
- H02.88A = Right Eye, Upper AND Lower eyelids
- H02.88B = Left Eye, Upper AND Lower eyelid

Intellectual Property of Scott Moscow

104

Rosacea Conjunctivitis

- H10.821 = Right eye
- H10.822 = Left eye
- H10.823 = Bilateral

Intellectual Property of Scott Moscow

105

Brow Ptosis

- H57.811 = Right
- H57.812 = Left
- H57.813 = Bilateral

Intellectual Property of Scott Moscow

106

Epiphora due to insufficient drainage (eliminates reference to the lacrimal gland)

- H04.221 Right Side
- H04.222 Left Side
- H04.223 Bilateral

Intellectual Property of Scott Moscow

107

Medical Chief Complaint + 4 HPIs

- Red Eye
 - Location: **Temporal side OD**
 - Quality: **Worsening**
 - Severity: **Moderate**
 - Duration: **2 Days**
 - Timing: **Constant**
 - Context: **All the time**
 - Modifying Factors: **Artificial tears**
 - Signs/Symptoms: **Irritation**

Intellectual Property of Scott Moscow

108

Sectoral Injection OS



Intellectual Property of Scott Moscow

109

What is your Medical Insurance diagnosis?

Red Eye (No Associated ICD-10 Code)

Nodular Episcleritis-Left Eye (H15.122)

Start the presentation to see live content. Still no live content? Install the app or get help at [PallEx.com/app](mailto:help@PallEx.com)

110

Medical Chief Complaint + 4 HPIs

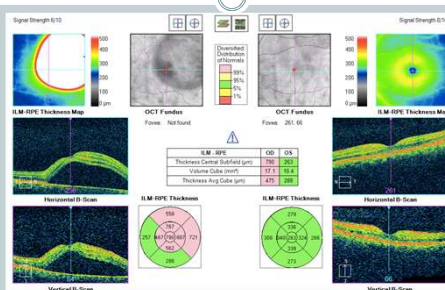
- Vision Loss
 - Location: **Central OD**
 - Quality: **Worsening**
 - Severity: **Moderate**
 - Duration: **3 Hours**
 - Timing: **Constant**
 - Context: **All the time**
 - Modifying Factors: **None**
 - Signs/Symptoms: **Distortion**

Intellectual Property of Scott Moscow

111

Central Serous Chorioretinopathy OD(H35.711):

Day 1



Intellectual Property of Scott Moscow

112

Central Serous Chorioretinopathy

- H35.711 Right Eye
- H35.712 Left Eye
- H35.713 Bilateral
- H35.719 Unspecified Eye

Intellectual Property of Scott Moscow

113

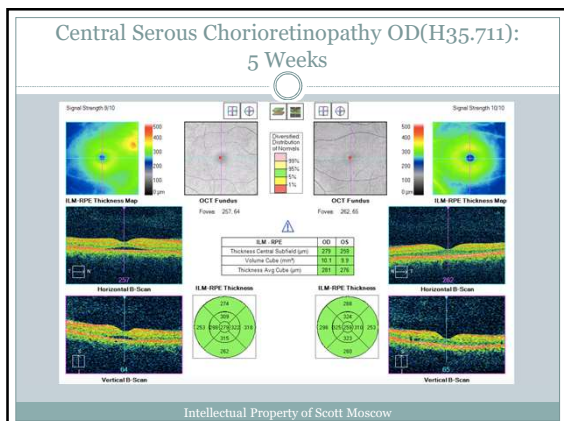
Central Serous Chorioretinopathy

- H35.711 Right Eye
- H35.712 Left Eye
- H35.713 Bilateral
- ~~H35.719 Unspecified Eye~~

Never use Unspecified Eye Codes!

Intellectual Property of Scott Moscow

114



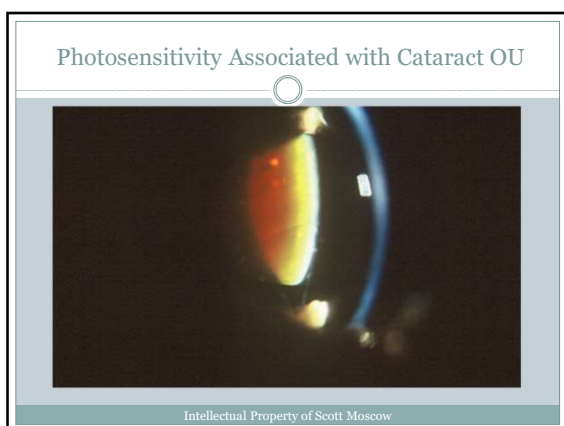
115

Medical Chief Complaint + 4 HPIs

- Chief Complaint: **Glare**
 - Location: **OD>OS**
 - Quality: **Worsening**
 - Severity: **Moderate**
 - Duration: **6 months**
 - Timing: **Constant**
 - Context: **Night Driving**
 - Modifying Factors: **Glasses**
 - Signs/Symptoms: **Light Sensitivity**

Intellectual Property of Scott Moscow

116



117

What is your diagnosis?

Visual Discomfort /
Asthenopia / Eye
Strain / Photophobia
Both Eyes (H53.143)

Age Related Nuclear
Cataract Both Eyes
(H25.13)

Start the presentation to see live content. Still no live content? Install the app or get help at Pellix.com/app

118

Symptom vs Cause

**ONLY use symptoms of diagnosis
in absence of finding a cause!**

Intellectual Property of Scott Moscow

119

Cause vs Symptom

- Age Related Nuclear Cataract Right Eye (H25.11)
- Age Related Nuclear Cataract Left Eye (H25.12)
- Age Related Nuclear Cataract Bilateral (H25.13)
- Visual Discomfort / Asthenopia / Eye Strain / Photophobia Right Eye (H53.141)
- Visual Discomfort / Asthenopia / Eye Strain / Photophobia Left Eye (H53.142)
- Visual Discomfort / Asthenopia / Eye Strain / Photophobia Both Eyes (H53.143)

Intellectual Property of Scott Moscow

120

Initial vs Subsequent vs Sequela Encounter

Intellectual Property of Scott Moscow

121

Initial Encounter

- Beginning specific plan of care
- Changing specific plan of care
 - NOT Discontinuation
- Patient is undergoing “active treatment”
- **Does NOT necessarily mean initial visit**

Intellectual Property of Scott Moscow

122

Subsequent Encounter

- Continuation or Discontinuation of the current plan of care for the injury during the healing or recovery phase
 - AFTER patient has received “active treatment”
 - If the provider adjusts (other than discontinuation) the plan of care, the care becomes “active” again (i.e. Initial Encounter)

Intellectual Property of Scott Moscow

123

Sequela Encounter

- Complications or conditions that arise as a direct result of an injury
- Report 2 codes
 1. Describes secondary condition caused by injury
 - Ex: Corneal Scar caused by Corneal Abrasion
 2. Describes the injury (with Sequela code) that caused secondary condition
 - Ex: Corneal Abrasion with Sequela

Intellectual Property of Scott Moscow

124

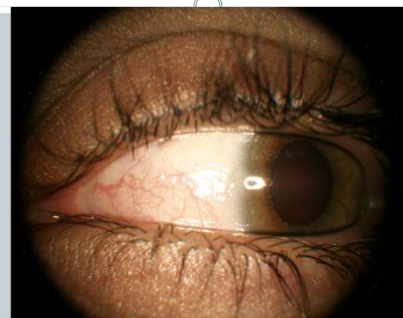
Medical Chief Complaint + 4 HPIs

- Chief Complaint: **Eye pain**
 - Location: **OS**
 - Quality: **Stable**
 - Severity: **Mild**
 - Duration: **1 hour**
 - Timing: **Constant**
 - Context: **All the time**
 - Modifying Factors: **Preservative Free Artificial Tears**
 - Signs/Symptoms: **Tearing**

Intellectual Property of Scott Moscow

125

Pt Present: Conjunctival Abrasion OS



Intellectual Property of Scott Moscow

126

Injury of Conjunctiva and Corneal Abrasion without Foreign Body

- S05.01XA Right Eye / **Initial** Encounter
- S05.01XD Right Eye / **Subsequent** Encounter
- S05.01XS Right Eye / **Sequela** Encounter
- S05.02XA Left Eye / **Initial** Encounter
- S05.02XD Left Eye / **Subsequent** Encounter
- S05.02XS Left Eye / **Sequela** Encounter

Intellectual Property of Scott Moscow

127

What is your diagnosis at the initial visit? You Rx Polytrim TID OS that day.

Left Eye / Initial Encounter (S05.02XA)

Left Eye / Subsequent Encounter (S05.02XD)

Left Eye / Sequela (S05.02XS)

Intellectual Property of Scott Moscow

128

Initial Encounter

- Beginning specific plan of care

Intellectual Property of Scott Moscow

129

If you did not prescribe any medication at the initial visit, does your diagnosis change?

No

Yes

Intellectual Property of Scott Moscow

130

What is your diagnosis at the Day 2 Follow-up OV? You continue Polytrim TID OS that day.

S05.02XA Left Eye / Initial Encounter

S05.02XD Left Eye / Subsequent Encounter

S05.02XS Left Eye / Sequela

Intellectual Property of Scott Moscow

131

Subsequent Encounter

- Continuation of the current plan of care for the injury during the healing or recovery phase
 - AFTER patient has received "active treatment"

Intellectual Property of Scott Moscow

132

What is your diagnosis at the Day 3 Follow-up OV? You continue Polytrim TID OS & Rx Illevro qday OS that day.

Left Eye / Initial Encounter (S05.02XA)	
Left Eye / Subsequent Encounter (S05.02XD)	
Left Eye / Sequela (S05.02XS)	

Start the presentation to see live content. Still no live content? Install the app or get help at PallEx.com/app

133

Initial Encounter

- Changing specific plan of care
- **Does NOT necessarily mean initial visit**

Intellectual Property of Scott Moscow

134

What is your diagnosis at the 1 week Follow-up OV? You discontinue Polytrim and Illevro OS that day.

S05.02XA Left Eye / Initial Encounter	
S05.02XD Left Eye / Subsequent Encounter	
S05.02XS Left Eye / Sequela	

Start the presentation to see live content. Still no live content? Install the app or get help at PallEx.com/app

135

Subsequent Encounter

- Discontinuation of the current plan of care for the injury during the healing or recovery phase
 - AFTER patient has received "active treatment".

Intellectual Property of Scott Moscow

136

2 Weeks Later : Conjunctival Abrasion Resolved with associated Conjunctival Scar OD

1. Scarring of Conjunctiva / Left Eye (H11.242)
2. Injury of Conjunctiva and Corneal Abrasion without Foreign Body Left Eye / **Sequela** (S05.02XS)

The first code describes the condition or nature of the sequela(e)

Intellectual Property of Scott Moscow

137

Coding Objectives

- ✓ **Procedure Codes**
- ✓ **Diagnostic Testing**
- ✓ **Surgical Procedures**
- ✓ **Modifiers**
- ✓ **Chief Complaint**
- ✓ **Diagnosis Codes**
- **Exam codes**

Intellectual Property of Scott Moscow

138

Exam Codes

Intellectual Property of Scott Moscow

139

Exam Codes (CPT)

- 92xxx's and 99xxx's
- More challenging than procedures because of under/over coding
- There is **ONLY** one correct exam level billed
 - It's NOT a choice!

Intellectual Property of Scott Moscow

140

if you get paid by an insurance company, that means you coded correctly?

True

False

Start the presentation to see live content. Still no live content? Install the app or get help at PA@EV.com/app

141

Audits

- You will be audited
 - Especially if you start billing higher than you did in the past
- Insurance companies can audit charts from the past

Intellectual Property of Scott Moscow

142

Anti-Trust Laws

- **The Sherman Act**
 - Prohibits contracts, combinations or conspiracies in restraint of trade in monopolization, attempts to monopolize, and conspiracies to monopolize.

Intellectual Property of Scott Moscow

143

What does it mean if an Exam or Procedure code is paid 100% of what you billed?

Intellectual Property of Scott Moscow

144

Exam Codes

99201	≠	99211
99202		99212
99203		99213
99204		99214
99205		99215

Intellectual Property of Scott Moscow

145

99 E&M Coding

	99201 New Patient	99212 Existing Patient	99202 New Patient	99213 Existing Patient	99203 New Patient	99214 Existing Patient
History	Level 1	Level 1	Level 2	Level 2	Level 3	Level 3
Exam	Level 1	Level 1	Level 2	Level 2	Level 3	Level 3
Decision Making	Level 1	Level 1	Level 1 or 2	Level 2	Level 2	Level 3

New Patients must meet 3 of 3

Existing Patients must meet 2 of 3
(with decision making being one of the two)

Bottom line: Exam level should be determined by Decision Making

Intellectual Property of Scott Moscow

146

Exam Codes

New Patient	Existing Patient
92004 =	92014
92002 =	92012
99201 =	99211
99202 =	99212
99203 =	99213
99204 =	99214
99205 =	99215

Intellectual Property of Scott Moscow

147

5 Digit Exam Code

- **1st & 2nd numbers**
 - 92- vision plan AND medical plans
 - 99-medical plans only
- **3rd number-don't worry about it**
- **4th number**
 - 0 = new patient (or >3years since last visit with your office)
 - 1 = existing patient
- **5th number (92's)**
 - 2-intermediate exam
 - 4-comprehensive exam
- **5th number (99's)**
 - Level of exam (1-5)

New Patient	Existing Patient
92004 =	92014
92002 =	92012
99201 =	99211
99202 =	99212
99203 =	99213
99204 =	99214
99205 =	99215

Intellectual Property of Scott Moscow

148

92's vs 99's

- **92's**
 - Less requirements & documentation required
- **99's**
 - More requirements & documentation required
 - Why use? → Pay more in some circumstances

Intellectual Property of Scott Moscow

149

92's vs. 99's

- **Vision Insurance:**
 - Always bill 92004/92014 (Comprehensive Exam)
 - "S" codes (materials)
- **Medical Insurance:**
 - 99's or 92's

Intellectual Property of Scott Moscow

150

General Eye Codes- 92's

You **MUST** bill 92- codes to **VISION** insurance!

You **CAN** bill 92- codes to **MEDICAL** insurance!

Intellectual Property of Scott Moscow

151

General Eye Codes – 92's

- **Comprehensive Exam**

- 92004/92014 (New/Existing Patients)

- **Intermediate Exam**

- 92002/92012 (New/Existing Patients)

Intellectual Property of Scott Moscow

152

New vs Existing Patient

- **New**

- Never seen at your office before
 - OR
 - Not seen at your office within the last 3 years

- **Existing**

- Seen at your office within the last 3 years

Intellectual Property of Scott Moscow

153

Does examination require evaluation of the COMPLETE visual system?

YES = COMPREHENSIVE EXAM

NO = NOT COMPREHENSIVE EXAM

Intellectual Property of Scott Moscow

154

Comprehensive Exam 92004/92014 (New/Existing Patients)

- Evaluation of COMPLETE visual system
- ALWAYS includes initiation of diagnostic and treatment programs
- OFTEN includes BIO, dilation & tonometry
- MAY be completed at another session

Intellectual Property of Scott Moscow

155

Comprehensive Exam 92004/92014 (New/Existing Patients)

- Evaluation of COMPLETE visual system
 - History
 - General observations
 - External exam
 - Ophthalmoscopy
 - Gross Visual Field
 - Basic Sensorimotor

Intellectual Property of Scott Moscow

156

Comprehensive Exam
92004/92014 (New/Existing Patients)

- **ALWAYS** includes initiation of diagnostic and treatment programs
 - Prescribing medication(s) or other treatment(s)
 - Ordering labs
 - Performing diagnostic tests
 - Deciding to refer for consultation

Intellectual Property of Scott Moscow

157

Comprehensive Exam
92004/92014 (New/Existing Patients)

- **OFTEN** includes BIO, dilation & tonometry
 - **Some experts say the patient needs to be dilated...?**

Intellectual Property of Scott Moscow

158

Comprehensive Exam
92004/92014 (New/Existing Patients)

- **MAY** be completed at another session
 - Example: *Return to clinic in 1 month for dilation*

Intellectual Property of Scott Moscow

159

Comprehensive 92004/92014
“Yearly Exams”

- **Vision Insurance**
 - Pays for Comprehensive Exam (92004/92014) **each year**
- **Medical Insurance**
 - Does **NOT** Pay for Comprehensive Exam (92004/92014) each year

Intellectual Property of Scott Moscow

160

Standard of Care vs Proper Medical Billing

- On a new patient, if the chief complaint does not require you to look at the posterior segment, do you look?
- Proper Medical Billing = No
- Standard of Care = Yes
 - **CYA: You are responsible for the entire eye!**

Intellectual Property of Scott Moscow

161

Standard of Care vs Proper Medical Billing

- On a new patient, the primary diagnosis can **NOT** be a disease state that does not have symptoms at that level of the disease.
 - Unless the patient tells you they have that disease state.

Intellectual Property of Scott Moscow

162

Standard of Care vs Proper Medical Billing

Example

- The Primary Diagnosis on a new patient can NOT be Glaucoma Suspect unless that patient already knew they were a glaucoma suspect

Intellectual Property of Scott Moscow

163

Intermediate Exam 92002/92012

(New/Existing Patients)

- Intermediate Exam
 - New or existing condition with...
 - Initiation or Continuation of...
 - Diagnostic or treatment program...

Intellectual Property of Scott Moscow

164

Diagnostic/Treatment Program

- Prescribing medication(s) or other treatment(s)
- Ordering labs
- Performing diagnostic tests
- Deciding to refer for consultation

Intellectual Property of Scott Moscow

165

Evaluation & Management Codes – 99's

CAN BE USED FOR MEDICAL INSURANCE

NEVER USED FOR VISION INSURANCE

Intellectual Property of Scott Moscow

166

Exam Codes

New Patient		Existing Patient
92004	=	92014
92002	=	92012
		99211
99201	=	99212
99202	=	99213
99203	=	99214
99204	=	99215
99205		

Intellectual Property of Scott Moscow

167

99 E&M Coding

	99201 New Patient	99212 Existing Patient	99202 New Patient	99213 Existing Patient	99203 New Patient	99214 Existing Patient
History	Level 1	Level 1	Level 2	Level 2	Level 3	Level 3
Exam	Level 1	Level 1	Level 2	Level 2	Level 3	Level 3
Decision Making	Level 1	Level 1	Level 1 or 2	Level 2	Level 2	Level 3

New Patients must meet 3 of 3 Existing Patients must meet 2 of 3 (with decision making being one of the two)

Bottom line: Exam level should be determined by Decision Making

Intellectual Property of Scott Moscow

168

Eval. & Mgt. Codes (99***)-3 components

- History**
 - Medical history form
 - Subjective portion of exam
- Examination**
 - 12 elements
 - Psychiatric/Neurological
- Decision Making:**
 - # of diagnosis or management options
 - Amount/complexity of data or diagnostic tests
 - Overall risk

Bottom Line:
Exam level should only be limited by **Decision Making**

Intellectual Property of Scott Moscow

169

History

- **Level 1: (problem-focused)**
 - Chief Complaint & 1-3 HPIs
- **Level 2: (expanded problem-focused)**
 - Chief Complaint, 1-3 HPI & 1 Review of Systems
- **Level 3: (detailed)**
 - Chief Complaint, 4 HPI & 2-9 Review of Systems
- **Level 4: (comprehensive)**
 - Chief Complaint, 4 HPI & 10+ Review of Systems

Bottom Line:
Get a **Comprehensive History**

Intellectual Property of Scott Moscow

170

History

- Get a Comprehensive History at first exam (or first exam in 3 years)
- Update history each year
 - Example: "Mrs. Jones has anything changed with your medical history since the last time I saw you."

Intellectual Property of Scott Moscow

171

History Review of Systems

- Constitution
- Cardiovascular
- Ears, Nose, Mouth, Throat
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Integumentary
- Neurological
- Psychiatric
- Endocrine
- Hematologic/Lymphatic
- Allergic/Immunologic

Intellectual Property of Scott Moscow

172

History Review of Systems

How are you feeling today?

Intellectual Property of Scott Moscow

173

Exam Elements

- **Level 1: Exam Level Problem Focused**
 - 1 or more elements
- **Level 2: Expanded Problem Focused**
 - 6 or more elements
- **Level 3: Detailed**
 - 9 or more elements
- **Level 4: Comprehensive**
 - ALL exam elements + 1 psychiatric/neurological
 - Excluding contraindicated elements

Bottom Line:
Level 3 Exam Elements will satisfy a 99203/99214

Intellectual Property of Scott Moscow

174

Examination (E&M)

1. Visual Acuity (Refraction **NOT** necessary)
 2. Counting Fingers
 3. Extra-ocular movements (EOMs)
 4. Adnexa: Lids & Lacrimal
 5. Conjunctiva: Bulbar and Palpebral
 6. Pupils/Iris: shape, direct/consensual reaction, anisometropia, PERRLA
 7. Cornea: epithelium, stroma, endothelium, tear film
 8. Anterior Chamber
 9. Lens: clarity
 10. IOP
 11. Optic disc: size, C/D, appearance, NFL (**Dilated!**)*
 12. Post. segment: retina and vessels (**Dilated!**)*
- Neurologic: oriented x 3 (awareness of person, place & time/date)
 - Psychiatric: mood (happy, agitated, depressed, anxious & etc)

Intellectual Property of Scott Moscow

175

Decision Making *

- Level 1 (straight forward)
 - 1 self-limited or minor diagnosis
- Level 2 (low complex)
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- Level 3 (moderately complex)
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem
- Level 4 (high complex)
 - severe problem posing threat to life or to bodily function

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

176

Decision Making *

- Level 1 (straight forward)
 - 1 self-limited or minor diagnosis
- Level 2 (low complex)
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- Level 3 (moderately complex)
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem
- Level 4 (high complex)
 - severe problem posing threat to life or to bodily function

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

177

Decision Making

1 self-limited or minor diagnosis

=

1 acute uncomplicated problem

Intellectual Property of Scott Moscow

178

Decision Making *

- Level 1 (straight forward)
 - 1 self-limited or minor diagnosis
- Level 2 (low complex)
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- Level 3 (moderately complex)
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem
- Level 4 (high complex)
 - severe problem posing threat to life or to bodily function

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

179

Decision Making *

- Level 2 (low complex)
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- Level 3 (moderately complex)
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem
- Level 4 (high complex)
 - severe problem posing threat to life or to bodily function

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

180

99 E&M Coding						
	99201	=	99212	99202	=	99213
	New Patient		Existing Patient	New Patient		Existing Patient
History	Level 1		Level 1	Level 2		Level 2
Exam	Level 1		Level 1	Level 2		Level 2
Decision Making	Level 1		Level 1	Level 1 or 2		Level 2
New Patients must meet 3 of 3 Existing Patients must meet 2 of 3 (with decision making being one of the two)						
Bottom line: Exam level should be determined by Decision Making						
Intellectual Property of Scott Moscow						

181

99 E&M Coding						
	99201	=	99212	99202	=	99213
	New Patient		Existing Patient	New Patient		Existing Patient
History	Level 1		Level 1	Level 2		Level 2
Exam	Level 1		Level 1	Level 2		Level 2
Decision Making	Level 1		Level 1	Level 1 or 2		Level 2
New Patients must meet 3 of 3 Existing Patients must meet 2 of 3 (with decision making being one of the two)						
Bottom line: Exam level should be determined by Decision Making						
Intellectual Property of Scott Moscow						

182

Exam Codes		
New Patient	=	Existing Patient
92004	=	92014
92002	=	92012
99201	=	99211
99202	=	99212
99203	=	99213
99204	=	99214
99205	=	99215
Do NOT use		
Do NOT use		
Intellectual Property of Scott Moscow		

183

Exam Codes		
New Patient	=	Existing Patient
92004	=	92014
92002	=	92012
99202	=	99213
99203	=	99214
99204	=	99215
99205	=	
Intellectual Property of Scott Moscow		

184

Decision Making *	
<ul style="list-style-type: none"> Level 2 (low complex) <ul style="list-style-type: none"> 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem Level 3 (moderately complex) <ul style="list-style-type: none"> 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem Level 4 (high complex) <ul style="list-style-type: none"> severe problem posing threat to life or to bodily function 	
*Note: Diagnoses only count if they were addressed at that exam	
Intellectual Property of Scott Moscow	

185

Decision Making	
Severe problem posing threat to life or to bodily function	
Most experts agree that the patient needs to be dilated.	
Do NOT use!	
Intellectual Property of Scott Moscow	

186

Decision Making *

- **Level 2 (low complex)**
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- **Level 3 (moderately complex)**
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem
- **Level 4 (high complex)**
 - severe problem posing threat to life or to bodily function

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

187

Exam Codes

New Patient		Existing Patient	
92004	=	92014	
92002	=	92012	
99202	=	99213	
99203	=	99214	
99204	=	99215	Do NOT use
99205			Do NOT use

Intellectual Property of Scott Moscow

188

Exam Codes

New Patient		Existing Patient
92004	=	92014
92002	=	92012
99202	=	99213
99203	=	99214

Intellectual Property of Scott Moscow

189

Decision Making *

- **Level 2 (low complex)**
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- **Level 3 (moderately complex)**
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

190

99 E&M Coding

	99202 New Patient	99213 Existing Patient	99203 New Patient	99214 Existing Patient
History	Level 2	Level 2	Level 3	Level 3
Exam	Level 2	Level 2	Level 3	Level 3
Decision Making	Level 1 or 2	Level 2	Level 2	Level 3

New Patients must meet 3 of 3

Existing Patients must meet 2 of 3
(with decision making being one of the two)

Bottom line: Exam level should be determined by Decision Making

Intellectual Property of Scott Moscow

191

Decision Making *

- **Level 2 (low complex)**
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- **Level 3 (moderately complex)**
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

192

Decision Making *

- **Level 2 (low complex)**
 - 2 self-limited or minor diagnosis, 1 **stable chronic illness** OR 1 acute uncomplicated problem
- **Level 3 (moderately complex)**
 - 2 **chronic stable diagnoses**, 1 worsening problem OR 1 new complicated problem

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

193

Decision Making

- **Chronic**
 - Lasts 3 months or more
 - CDC says lasts 1 year or more
 - Generally cannot be prevented by vaccines or cured by medication
 - Does NOT just disappear

Intellectual Property of Scott Moscow

194

Decision Making *

- **Level 2 (low complex)**
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 **acute uncomplicated problem**
- **Level 3 (moderately complex)**
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 **new complicated problem**

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

195

Decision Making

Uncomplicated Problem	Complicated Problem
<ul style="list-style-type: none"> ○ Often treated with an OTC medication ○ <i>Ex: Allergic Conjunctivitis & Dry Eye</i> 	<ul style="list-style-type: none"> ○ Prescription drugs, surgery, additional diagnostic testing & etc. are required to treat the problem ○ <i>Ex: Acute Uveitis, acute ulcer & neovascularization of the disc</i>

If a problem can be solved with an OTC or Rx medication, consider it an UNcomplicated problem

Intellectual Property of Scott Moscow

196

Decision Making *

- **Level 2 (low complex)**
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- **Level 3 (moderately complex)**
 - 2 chronic stable diagnoses, 1 **worsening problem** OR 1 new complicated problem

*Note: Diagnoses only count if they were addressed at that exam

Intellectual Property of Scott Moscow

197

Decision Making

- **Worsening Problem Prerequisites**
 1. The patient was seen for a problem
 2. Someone (possibly you) did something to treat that problem
 3. The patient is now seeing you because the problem is now worse

Intellectual Property of Scott Moscow

198

Decision Making *

- Level 2 (low complex)
 - 2 self-limited or minor diagnosis, 1 stable chronic illness OR 1 acute uncomplicated problem
- Level 3 (moderately complex)
 - 2 chronic stable diagnoses, 1 worsening problem OR 1 new complicated problem

*Note: Diagnoses only count if they were addressed at that exam

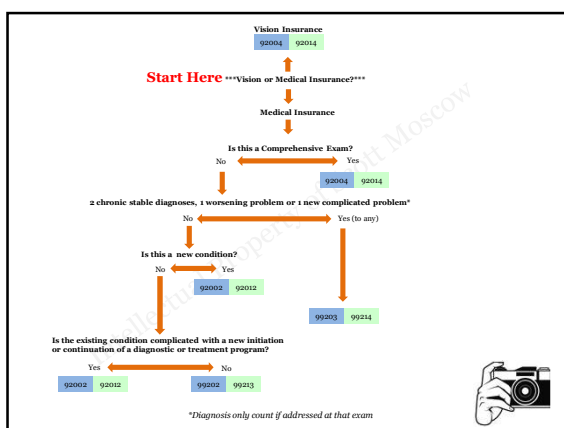
Intellectual Property of Scott Moscow

199

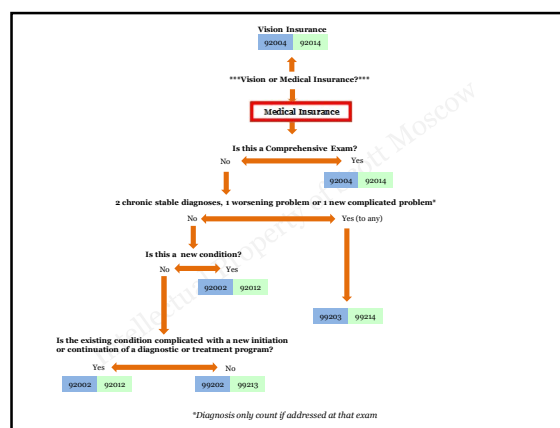


== Take Picture of Slide

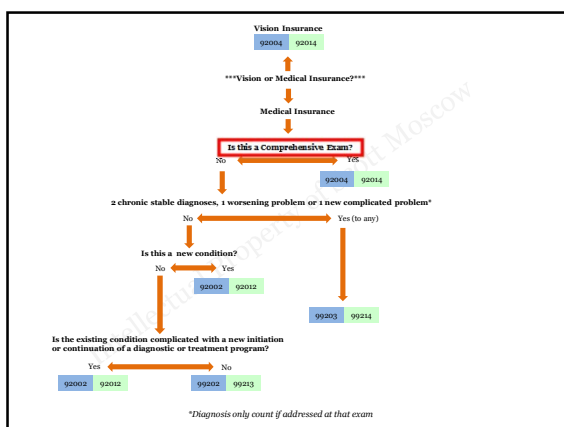
200



201



202



203

Is this a Comprehensive Exam?

ASSUME MEDICAL INSURANCE FOR THE NEXT EXAMPLES

Intellectual Property of Scott Moscow

204

Would Allergic Conjunctivitis (H10.45) alone justify a Comprehensive Exam 92004/92014?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at [Pelle.com/app](https://www.pelle.com/app)

205

Could Allergic Conjunctivitis (H10.45) AND a Cataract (H25.13) causing a decrease in BCVA justify a Comprehensive Exam 92004/92014?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at [Pelle.com/app](https://www.pelle.com/app)

206

Chief Complaint + 4HPI

- **Visual Distortion**
 - Location: **OU**
 - Quality: **Worsening**
 - Severity: **Moderate**
 - Duration: **1 month**
 - Timing: **Intermittent; 30 minutes per day**
 - Context: **Computer work; End of Day**
 - Modifying Factors: **Preservative Free Artificial Tears**
 - Signs/Symptoms: **Blurred Vision**

Intellectual Property of Scott Moscow

207

Could Meibomian Gland Dysfunction Right Upper and Lower Eyelids(H02.88A) & Left Upper and Lower Eyelids (H02.88B) justify a Comprehensive Exam 92004/92014?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at [Pelle.com/app](https://www.pelle.com/app)

208

Chief Complaint + 4HPI

- **Visual Distortion**
 - Location: **OD>OS**
 - Quality: **Worsening**
 - Severity: **Moderate**
 - Duration: **1 year**
 - Timing: **Intermittent; 1.5 times per month; last 20 minutes each time**
 - Context: **Stress**
 - Modifying Factors: **OTC Headache Medication completely resolves headache**
 - Signs/Symptoms: **Constriction of visual field; Migraine that lasts about 2 hours**

Intellectual Property of Scott Moscow

209

Migraines

- **Status** = lasts > 72 hours
- **Intractable** = does not respond to 2 or more abortive or prophylactic therapies

Intellectual Property of Scott Moscow

210

Could diagnosing a patient with Migraine with Aura not intractable / without status migrainosus (G43.109) for the first time ever justify a Comprehensive Exam 92004/92014?

Yes

No

© 2019 Evergreen Health. Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

211

Could you seeing a patient back in 1 year with ONLY a diagnosis of Migraine with Aura not intractable / without status migrainosus (G43.109) and justify a Comprehensive Exam 92004/92014?

Yes

No

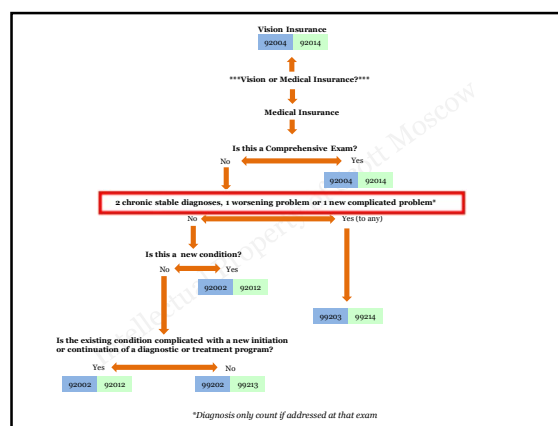
© 2019 Evergreen Health. Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

212

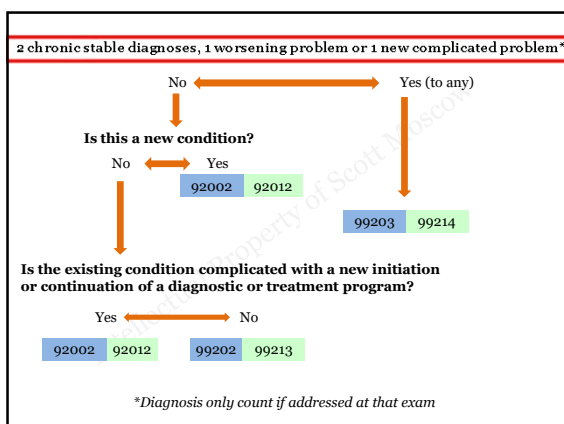
For the following examples, assume it is medical insurance and NOT a comprehensive exam...

Intellectual Property of Scott Moscow

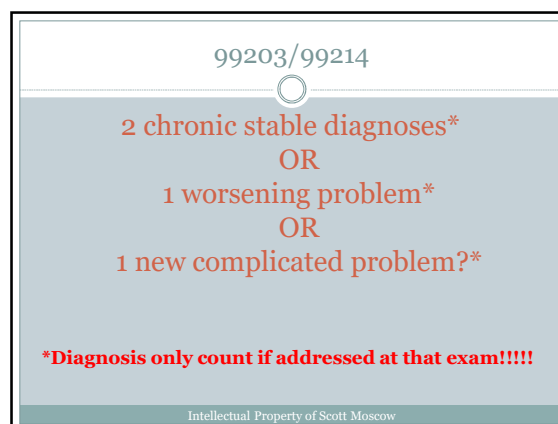
213



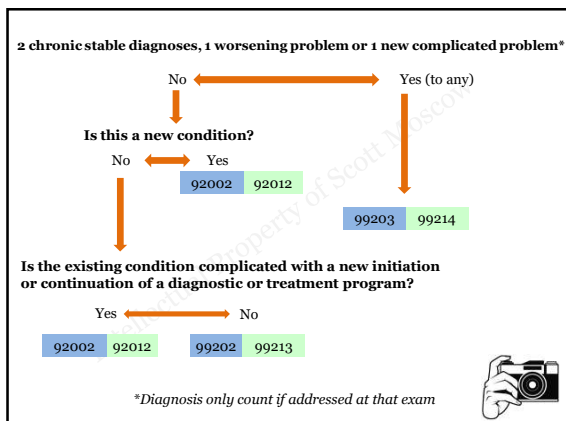
214



215



216



217

Examples of 1 diagnosis for billing purposes

- Blepharitis on 1,2,3 or 4 Lids (H01.02X)
- Diabetes Type 1 (E10.XXXX) & Use of Insulin (Z79.4)
- Diabetes Type 2 (E11.XXXX) & Use of Insulin (Z79.4)
- Scarring of Conjunctiva (H11.24X) & Injury of Conjunctiva and Corneal Abrasion without Foreign Body Sequela (S05.0XXS)

Intellectual Property of Scott Moscow

218

Complicated vs UNcomplicated Problem

Intellectual Property of Scott Moscow

219

Is Squamous Blepharitis Right Upper & Lower Eyelids (H01.02A) and Left Upper & Lower Eyelids (H01.02B) treated with Eyelid Scrubs, Hot Compress mask, Omega 3 Vitamins and Preservative Free Artificial Tears an Uncomplicated Problem or Complicated Problem?

Uncomplicated Problem

Complicated Problem

Intellectual Property of Scott Moscow

220

Is Allergic Conjunctivitis (H10.45) that could be treated with Zaditor or Pazeo an Uncomplicated or Complicated problem?

Uncomplicated Problem

Complicated Problem

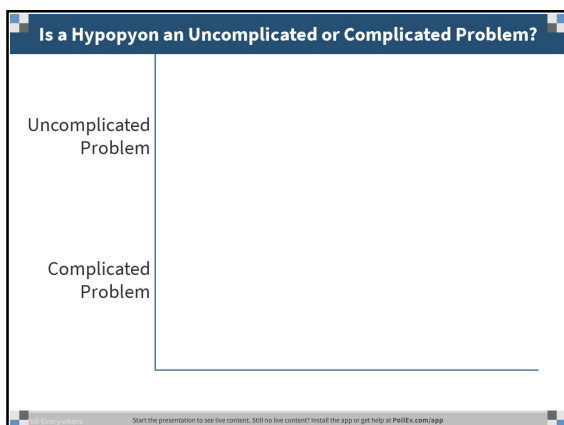
Intellectual Property of Scott Moscow

221

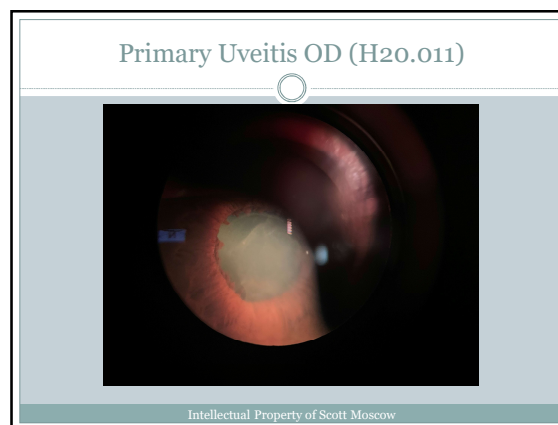
Hypopyon OD (H20.051)

Intellectual Property of Scott Moscow

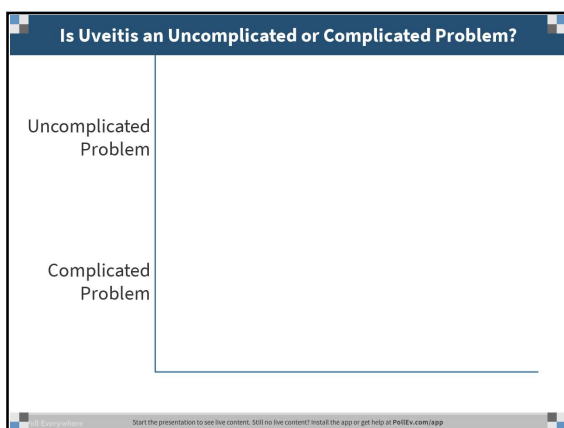
222



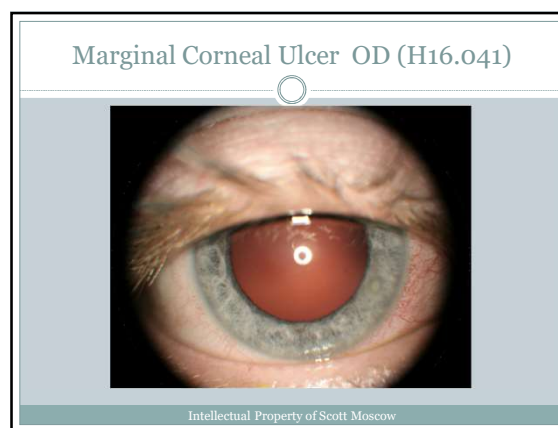
223



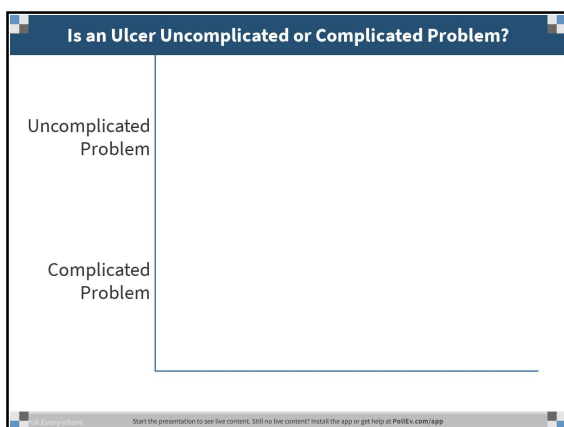
224



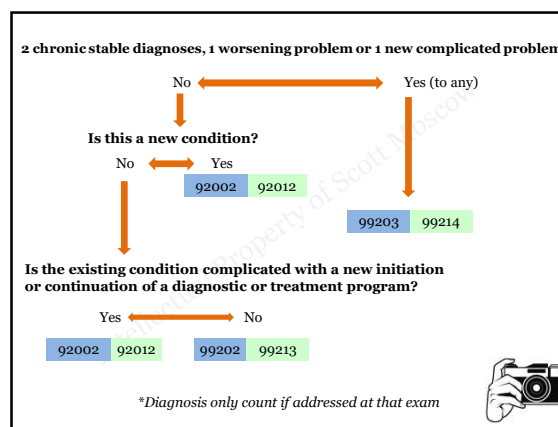
225



226



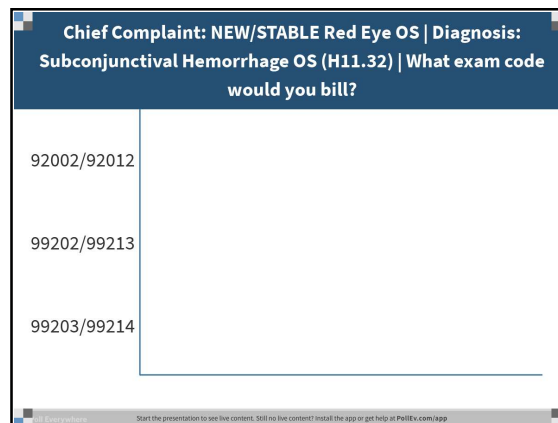
227



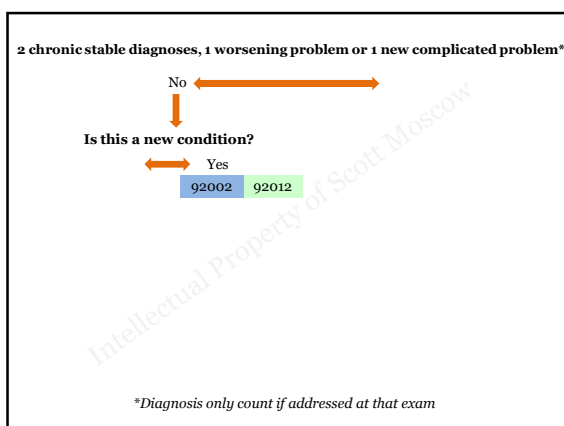
228



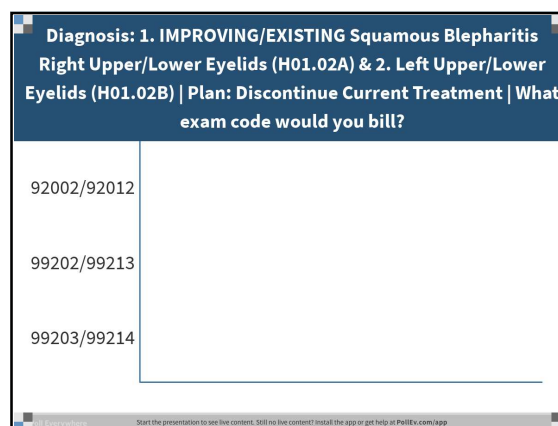
229



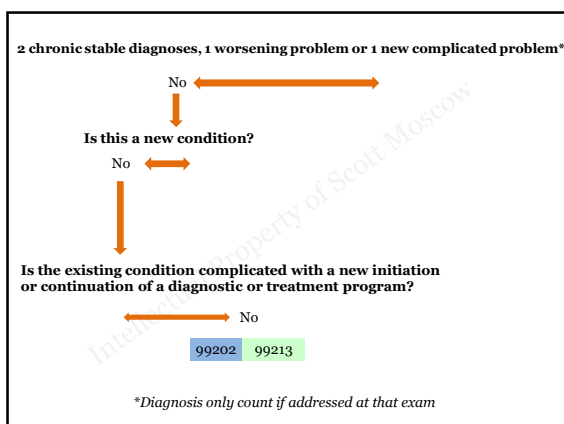
230



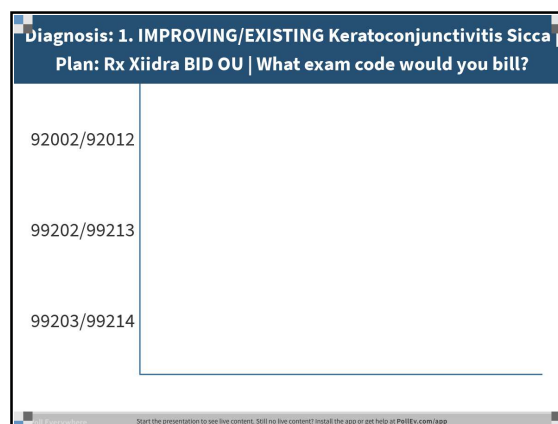
231



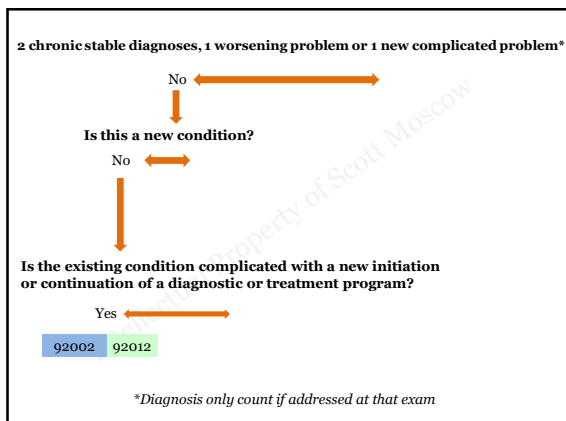
232



233



234



235

Diagnosis: 1. WORSENING/EXISTING Allergic conjunctivitis (H10.45) OU | Plan: Continue Zaditor BID OU & Rx Pred Forte TID OU | What exam code would you bill?

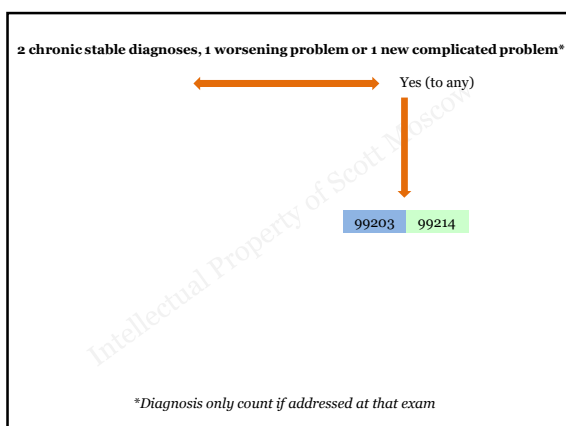
92002/92012

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at Phellix.com/app

236



237

Diagnosis: 1. IMPROVING/EXISTING Squamous Blepharitis Right Upper/Lower Eyelids (H01.02A) & 2. Left Upper/Lower Eyelids (H01.02B) | Patient has Glaucoma that was NOT addressed at that exam. | Plan: Discontinue Current Treatment | What exam code would you bill?

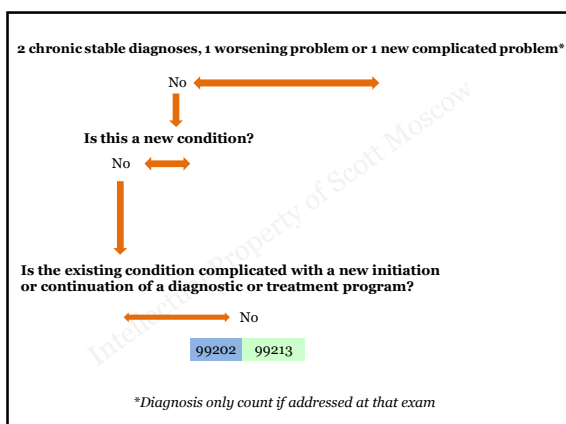
92002/92012

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at Phellix.com/app

238



239

Coding

Diagnosis only counts if addressed at that exam!

Intellectual Property of Scott Moscow

240

Diagnosis: 1. IMPROVING/EXISTING Squamous Blepharitis Right Upper/Lower Eyelids (H01.02A), 2. IMPROVING/EXISTING Left Upper/Lower Eyelids (H01.02B) & 3. Glaucoma Suspect Low Risk OU (H40.013) | Plan: 1.-2. Discontinue Current Treatment & 3. Monitor ON for change. | What exam code would you bill?

92002/92012

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](https://www.PollEv.com/app)

241

2 chronic stable diagnoses, 1 worsening problem or 1 new complicated problem*

Yes (to any)

99203 99214

Intellectual Property of Scott Moscow

*Diagnosis only count if addressed at that exam

242

Coding

In order to justify the diagnosis of Glaucoma or Glaucoma Suspect, you need to AT LEAST...

- Check IOP
- Look at/Evaluate the Optic Nerve

Intellectual Property of Scott Moscow

243

Chief Complaint: NEW/STABLE Red Eye OU | 1. Diagnosis: Conjunctivitis due to Adenovirus OU (B30.1) & 2. Glaucoma Suspect Low Risk OU (H40.013) | Plan: 1. Rx Tobradex TID OU. 2. Monitor ON for change. | What exam code would you bill?

92002/92012 ✓ 0%

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](https://www.PollEv.com/app)

244

2 chronic stable diagnoses, 1 worsening problem or 1 new complicated problem*

No

Is this a new condition?

Yes

92002 92012

Intellectual Property of Scott Moscow

*Diagnosis only count if addressed at that exam

245

Chief Complaint: STABLE/Existing ARMD Dry OU | Diagnosis: 1. ARMD Early Dry Stage OU (H35.3131) & 2. POAG Mild Stage OU (H40.1131) | Plan: 1. AREDS 2 Vitamins & Amsler Grid OD & OS. & 2. Continue Latanoprost ohs OU. | What exam code would you bill?

92002/92012

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at [PollEv.com/app](https://www.PollEv.com/app)

246

2 chronic stable diagnoses, 1 worsening problem or 1 new complicated problem*

Yes (to either)

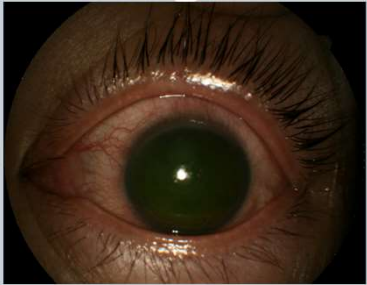
99203 99214

**Diagnosis only count if addressed at that exam*

247

Pt PRESENTS Central Corneal Ulcer OS (H16.012):

Day 1



Intellectual Property of Scott Moscow

248

Day 1 Diagnosis: Ulcer, Central (H16.012) | Rx Besivance QID, Polytrim QID, Tobramycin QID and Zirgan 5x/day OS | What exam code would you bill?

92002/92012

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at Pellic.com/app

249

2 chronic stable diagnoses, 1 worsening problem or 1 new complicated problem*

Yes (to either)

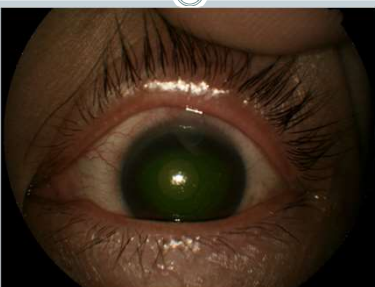
99203 99214

**Diagnosis only count if addressed at that exam*

250

IMPROVING Central Corneal Ulcer OS (H16.012):

Day 2



Intellectual Property of Scott Moscow

251

Day 2 Follow-up OV | Diagnosis: IMPROVING Ulcer, Central (H16.012) | CONTINUE Besivance QID, Polytrim QID, Tobramycin QID and Zirgan 5x/day OS | What exam code would you bill?

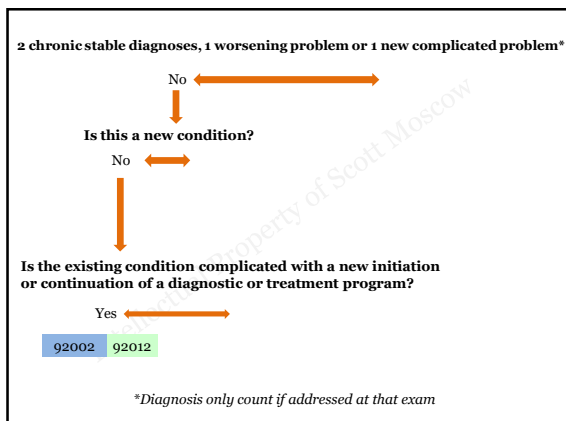
92002/92012

99202/99213

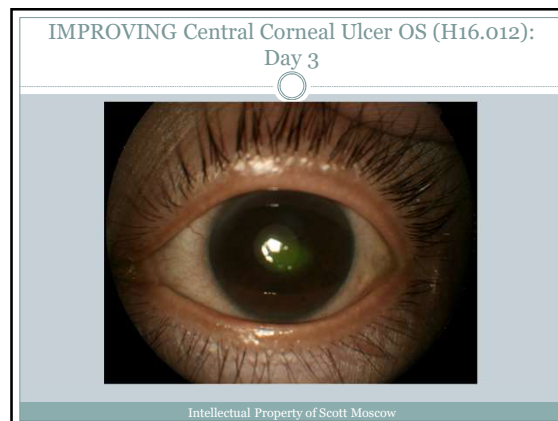
99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at Pellic.com/app

252



253



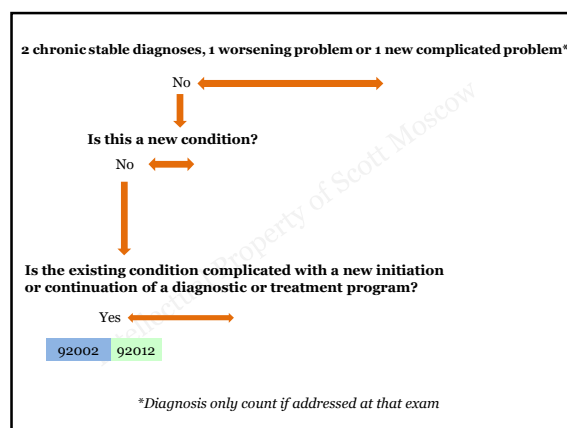
254

Day 3 Follow-up OV | Diagnosis: IMPROVING Ulcer, Central (H16.012) | Continue Besivance QID, Polytrim QID, Tobramycin QID and Zirgan 5x/day OS | What exam code would you bill?

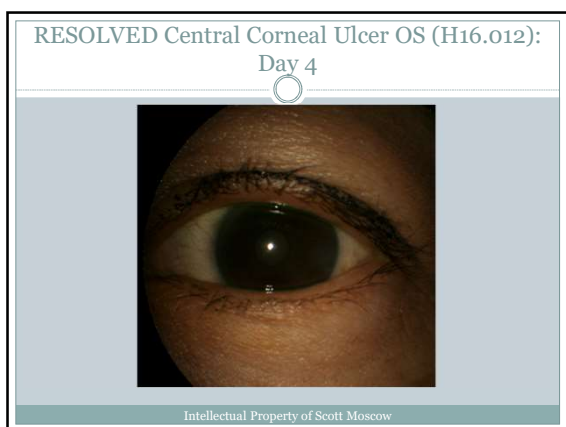
92002/92012	
99202/99213	
99203/99214	

Start the presentation to see live content. Still no live content? Install the app or get help at [Paliv.com/app](https://www.Paliv.com/app)

255



256



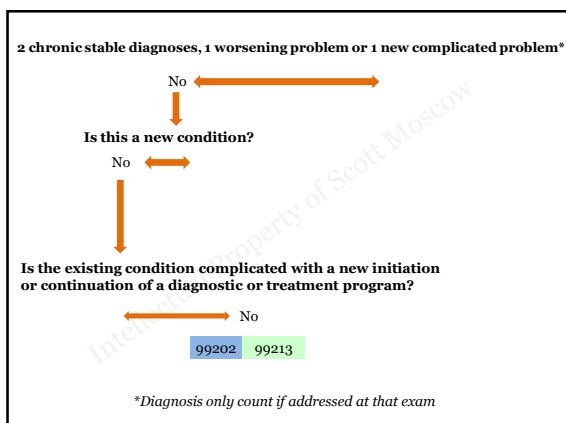
257

Day 4 Follow-up OV | Diagnosis: RESOLVED Ulcer, Central (H16.012) | DISCONTINUE Besivance QID, Polytrim QID, Tobramycin QID and Zirgan 5x/day OS | What exam code would you bill?

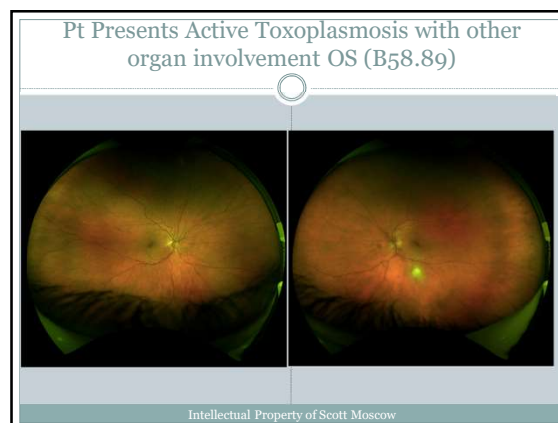
92002/92012	
99202/99213	
99203/99214	

Start the presentation to see live content. Still no live content? Install the app or get help at [Paliv.com/app](https://www.Paliv.com/app)

258



259



260

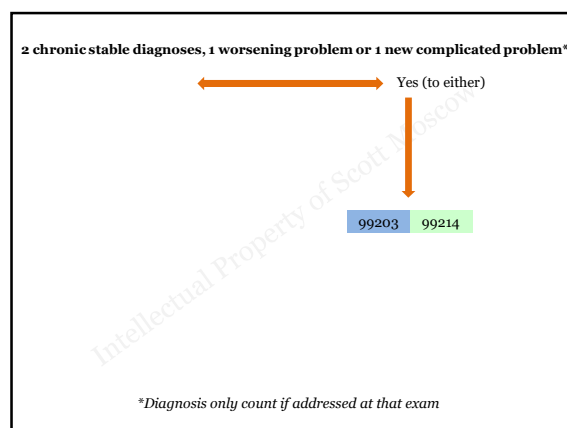
Day 1 Diagnosis: Active Toxoplasmosis with other organ involvement OS (B58.89). What exam code would you bill?

92002/92012

99202/99213

99203/99214

261



262



263



264

6 Month Follow-up OV Diagnosis: Chorioretinal Scar OS (H31.092) secondary to Toxoplasmosis. What exam code would you bill?

92002/92012

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at PallEx.com/app

265

2 chronic stable diagnoses, 1 worsening problem or 1 new complicated problem*

No

Is this a new condition?

Yes

92002 92012

**Diagnosis only count if addressed at that exam*

266

Same Patient returns to clinic 6 months later...

12 MONTHS AFTER INITIAL PRESENTATION

Intellectual Property of Scott Moscow

267

Chorioretinal Scar OS (H31.092) secondary to Toxoplasmosis 12 months after initial presentation



Intellectual Property of Scott Moscow

268

12 Month Follow-up OV Diagnosis: Chorioretinal Scar OS (H31.092) secondary to Toxoplasmosis. The scar is stable compared to your last exam. What exam code would you bill?

92002/92012

99202/99213

99203/99214

Start the presentation to see live content. Still no live content? Install the app or get help at PallEx.com/app

269

2 chronic stable diagnoses, 1 worsening problem or 1 new complicated problem*

No

Is this a new condition?

No

Is the existing condition complicated with a new initiation or continuation of a diagnostic or treatment program?

No

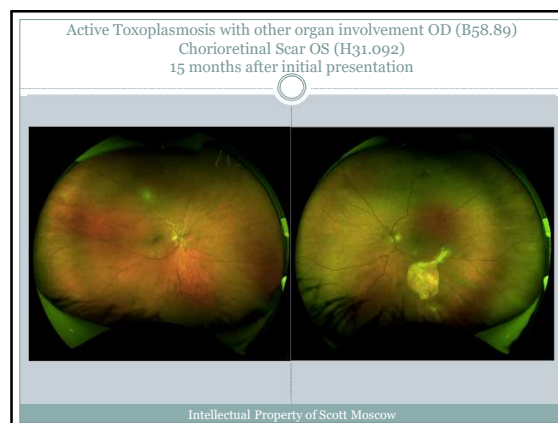
99202 99213

**Diagnosis only count if addressed at that exam*

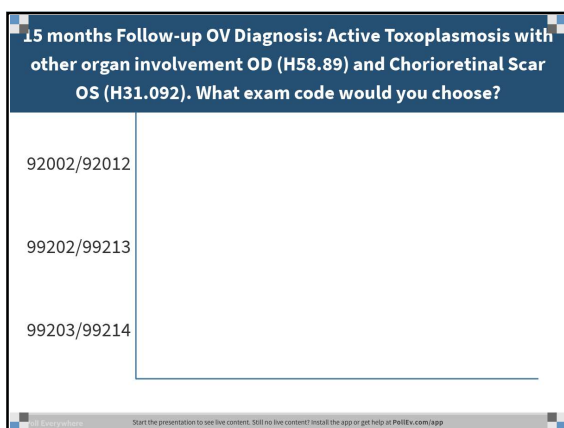
270



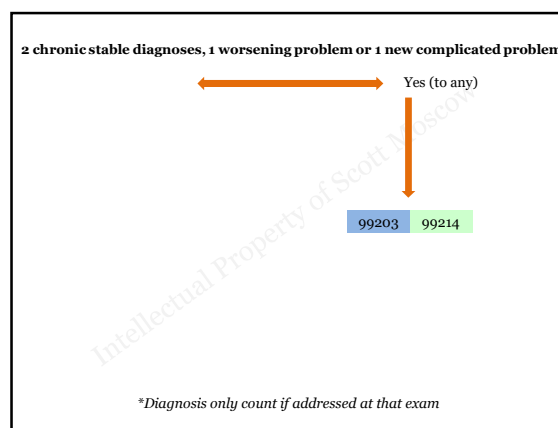
271



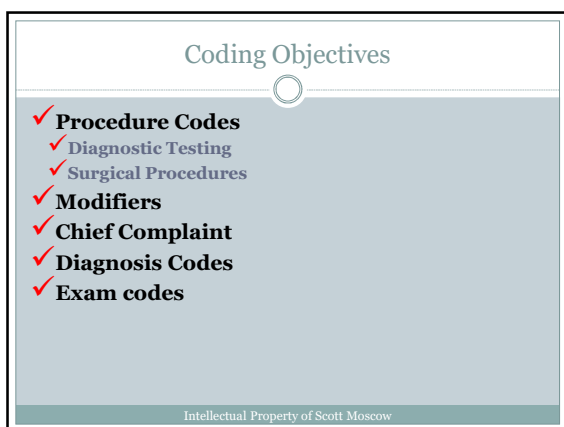
272



273



274



275



276