Medical Compliance with Billing and Coding 2013: Will your Records Survive an Audit from a Third Party Payer or the OIG?

Michael J. McGovern, OD, FAAO; Richard Soden, OD, FAAO
American Academy of Optometry
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Abstract:

The Office of the Inspector General (OIG) of the US Government has targeted ophthalmological codes this year. This course will provide a review of the necessary knowledge base required for coding and billing of optometric claims, as well as the proper documentation of records required to support these claims. These will be key factors to surviving insurance audits, which are becoming increasingly popular by insurance carriers. The question is no longer “Will I be audited?” but “When will I be audited?”.

Learning Objectives:

1. To learn what the proper documentation requirements are for CPT/ICD Codes
2. To learn the difference between the 92000 and the 99000 codes
3. To differentiate between routine care and medically necessary eye care
4. To review the most commonly audited codes / procedures
5. To learn what to do if you are audited

I. Introduction and Course Goals

II. The Importance of an Appropriate Case History

A. Case History will be reviewed from a proper documentation standpoint, as well as a coding standpoint

B. Medical vs. Routine Eye Care
III. Which Examination Codes Do I Choose?

A. Review of the differences between the various sets of codes

1. 92000 codes vs. 99000 codes
   a. 92000 - Initial patient encounter
      i. 92002 vs. 92004
   b. 92000 - Established patient encounter
      i. 92012 vs. 92014
   c. 99000 - Initial patient encounter
      i. 99201 through 99205
   d. 99000 - Established patient encounter
      i. 99211 through 99215
   e. Areas of documentation – 99000 codes
      i. History
         1. History of Present Illness (HPI)
            a. Physician must personally complete/record
            b. Brief / extended
            c. See Table A
         2. Review of Systems (ROS)
            a. No standard ROS for optometrists
            b. Problem pertinent / extended / complete
            c. See Table B
         3. Past (medical), Family and Social History (PFSH)
            a. Past medical history
            b. Family History
            c. Social History
            d. Pertinent / complete
        4. Determining Level Of History
           a. See Table C
   ii. Physical Exam
      1. Twelve physical exam elements
         a. See Table D
      2. Two brief assessments of mental status
3. Determining Level of Physical Exam
   a. Problem Focused / expanded problem focused / detailed / comprehensive

iii. Medical Decision Making (MDM)
   1. AOA Clinical Practice Guidelines
   2. Level of complexity determined by 3 factors:
      a. Number of possible diagnoses / treatment options
      b. Amount and complexity of data to acquire/review
      c. Risk of complications, morbidity and/or mortality
      d. Straightforward / low complexity / moderate complexity / high complexity

3. Determining Level of MDM
   a. See Table E

iv. Determining Category of Service / E&M Code
   1. New patient (see Table F)
   2. Established patient (see Table G)

f. Glaucoma Staging Codes

f. Special Procedures Codes
   i. Review of the documentation and coding guidelines for commonly performed procedures
   ii. “Interpretation and Report” Requirements

h. “Routine Care” vs. “Medically Necessary Care”
   i. “S”Codes

i. Surgical Codes
   i. A review of the most common surgical codes used by optometrists
   ii. Proper billing of surgical codes
IV. Diagnosis Codes (ICD-9)

A. New trends
B. Importance of accurate selection of codes
C. Preparing for ICD-10

V. Place of Service Codes and Common Modifiers

A. Proper use of place of service codes used by optometrists (see Table I)
B. Proper use of the most common modifiers used in optometric coding (see Table J)

VI. Medicare Update for 2013/2014

VII. How to Prepare and Survive an Audit

A. Common Audit Principals
B. The Bell Shaped Curve
C. Medicare Audits – CERT Process
D. OIG Work Plan
E. Common Triggers for an Audit:
   1. Insufficient Documentation Errors
   2. Lack of documented medically necessity
   3. Coding Errors
   4. Falling outside the Bell Curve

F. Auditing your own charts
   1. Sample size
   2. 99000 v. 92000 codes
   3. Specialty Codes
      a. The importance of “Interpretation and Report”
   4. Surgical Codes
      a. Global time periods
      b. Billing in conjunction with other office / procedure codes

VIII. Clinical Cases / Examples of most common errors
IX. Summary and Questions

<table>
<thead>
<tr>
<th>Table A</th>
<th>HPI – Elements to Describe Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Quality</td>
</tr>
<tr>
<td>Duration</td>
<td>Context</td>
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<table>
<thead>
<tr>
<th>Table B</th>
<th>ROS – Commonly Reviewed Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>Muscoskeletal</td>
<td>Hematologic/Lymphatic</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>Constitutional</td>
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<table>
<thead>
<tr>
<th>Table C</th>
<th>E&amp;M Coding – Determining Level of History</th>
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<tbody>
<tr>
<td>Problem Focused</td>
<td>HPI</td>
</tr>
<tr>
<td>Brief</td>
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<tr>
<td>Expanded Problem Focused</td>
<td>Brief</td>
</tr>
<tr>
<td>Detailed</td>
<td>Extended</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>Extended</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Table D</th>
<th>Physical Exam Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual acuity</td>
<td>Gross visual field testing</td>
</tr>
<tr>
<td>Ocular adnexae</td>
<td>Pupil / iris</td>
</tr>
<tr>
<td>Crystalline lens</td>
<td>Intraocular pressure</td>
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<td></td>
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## Table E  Determining Level of Medical Decision Making

<table>
<thead>
<tr>
<th></th>
<th>Straightforward</th>
<th>Low Complexity</th>
<th>Moderate Complexity</th>
<th>High Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of possible diagnoses / treatment options</strong></td>
<td>Minimal</td>
<td>Limited</td>
<td>Multiple</td>
<td>Extensive</td>
</tr>
<tr>
<td><strong>Amount and complexity of data</strong></td>
<td>Minimal or none</td>
<td>Limited</td>
<td>Moderate</td>
<td>Extensive</td>
</tr>
<tr>
<td><strong>Risk of complications, morbidity and/or mortality</strong></td>
<td>Minimal</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
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</table>

## Table F  Determining Category of Service – New Patient

**Must meet or exceed 3 of 3 in the column**

<table>
<thead>
<tr>
<th></th>
<th>99201</th>
<th>99202</th>
<th>99203</th>
<th>99204</th>
<th>99205</th>
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<tbody>
<tr>
<td><strong>History</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Focused (PF)</td>
<td>Problem Focused (PF)</td>
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<td>Detailed</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
</tr>
<tr>
<td><strong>Physical Exam</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Focused (PF)</td>
<td>Problem Focused (PF)</td>
<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
</tr>
<tr>
<td><strong>MDM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straightforward</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
<td></td>
</tr>
</tbody>
</table>

## Table G  Determining Category of Service – Established Patient

**Must meet or exceed 2 of 3 in the column**

<table>
<thead>
<tr>
<th></th>
<th>99211</th>
<th>99212</th>
<th>99213</th>
<th>99214</th>
<th>99215</th>
</tr>
</thead>
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<td><strong>History</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Problem Focused (PF)</td>
<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Exam</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Problem Focused (PF)</td>
<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td></td>
</tr>
<tr>
<td><strong>MDM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
<td></td>
</tr>
</tbody>
</table>
Table H  Determining Category of Service – Consultation

**Must meet or exceed 3 of 3 in the column**

<table>
<thead>
<tr>
<th></th>
<th>99241</th>
<th>99242</th>
<th>99243</th>
<th>99244</th>
<th>99245</th>
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<tr>
<td>History</td>
<td>Problem Focused (PF)</td>
<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>Problem Focused (PF)</td>
<td>Expanded PF</td>
<td>Detailed</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>MDM</td>
<td>Straightforward</td>
<td>Straightforward</td>
<td>Low Complexity</td>
<td>Moderate Complexity</td>
<td>High Complexity</td>
</tr>
</tbody>
</table>

Table I  Commonly Used Place of Service Codes

<table>
<thead>
<tr>
<th>Place of Service Code</th>
<th>Place of Service Name</th>
<th>Place of Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Office</td>
<td>Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.</td>
</tr>
<tr>
<td>12</td>
<td>Home</td>
<td>Location, other than a hospital or other facility, where the patient receives care in a private residence.</td>
</tr>
<tr>
<td>13</td>
<td>Assisted Living Facility</td>
<td>Congregate residential facility with self-contained living units providing assessment of each resident’s needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.</td>
</tr>
<tr>
<td>14</td>
<td>Group Home</td>
<td>A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g. medication administration).</td>
</tr>
<tr>
<td>No.</td>
<td>Facility Type</td>
<td>Description</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>21</td>
<td>Inpatient Hospital</td>
<td>A facility, other than psychiatric, which primarily provides diagnostic,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>therapeutic (both surgical and non-surgical), and rehabilitation services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>by, or under, the supervision of physicians to patients admitted for a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>variety of medical conditions.</td>
</tr>
<tr>
<td>22</td>
<td>Outpatient Hospital</td>
<td>A portion of a hospital which provides diagnostic, therapeutic (both</td>
</tr>
<tr>
<td></td>
<td></td>
<td>surgical and non-surgical), and rehabilitation services to sick or injured</td>
</tr>
<tr>
<td></td>
<td></td>
<td>persons who do not require hospitalization or institutionalization.</td>
</tr>
<tr>
<td>24</td>
<td>Ambulatory Surgical Center</td>
<td>A freestanding facility, other than a physician's office, where surgical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and diagnostic services are provided on an ambulatory basis.</td>
</tr>
<tr>
<td>31</td>
<td>Skilled Nursing Facility</td>
<td>A facility which primarily provides inpatient skilled nursing care and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>related services to patients who require medical, nursing, or rehabilitative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>services but does not provide the level of care or treatment available in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a hospital.</td>
</tr>
<tr>
<td>32</td>
<td>Nursing Facility</td>
<td>A facility which primarily provides to residents skilled nursing care and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>related services for the rehabilitation of injured, disabled, or sick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>persons, or, on a regular basis, health-related care services above the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>level of custodial care to other than mentally retarded individuals.</td>
</tr>
<tr>
<td>33</td>
<td>Custodial Care Facility</td>
<td>A facility which provides room, board and other personal assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>services, generally on a long-term basis, and which does not include a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>medical component.</td>
</tr>
<tr>
<td>34</td>
<td>Hospice</td>
<td>A facility, other than a patient's home, in which palliative and supportive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>care for terminally ill patients and their families are provided.</td>
</tr>
<tr>
<td></td>
<td>Intermediate Care Facility/Mentally Retarded</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.</td>
<td></td>
</tr>
</tbody>
</table>

## Table J
### Commonly Used Modifiers

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Unrelated evaluation and management service by the same physician during a postoperative period</td>
</tr>
<tr>
<td>25</td>
<td>Significant, separately identifiable evaluation and management service by the same physician on the day of a procedure</td>
</tr>
<tr>
<td>50</td>
<td>Bilateral procedure performed at the same session on an anatomical site</td>
</tr>
<tr>
<td>51</td>
<td>Multiple surgeries performed on the same day, during the same surgical session</td>
</tr>
<tr>
<td>52</td>
<td>Reduced service reports a partially reduced or eliminated service or procedure</td>
</tr>
<tr>
<td>55</td>
<td>Indicates a physician, other than the surgeon, is billing for part of the outpatient postoperative care</td>
</tr>
<tr>
<td>79</td>
<td>Unrelated procedure by the same physician during the post-operative period</td>
</tr>
<tr>
<td>GW</td>
<td>Service not related to the hospice patient’s terminal condition</td>
</tr>
<tr>
<td>RT / LT</td>
<td>Right / Left</td>
</tr>
</tbody>
</table>
| E1/E2/E3/E4 | E1 = upper left eyelid  
              E2 = lower left eyelid  
              E3 = upper right eyelid  
              E4 = lower right eyelid |