



**Coding
Conundrums**
OF POSTERIOR SEGMENT DISEASE


Jennifer Schad, OD, FAAO
Assistant Professor, MCO
Email: JenniferSchad@ferris.edu



Financial Disclosures


- I have no financial disclosures to report.





Coding Conundrums

Case Examples

 **Case 1**

62 yo, Established patient

History: Detailed

- CC: DM exam
- HPI: T2DM x 5 years, A1C 8.5, oral medication; blur OU, constant, x 2 months
- PFSH:
 - POH: Last exam 1 year, mild nuclear sclerosis
 - PMH: Type 2 DM, Metformin; HTN, Lisinopril, Hypercholesterolemia, Simvastatin
 - FHx: Wet AMD, mother
 - SHx: Smoker, 1PPD
- ROS: Denies additional ocular symptoms, Denies numbness/tingling in extremities, Admits frequent urination

Examination: Detailed

- Entering VA 20/30 OD, 20/20- OS; NI with refraction
- Pupils, EOMs/ CT, CVF and were unremarkable
- Anterior Segment
 - Adnexa, conjunctiva, cornea, iris, AC all normal
- Lens 1+NS OU, trace PSC off VA OD, BAT 1 line worse OD, no change BAT OS
- IOPs normal
- Posterior segment: ONH, A/V ½, PP and Periphery unremarkable
- Macula: OD no obvious blood/fluid/exudate, but question of thickening; OS normal, no BFE with +FR

Special Testing:

- Order Macular OCT
 - Interpretation/Report: Good patient cooperation and scan quality; Normal foveal contour, no evidence of edema OU; VA reduction not due to macular pathology

Diagnoses: MDM: Moderate

- T2DM without complications E11.9; Monitor annually
 - Need code to identify control (required effective 10/1/2016)
- Z79.84 for oral med in this case (Z79.4 if insulin control in T2DM).
- Combined Cataract OD H25.811; Monitor annually
- NS cataract OS H25.12; Monitor
- Refractive codes

Coding the visit:

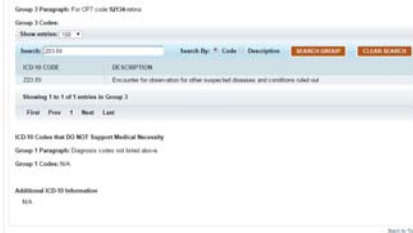
- Office Visit
 - E&M vs Eye Code? **99214 vs 92014**
 - Diagnosis codes:
 - T2DM, without complications (E11.9, Primary)
 - Z79.84 (Oral Hypoglycemic)
 - Cataracts (H25.811/H25.12)

Additional Procedure Codes:

- 92015 with refractive diagnoses
- 92134 SCODI Retina: What ICD do we use?
 - E11.99
 - Not on WPS Medicare's LCD list of covered ICD for 92134!
 - Do you code the symptom?
 - Subjective visual disturbances are NOT on the LCD either.
 - Do you code the macular edema you thought might be there, but isn't?
 - You can't diagnose a condition that does not exist!
 - There is no diagnosis for a funny looking macula.

What do we code so that we get paid?

- [Z03.89](#)
 - Encounter for observation for other suspected diseases and conditions ruled out
 - On WPS Medicare's LCD
 - On Medicare's LCD, but may not be on commercial payer's approved ICD lists
 - Be prepared to submit documentation or appeal denials



 **Case 2**

45 yo CM, Established patient

History:

Detailed

- CC: POAG follow up as directed
- HPI: OU, mild, using Latanaprost .005% QHS OU as directed, denies redness and irritation, OCT ordered at last visit to be performed this visit
- PFSH:
 - POH: POAG diagnosed 3 years ago, Last visit 3 months ago, Last dilated exam 1 year ago, OCT ONH loss, normal HVF (performed 6mos ago)
 - PMH: hypertension, controlled with Atenolol
- ROS: denies ocular symptoms; denies cardiovascular and respiratory symptoms, admits recent stress/anxiety



Special Testing:

- OCT optic nerve performed for POAG, bilateral, mild stage (H40.1131) by technician on the way into the exam room
 - Interpretation/Report: Good patient cooperation and scan quality; Loss superior RNFL, stable from previous scan; repeat 1 year



Examination:

Comprehensive

- Mood/Orientation appropriate
- Entering VA OD 20/20, OS 20/40; PH NI OS
- Pupils, EOMs/CT, CVF normal
- Anterior Segment
 - Adnexa, conjunctiva, cornea, iris, AC normal
- Lens mild NS
- IOPs OD, OS 14mmHg (at target)
- Posterior Segment:
 - ONH: thinning that correlates to OCT, vasculature shows mild crossing changes, posterior pole and periphery normal.
 - Macula: Normal OD, no blood/fluid/exudates with +FR; OS loss of FR reflex, looks like CSCSR



Additional Testing:

- Order OCT Macula
- Interpretation/Report: Good patient cooperation and scan quality; OD normal foveal contour, no edema; OS loss of foveal contour with neurosensory detachment: CSCR, repeat OCT 1 month

Diagnoses: MDM: Moderate

- POAG, bilateral, mild stage, stable (H40.1131); switch to Simbrinza TID OU; recheck IOPs in 2 weeks
- Central serous chorioretinopathy, left eye (H35.712), new problem, return 2 weeks to monitor, patient educated

Coding the visit:

- Office Visit
- E&M vs Eye code?
- Diagnosis codes
 - POAG, H40.1131 (Primary)
 - CSCR, H35.712

99214 vs 92014

Coding the visit:

- Special Testing
 - 92133 OCT ONH
 - POAG, H40.1131
 - 92134 SCODI Retina
 - CSCR, H35.712
- 92133 and 92134 will NOT be paid together!
 - Bundled per **NCCI**:
 - "Fundus photography (CPT code 92250) and scanning laser ophthalmic computerized diagnostic imaging (CPT codes 92132, 92133 and 92134) are generally mutually exclusive of one another in that a provider would use one or the other to evaluate fundal disease."²



Coding the Visit

92133 (Column1):92134 (Column 2)
Modifier code "0", meaning this bundle may never be broken



Column1	Column2	Effective Date	Deletion Date	Modifier Indicator	Edit Rationale
92133	36591	20151001	-	0	CPT Manual or CMS manual coding instructions
92133	36592	20151001	-	0	CPT Manual or CMS manual coding instructions
92133	92132	20110101	20120331	1	Misuse of column two code with column one code
92133	92134	20110101	-	0	CPT Manual or CMS manual coding instructions
92133	92227	20110101	-	0	CPT Manual or CMS manual coding instructions
92133	92250	20110101	-	1	Mutually exclusive procedures



Can CCI bundles be broken?

- Modifier indicators
 - A modifier indicator of "0" indicates that NCCI-associated modifiers cannot be used to bypass the edit.
 - A modifier indicator of "1" indicates that NCCI-associated modifiers may be used to bypass an edit under appropriate circumstances.
 - A modifier indicator of "9" indicates that the edit has been deleted, and the modifier indicator is not relevant.



What happens if both codes are submitted?

• *If a provider submits the two codes of an edit pair for payment for the same beneficiary on the same date of service, the Column 1 code [92133] is eligible for payment and the Column 2 code [92134] is denied.*⁴



 **Case 3**

45 yo CM, new patient

History: **Comprehensive**

- CC: blurred spot near fixation
- HPI: OS, Onset yesterday, remains in same position with eye movements, is not getting worse or better, denies flashes
- PFSH:
 - POH: Last exam 1-2 years prior, unremarkable
 - PMH: Pre-hypertension, no medications yet
 - FSH: Hypertension-mother and father; Married.
- ROS: all systems negative with exception of current ocular symptoms.



Examination:

Comprehensive

- Mood/orientation were appropriate
- Entering VA OD 20/20, OS 20/20 corrected at distance
- Pupils, ERRLA (-) APD, EOMs/CT, and CVF normal
- Amsler Grid: OD negative, OS small round disturbance just superior to fixation
- Anterior Segment: adnexa, conjunctiva, cornea, iris and A/C all normal
- Lens: clear OU
- IOPs: 16mmHg OU
- Posterior Segment: ONH, vasculature normal, OU; choroidal nevus OD, periphery intact OU
- Macula: OD normal, +FR; OS small irregularity in the ILM sheen inferior macula, no blood/fluid/exudate, +FR



Special Testing:

- Order Fundus photos:
 - Interpretation/Report: Good patient cooperation and image quality OU, 1DD choroidal nevus, no lipofuscin or elevation, OD; OS no pathology
- Order OCT Macula:
 - Interpretation/Report: Good patient cooperation and scan quality OU; no cystic spaces or disturbance of foveal contour OU; inferior to macula there is a hyperreflective band at the level of the outer plexiform/inner nuclear layers



Diagnoses:

MDM: Moderate

1. Paracentral Acute Middle Maculopathy, OS
 - H35.89, other specified retinal disorders vs
 - H35.82, retinal ischemia vs
 - H35.81, retinal edema vs
 - H35.9, unspecified retinal disorder
2. Choroidal nevus OD (D31.31); monitor



Diagnoses:

Which ICD code should we pick?

- H35.9, unspecified retinal disorder not on LCD
- H35.89, other specified retinal disorder (on LCD) has approximate synonyms of retinal necrosis, nerve fiber defect, retinal deposits/exudates, photoreceptor degeneration
- H35.82, retinal ischemia (on LCD) has synonyms listed as diabetic retinal ischemia

¹ Retinal edema H35.81 states that it is applicable to retinal cotton wool spots, macular edema, macular retinal edema;

- Management: return in 2-4 weeks; systemic risk factor management

² Choroidal nevus OD (D31.31): Monitor annually

Coding the visit:

- Office Visit
 - E&M vs Eye Code?

99204 vs 92004

- Special Testing
 - 92134, SCODI retina (H35.81)
 - 92250 (D31.31), fundus photography

92134 +92250 Can we code both?

CCI bundle

- > "1" Modifier Indicator
- > "There are a limited number of clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye."²

Column 1	Column 2	Effective Date	Deletion Date	Modifier Code	Edit Rationale
92134	92250	20110101	*	1	Mutually exclusive procedures



CCI Bundles and Modifiers

- In general these circumstances relate to:
- Separate patient encounters, separate anatomic sites or separate specimens
- The two codes of the code pair edit may be reported if performed on the contralateral organs or structures.
- Most of these code pairs should not be reported with NCCI-associated modifiers when performed on the ipsilateral organ or structure unless there is a specific coding rationale to bypass the edit.³
- "Treatment of posterior segment structures in the ipsilateral eye constitutes treatment of a single anatomic site."³



Modifier 59

- Distinct Procedural Service identifies procedures/services not normally reported together, but appropriately billable under the circumstances.



Modifier XE, XP, XS and XU

- Modifier X [E, P, S, U]
 - XE: Separate Encounter
 - XP: Separate Practitioner
 - XS: Separate Structure
 - XU: Unusual, non-overlapping service



Coding the visit:

- Office Visit
- Special Testing
 - 92134, H35.81; 92250-59 (XS), D31.31
 - Column 2 CPT (92250) has the modifier ←

Case 4

63 yo CF, Established patient

History: Expanded

- CC: return as directed for narrow angle glaucoma evaluation
- HPI: OU, narrow angles found at wellness exam, admits intermittent eye pain OD>OS, ONH OCT ordered at last visit for C/D asymmetry to be performed today
- PFSH:
 - POH: Grade 2 angles Van Herick assessment, C/D asymmetry, normal IOPs
 - PMH: hypertension (Lisinopril)
- ROS: denies new ocular symptoms

Examination:

Detailed

- Mood/Orientation appropriate
- VAs 20/20 OD and OS
- Pupils ERRLA, EOMs full, no pain, CVF full OU
- Anterior Segment: Cornea clear, Iris normal, AC Grade 2 VH
- IOPs: 21mmHg OU

Special Testing:

- ONH OCT ordered last encounter performed by tech on the way to exam room:
 - Interpretation/Report: Good patient cooperation and scan quality
 - RNFL normal in all quadrants, no indication of loss
- Order gonioscopy
 - Interpretation/Report: Good patient cooperation and visualization
 - OU: All quadrants: anterior TM with plateau iris configuration
- Order AS OCT
 - Interpretation/Report: Good patient cooperation and scan quality
 - OU: Plateau iris confirmed

Diagnosis:

MDM: Low

- Anatomical narrow angle, angle closure suspect H40.033; refer for LPI

Coding the visit:

- Office Visit
 - E&M vs Eye Code?

99213 vs 92012

- Special Testing
 - 92020 gonioscopy
 - 92133 SCODI ONH
 - 92132 SCODI AS
 - Can we code 92133/92132 and be paid?



92133 + 92132 Can we code both?

- Prior to April 1, 2012 these codes were bundled with modifier code "1"
- This bundle was deleted 3/31/2012
- Is AS OCT (92132) bundled with gonioscopy (92020)?
 - No
 - 92285 (AS photo, Column 1), and 92020 (Column 2) are bundled with modifier code "1"

92133	36591	20151001	*	0	CPT Manual or CMS manual coding instructions
92133	36592	20151001	*	0	CPT Manual or CMS manual coding instructions
92133	92132	20110101	(20120331)	1	Misuse of column two code with column one code
92133	92134	20110101	*	0	CPT Manual or CMS manual coding instructions
92133	92227	20110101	*	0	CPT Manual or CMS manual coding instructions
92133	92250	20110101	*	1	Mutually exclusive procedures



In Summary,

- Remember the codes to indicate control for Type II DM (Z79.84 for oral meds, Z79.4 for insulin)
- Never code ONH OCT and Retinal OCT on the same visit ⇒ It will never be paid!
- Avoid performing OCT and fundus photos on the same visit, if necessary for different diagnoses on contralateral eyes, use -59 modifier (-XS) on the fundus photos.
- You may code AS OCT and PS OCT on the same encounter ⇒ CCI bundle is not active.



References

1. "Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (SCOD) (L34760)". *Centers for Medicare & Medicaid Services*. N.p., 2017. Web. 15 June 2017.
2. "National Correct Coding Initiative Edits - Centers For Medicare & Medicaid Services". *Cms.gov*. N.p., 2017. Web. 15 June 2017. "Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (SCOD) (L34760)". www.cms.gov/medicare-coverage-database. N.p., 2016. Web. 12 Dec. 2016.
3. NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES, Chapter XI - Medicine, Evaluation and Management Services (CPT Codes 90000 - 99999). 17th ed. Centers for Medicare & Medicaid Services, 2014. Web. 12 Dec. 2016.
4. GENERAL CORRECT CODING POLICIES FOR NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES, Chapter I - General Correct Coding Policies. 1st ed. Centers for Medicare & Medicaid Services, 2014. Print.
5. Department of Health and Human Services; Centers for Medicare & Medicaid Services. How To Use The Medicare National Correct Coding Initiative (NCCI) Tools. 2016. Print.
6. "Modifier 59 Fact Sheet". *Wpsmedicare.com*. N.p., 2016. Web. 12 Dec. 2016.
7. "Modifier XS Fact Sheet". *Wpsmedicare.com*. N.p., 2016. Web. 12 Dec. 2016.
8. "Local Coverage Determination (LCD): OPHTHALMOSCOPY (L34017)". www.cms.gov/medicare-coverage-database. N.p., 2016. Web. 12 Dec. 2016.





President's Reception

"A Celebration of Optometry"
Thursday, June 15 - 6:30 pm

Amway Grand Plaza Hotel - Pantlind Ballroom

All GLEC attendees are invited to attend.

Welcome Jennifer A. Lintz, OD, as the 101st President of the MOA.
Live music from Mid-life Crisis, refreshments and fellowship among your colleagues.



Michigan College of Optometry

Welcome Reception

Friday, June 16, 2017

Amway Grand Plaza Hotel

Ambassador Room

Heavy hors d'oeuvres and cash bar.

A great opportunity to mingle with MCO classmates and favorite faculty.
