

Coding for Orthoptists' Time

when assisting in the assessment
of the ophthalmologist's patients

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AACO Coding Lecture
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3 Private Clinics, Children's Eye Care

- ▶ 9 Pediatric Ophthalmologists
- ▶ 6 Orthoptists
- ▶ 1 Academic Clinic, Children's Hospital of Michigan
 - ▶ 11 Pediatric Ophthalmologists
 - ▶ 1 Orthoptist
 - ▶ 1 Orthoptic Student

I have no financial disclosures.

Exam Coding: Ophthalmologists

- ▶ What exam codes can an ophthalmologist bill to a MEDICAL insurance company?
 - ▶ Evaluation & Management (E&M) Codes:
 - ▶ New Pts 99205, 99204, 99203, 99202
 - ▶ Est Pts 99215, 99214, 99213, 99212, *99211
 - ▶ Eye Codes:
 - ▶ New Pts 92004, 92002
 - ▶ Est Pts 92014, 92012
 - ▶ Consult Codes
 - ▶ 99245, 99244, 99243, 99242, 99241
 - ❖ Some carriers won't pay for consult codes.

Exam Coding: Optometrists

- ▶ What exam codes can an optometrist bill to a MEDICAL insurance company?
 - ▶ Evaluation & Management (E&M) Codes:
 - ▶ New Pts 99205, 99204, 99203, 99202
 - ▶ Est Pts 99215, 99214, 99213, 99212, *99211
 - ❖ Some carriers won't pay an OD that has billed with an E&M code. Also, some won't even contract ODs to be par with their plans.
 - ▶ Eye Codes:
 - ▶ New Pts 92004, 92002
 - ▶ Est Pts 92014, 92012
 - ▶ Consult Codes
 - ▶ 99245, 99244, 99243, 99242, 99241
 - ❖ Some carriers won't pay for consult codes.

Differentiating Providers

There are many factors that go into contracting based on the provider's state license. However, there are just a few key items that help a carrier know everything needed about the servicing provider:

- ▶ Tax Identification Number (TIN) for the corporate entity is assigned by the IRS.
- ▶ National Provider Identifier (NPI) of the servicing provider at a specific location. These are two types: Type 1 is for providers and mid-level providers and Type 2 is for NPs and PAs.
- ▶ Taxonomy code informs the carrier of the provider's specialty.
 - ▶ 207W00000X Ophthalmology
 - ▶ 207WX0110X Pediatric Ophthalmology
 - ▶ 207WX0109X Neuro-ophthalmology
 - ▶ 207WX0200X Ophthalmic Plastic and Reconstructive Surgery
 - ▶ 152W00000X Optometry
 - ▶ Non-licensed ancillary staff (orthoptists, technicians, medical assistants) aren't able to obtain a NPI nor have a taxonomy code for their field of work. Their work is considered incident to the licensed provider.

Services by Ancillary Staff

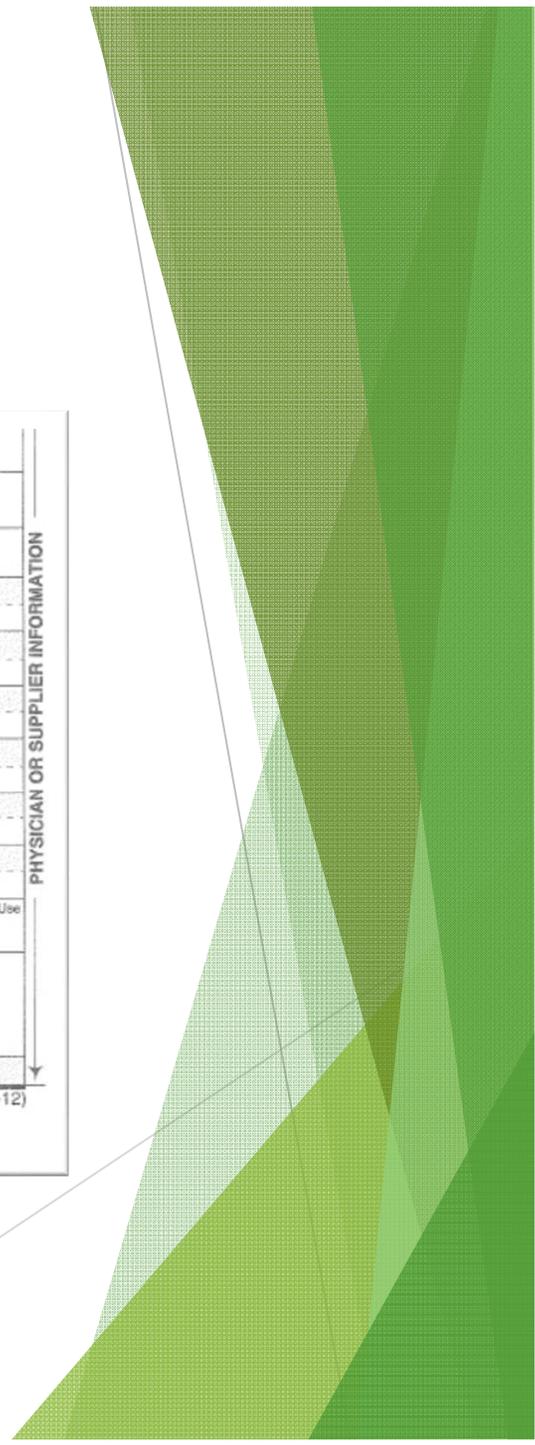
Whether medical assistants, technicians or even incredibly trained orthoptists, services performed by individuals without a NPI have very strict criteria that carriers expect to be followed.

- An order telling the staff what to perform.
- Appropriate handling of supervision.
- A provider must review the work he/she ordered and then provide the plan/interpretation from that information.
- Sign off on the work.

Billing for Ancillary Staff Work

- The claim is billed under the ordering physician.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (ICD-9-CM) ICD-10										22. MEDICARE CODE		ORIGINAL REF. NO.						
A. Q10.5		B.		C.		D.		E.		23. PRIOR AUTHORIZATION NUMBER								
E.		F.		G.		H.		I.										
L.		M.		N.		O.		P.										
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSET Part 1	I. ID. QUAL	J. RENDERING PROVIDER ID. #	
From To							(Explain Unusual Circumstances)											
MM DD YY MM DD YY							CPT/HCPCS MODIFIER											
1 03 26 19 03 26 19 11							99211			A		50 00	1	NPI	1114980893			
2														NPI				
3														NPI				
4														NPI				
5														NPI				
6														NPI				
25. FEDERAL TAX I.D. NUMBER				SSN/EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use		
381958143				<input checked="" type="checkbox"/>		123456				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 50 00		\$ 0 00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH #						
INCLUDING DEGREES OR CREDENTIALS						CHILDRENS EYE CARE PC						CHILDRENS EYE CARE PC						
(I certify that the statements on the reverse						22731 NEWMAN ST SUITE 245						6689 ORCHARD LAKE ROAD #297						
apply to this bill and are true & correct.)						DEARBORN MI 48124-3000						WEST BLOOMFIELD MI 48322-3404						
JOHN D ROARTY MD						1922069806						1922069806						
SIGNED						DATE						DATE						
04/02/2020																		
NUCC Instruction Manual available at: www.nucc.org																		



Coding for Ancillary Staff Work

The Current Procedural Terminology (CPT®) system was developed and is managed by the American Medical Association (AMA). This standardized coding system accurately communicates to everyone (patients, providers, carriers, etc) the medical services performed and helps carriers properly process claims.

While there are many ancillary tests and clinical work ophthalmologists order staff to perform, we're going to focus on the most common assigned to orthoptists in a pediatric ophthalmology/adult strabismus practice.

➤ 92060

➤ 92065

➤ 99211

Coding for 92060

The [AMA's 2021 CPT Professional Edition](#) describes 92060 as "Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscles with diplopia) with interpretation and report (separate procedure)."

[AAO's Ophthalmic Coding Coach](#) describes 92060 "...involves ocular measurements in more than one field of gaze at distance and/or near and includes at least one sensory test on patients who are able to respond. Prism bars or loose prisms are used to measure deviation."

- ▶ With the exception of 99211, this is not bundled with E&M or Eye codes. *However, some commercial carriers may choose to bundle with exams. If you aren't able to contractually get that changed, it would be bundled with the exam and not separately billable.
- ▶ Considered inherently bilateral by most carriers.
- ▶ Typical documentation includes two or more measurements of motor alignment and one of sensory function
- ▶ CMS (Medicare/Medicaid) assigns general supervision to this CPT. Some commercial carriers may not follow CMS. Direct supervision is required by commercial payers that do not follow Medicare's general supervision rules.

Coding for 92065

The [AMA's 2021 CPT Professional Edition](#) describes 92065 as "Orthoptic and/or pleoptic training, with continuing medical direct and evaluation."

[AAO's Ophthalmic Coding Coach](#) describes 92065 as "Under the direction of the physician, well trained staff may perform orthoptic and pleoptic training and exercises as detailed by the supervising physician. Monitoring for effectiveness and progress is required documentation."

- ▶ Services must have a documented order by the ophthalmologist that follows the diagnosis, treatment plan and re-evaluation needs.
- ▶ Considered inherently bilateral by most carriers.
- ▶ As with all testing services, there can be frequency edits as to how often this service can be performed.
- ▶ CMS (Medicare/Medicaid) assigns general supervision to this CPT. Some commercial carriers may not follow CMS. Direct supervision is required by commercial payers that do not follow Medicare's general supervision rules.

Coding for 99211

The [AMA's 2021 CPT Professional Edition](#) describes 99211 as “Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

- ▶ Services must have a documented order by the ophthalmologist that follows the diagnosis, the treatment plan and re-evaluation needs.
- ▶ Considered inherently bilateral by most carriers.
- ▶ As with all testing services, there can be frequency edits as to how often this service can be performed.
- ▶ CMS (Medicare/Medicaid) assigns direct supervisor to this CPT.
- ▶ All diagnostic testing (that includes 92060, 92065, 92015) are bundled with CPT 99211. Unless your practice/hospital has a very unique contract with a carrier (incredibly rare), they will never pay for both the test and 99211. They will either reject the entire claim or only pay for one of the codes - typically the lower paying code. So, it's important to code these appropriately.

Supervision

- **General supervision** is defined by CMS, at 42 Code of Federal (CFR) 410.32(b)(3)(i), as a “procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.”
 - **Direct supervision** is defined as “the physician must be immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.”
 - **Personal supervision** is defined as “the physician must be in attendance in the room during the performance of the service or procedure.”
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- ❖ For hospital out-patient clinics, CMS eliminated direct supervision requirements for hospitals. The CY 2020 OPSS final rule stated, “..establishing general supervision as the default level of physician supervision for outpatient therapeutic services does not prevent a hospital or CAH from requiring a higher level of supervision for a particular service if they believe such a supervision level is necessary.”
<https://www.cms.gov/files/document/r266bp.pdf>

Supervision - Simplified

- **General supervision** requires the physician be available for guidance; it could be a phone call.
- **Direct supervision** requires that a physician must be in the building.
- **Personal supervision** requires a physician be in the room.
 - ❖ Again, it's important to remember these are CMS's guidelines and commercial carriers aren't required to follow their guidelines regarding supervision.
 - ❖ Also, hospital systems are no longer forced to require direct supervision but they have the option to choose what they want for their system.

Coding Examples for Staff Work

- **92060 (CMS General Supervision, Commercial Carriers Vary)**
 - Fresnel prism assessment for diplopia, with extra measurements
 - Amblyoscope/synoptophore assessment
 - Convergence insufficiency assessment
 - Strabismic amblyopia assessment, with extra measurements
 - Strabismic assessment, with extra measurements
- **92065 (CMS General Supervision, Commercial Carriers Vary)**
 - Convergence insufficiency assessment and training
 - Some practices bill this for many of the 92060 services mentioned above because some of their carriers allow it as well as have a higher fee schedule for 92065 than it does for 92060.
- **99211 (Direct Supervision)**
 - Fresnel prism management for diplopia, without measurements
 - Refractive and deprivation amblyopia assessment
 - Strabismic amblyopia assessment, without extra measurements

Fee Schedules

CPT	DESCRIPTION	BCBS PPO	BCBS HMO	Priority Health	MCR	MCD	Multi Plan PHCS
92060	Sensiomotor (non-facility, TC)	38.38	29.97	32.66	27.01	15.25	18.00
92060	Sensiomotor (non-facility, 26)	57.04	43.74	48.61	37.51	21.20	41.00
92060	Sensiomotor (non-facility, both 26 and TC)	95.42	73.71	81.27	64.52	36.45	59.00
92065	Orthoptic and Pleoptic Therapy (non-facility, TC)	52.24	40.50	44.35	36.75	20.80	16.00
92065	Orthoptic and Pleoptic Therapy (non-facility, 26)	27.19	20.66	23.34	18.00	10.10	22.00
92065	Orthoptic and Pleoptic Therapyr (non-facility, both)	79.43	61.16	67.68	54.74	30.90	38.00
99211	Est - Limited Problem (non-facility)	24.80	22.71	27.65	23.20	12.88	24.15

- ▶ Components of the CPT code
 - ▶ -26, professional component for physician's interpretation of the diagnostic test
 - ▶ -TC, technician component for performing the test
- ▶ Please note that these are example fees and yours will likely be different based on state, region within the state and various contracting details (ACO relationships, etc).

Coding in Hospital Settings

While an office setting (POS 11) only bills for professional services, a outpatient hospital clinic (POS 22 - on campus, POS 19 - off campus) bills for both professional services and facility fees.

Facility fees are charged by hospitals to cover the costs of maintaining that facility. In these situations, the professional services are typically reduced by approximately 20%. Also, the -TC component of an ancillary test (ie 92060, 92065, etc) isn't payable. So, the provider will only get reimbursed approximate 80% of exams and procedures and won't be paid for the -TC portion of ancillary tests.

If the staff performing the tests are employed by the hospital system (and not a provider), there can be a higher facility code for the services. *Talk with your hospital's financial services dept about billing.

Assessments by Orthoptists

- The licensed provider should be making the decision about which established patients will be assessed by ancillary staff.
- If the physician sees the patient on the same day, you should be billing for the appropriate level of services for the licensed provider.
 - Never a 99211 for a physician
- The licensed provider should document an order telling the staff what to perform.
- The licensed provider (or the hospital system if a hospital-based practice) should be the one making the decision about how he/she wants to handle supervision based on the carriers' requirements of supervision if ordering the orthoptist to do some assessments.
- The licensed provider must review the work he/she ordered and then provide the plan/interpretation from that information because someone without a medical license through the state isn't allowed to make medical-decisions.

Further Information

- **AAPOS's Policy Statement on Orthoptists as Physician Extenders** also has information about supervision of work and their opinion of what the field of orthoptics provides to the care of their patients. This could help educating carriers when attempting to alter your contract with them or educating hospital systems to allow work by an orthoptist under general instead of direct supervision.
 - https://higherlogicdownload.s3-external-1.amazonaws.com/AAPOS/1228_orthoptistsasphysicianextendersaapospolycystatement.pdf?AWSAccessKeyId=AKIAVRD07IEREB57R7MT&Expires=1623102142&Signature=spj6YAYndvy4Rw6vOfXyIEo6WhE%3D
- **AAPOS's Policy Statement on Sensorimotor Examination (92060)** can provide detailed guidance on coding 92060 and helping educating carriers, medical directors and hospital systems on the billing of these services.
 - https://higherlogicdownload.s3-external-1.amazonaws.com/AAPOS/1707_secensorimotorexam.pdf?AWSAccessKeyId=AKIAVRD07IEREB57R7MT&Expires=1623101895&Signature=Sd5sHYVDs5t0%2FsMuGBzHkW%2BBx%2B0%3D
 - Please note AAPOS is currently working on an update to this policy.

Further Information

- **AMA's CPT Professional Edition** provides details on all CPT codes, CCI Edits and other rules and guidelines.
 - <https://store.aao.org/2021-cpt-professional-edition.html>
- **AAO's Ophthalmic Coding Coach** provides CPT® codes and descriptors, *CPT to diagnosis code links, associated procedures, CCI edits, definitions for the layperson, global periods for federal and commercial payers, helpful coding clues, modifier usage.
 - <https://store.aao.org/ophthalmic-coding-coach.html>
- ❖ It's important to note that no coding book will provide every diagnosis able to be billed with a CPT. In situations where a carrier is rejecting because they feel the diagnosis is inappropriate for the service, it's important for your team to work with your carriers' reps through the normal appeal and education process or have an educated leader in the practice deal directly with the medical director of the plan. For example, amblyopia diagnoses are often rejected stating it should be billed to a vision carrier and/or only with an Eye CPT code (92xxx).

Thank You

Happy (Belated) World Orthoptic Day to all of you! And, a special shout-out to the amazing orthoptists I've had the pleasure of working with, learning from and having a wonderful partnership with in managing the needs of a busy practice.

- ❖ Mary DeYoung-Smith, CO, COMT
- ❖ Judy (Petrunak) Higgins, CO, COT
- ❖ Martha Wright, CO, COT
- ❖ Stephen Burwell, CO, COT
- ❖ Terra Haller, CO
- ❖ Lauren Marozas, CO, COA
- ❖ Elizabeth Gayeski, CO
- ❖ Linda Keithan, CO (retired)
- ❖ Nina Palomba, CO, COT (prior tech and orthoptic student of CEC)
- ❖ Ida Iacobucci, CO - Very early in my career, before moving to the #PedIsMoreFun world of ophthalmology, Ms. Ida was the first orthoptist I had the pleasure of working with.

Further Questions

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