Best Coding Tips of 2016—Testing Services and Cataract Surgery

Each year, Academy and AAOE members share thousands of coding-related comments at Codequest Coding Courses (aao.org/codequest), via listservs (aao.org/practice-management/listserv-overview), and by email (coding@aao.org).

In 2016, many practices have run into trouble during audits. You can learn from their costly mistakes.

Delegating Tests to Staff

Some tests must be performed by physicians, others can be delegated. For Medicare Part B, tests that can be delegated have both a technical component (–TC) and a professional (–26) component.

Delegated tests have 3 levels of supervision[1] under Medicare:

General supervision means that the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the physician has an ongoing responsibility for the training of the nonphysician personnel who actually perform the diagnostic procedure and for the maintenance of the necessary equipment and supplies.

Direct supervision in the office setting means that the physician must be present in the office suite and is 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 means a physician must be in attendance in the room during the performance of the service.

Avoid this mistake. Recent audits have demonstrated that the ordering or supervising physician wasn't always onsite when tests with direct supervision were performed. As a result, Medicare has been able to recoup significant amounts of money.

Note: While Medicare Part B recognizes 3 levels of supervision, commercial plans recognize only direct supervision for all delegated testing services.

Cataract Surgery

A number of cataract surgeons have had to return payments for cataract surgery after audits revealed documentation problems, including the following:

- No evidence of the patient's preoperative best-corrected visual acuity (BCVA) in the record.
- No evidence of the patient having reported impairment of visual function resulting in restriction of activities of daily living.
- No signed operative note/report.
- No documentation indicating that the patient desires surgical correction; that the patient has received an explanation of the risks, benefits, and alternatives; and that the expected outcome will significantly improve visual and functional status.

Further Reading. Go to aao.org/eyenet and read "Best Coding Tips of 2015: Part 1" (November 2015) and "Part 2" (December 2015), as well as "#1 Lesson From the Chart-Auditing Service: Get Your History Right" (June 2015).

1 https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/B0128.pdf. Accessed Sept. 21, 2016.

BY **SUE VICCHRILLI, COT, OCS,** ACADEMY DIRECTOR OF CODING AND REIMBURSEMENT.

Fear No Audit

The problem. Postpayment audits frequently find a discrepancy between what was documented and what was billed. As a result, practices have had to return large sums of money to payers.

The solution. To help you improve your documentation, the Academy has launched 3 online courses:

- Eye Visit Code Documentation Guidelines (Product #0120406V)
- Testing Services Documentation Requirements (#0120407V)
- Complete Guide to Documenting and Coding Cataract Surgery (#0120408V)

For more information, *and to place your order, visit aao.org/store.*

EXTRA **MORE ONLINE.** The latest audit trigger involves fundus photography (CPT code 92250) and SCODI (92134).