



CHOOSE THE RIGHT CODE

DOCUMENTATION GUIDELINES FOR OFFICE VISITS

KYLE D KLUTE, OD, FAAO

GOOD LIFE EYECARE

OMAHA, NE & GLENWOOD, IA





**Optometrists are the *BEST*
trained *BEST* Positioned
Primary Eye care
providers.
Period.**

WHAT IS **PRIMARY** EYE CARE?



“Primary eye care is the provision of appropriate, accessible, and affordable care that meets patients’ eye care needs in a comprehensive and competent manner”

WHAT IS PRIMARY EYE CARE?



- Educating patients about maintaining and promoting healthy vision.
- Performing a comprehensive examination of the visual system.
- Screening for eye diseases and conditions affecting vision that may be asymptomatic.
- Recognizing ocular manifestations of systemic diseases and systemic effects of ocular medications.
- Making a differential diagnosis and definitive diagnosis for any detected abnormalities.
- Performing refractions.
- Fitting and prescribing optical aids, such as glasses and contact lenses.
- Deciding on a treatment plan and treating patients' eye care needs with appropriate therapies.
- Counseling and educating patients about their eye disease conditions.
- Recognizing and managing local and systemic effects of drug therapy.
- Determining when to triage patients for more specialized care and referring to specialists as needed and appropriate.
- Coordinating care with other physicians involved in the patient's overall medical management.
- Performing surgery when necessary.

WHAT IS THE REALITY?



- 30% of ODs do ZERO medical
- In 2019:
 - 62.7% of ODs billed Medicare in 2019
 - 32% of ODs billed Medicare for fundus photos
 - 29.5% of ODs billed Medicare for VF
 - 27% of ODs billed Medicare for OCTs

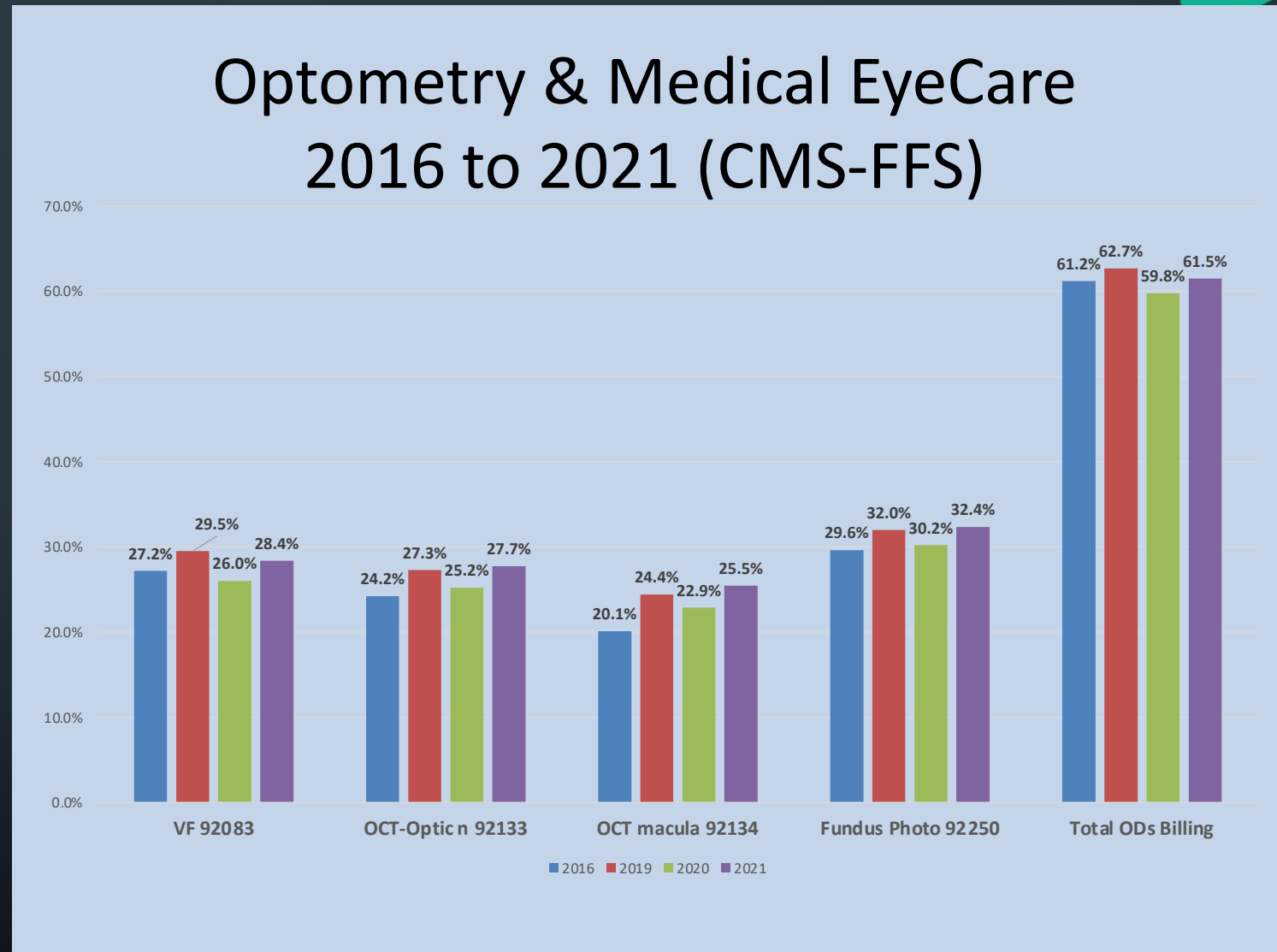


Figure used with permission from Richard Edlow, OD

WHAT IS THE REALITY?

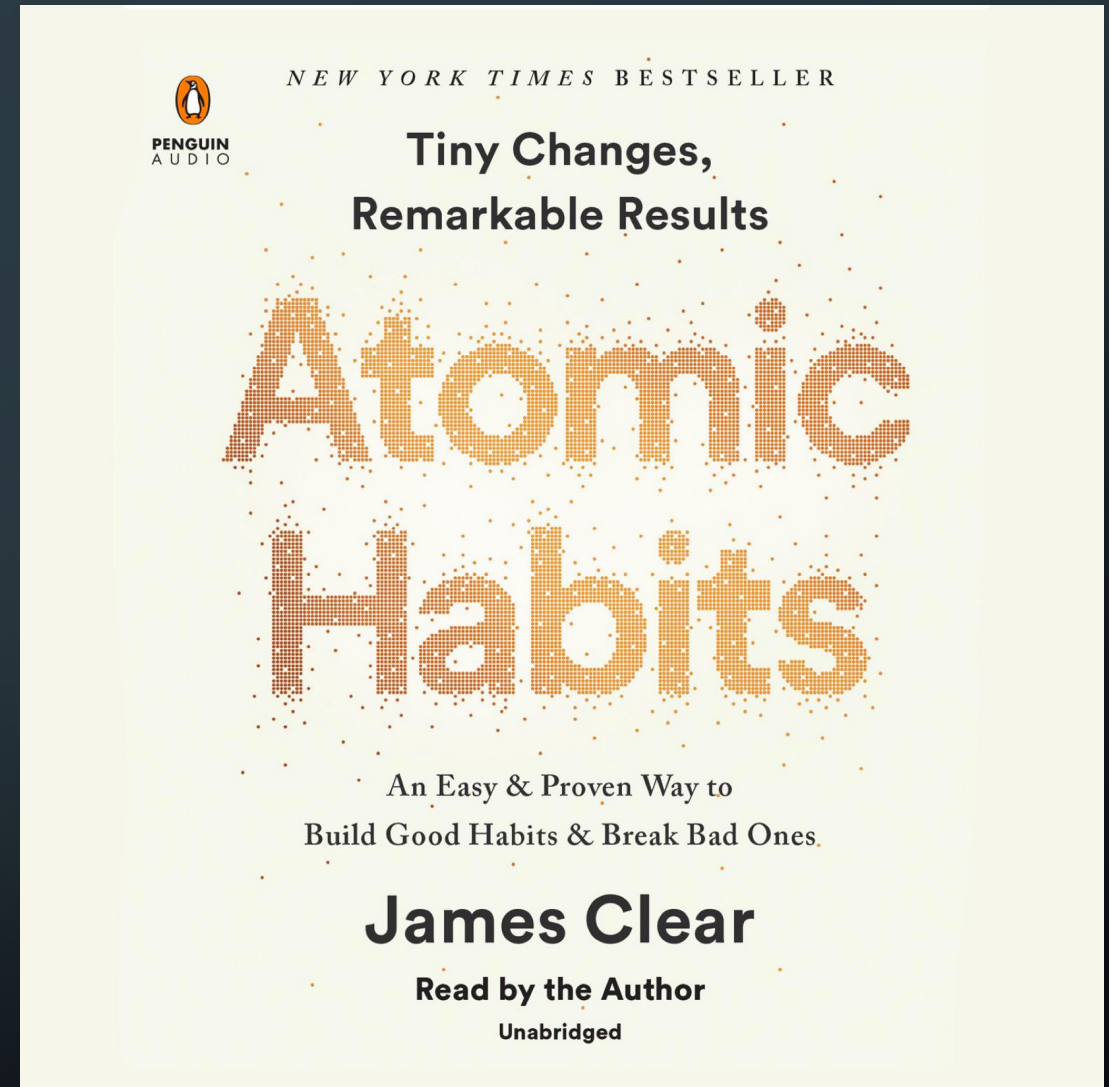


“~1.5x growth in medical eye exams from 2020 to 2030 when comparing routine vision exams vs medical eye exams”

– Richard Edlow, OD “Eyeconomist”

KEY INSIGHT

- Beliefs underlie actions
- Actions reinforce beliefs



BEHAVIORAL CHANGE
REQUIRES *BOTH*

Beliefs/Identity



Actions



**Total Patient
Care Model
=
Primary Eye
Care**



BELIEF

ACTION

OUTCOME



**BEST Trained
Primary Eye
Care
Providers**

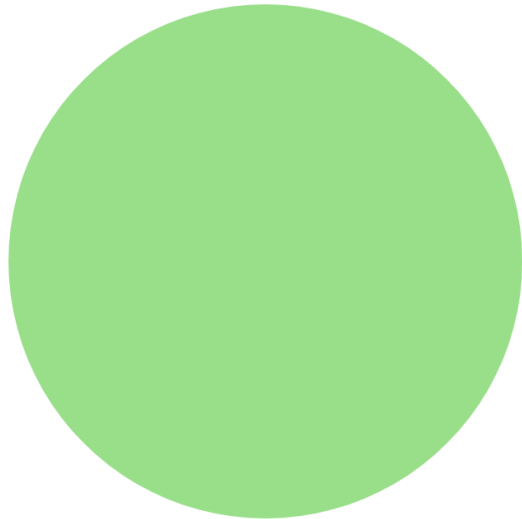


**Thriving &
Sustainable
Primary Care
OD Practices**

FINANCIAL DISCLOSURES/BIASES

General Payments by Nature of Payment in 2022

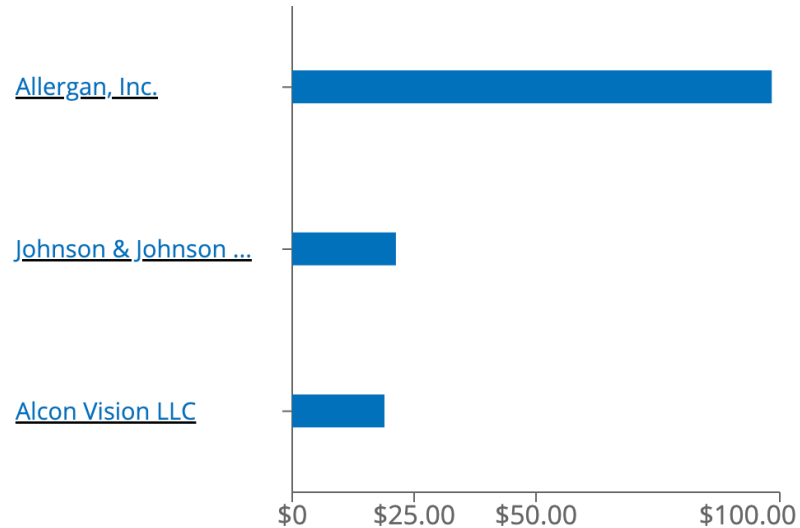
[What are the different natures of payment?](#)



Nature of payment	Amount (%)	Number of Payments
Food and Beverage	\$138.54 (100.0%)	3

Top Companies Making General Payments in 2022

Display as: [Chart](#) [Table](#)
Use the Table view to see more details.



List of General Payments in 2022

FINANCIAL DISCLOSURES/BIASES



FINANCIAL DISCLOSURES/BIASES

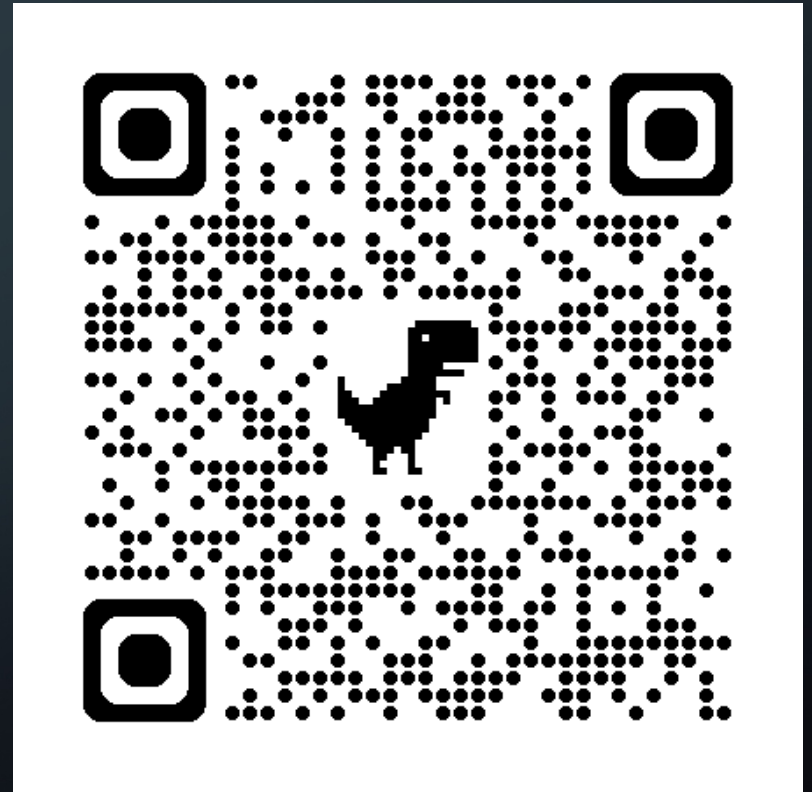


Welcome to Optometry Simplified.

In this biweekly blog post, I've curated the best resources to help you grow personally and professionally.

My mission is to find what's best for my patients and my practice.

Here's what I've found...



FINANCIAL DISCLOSURES/BIASES



- Online Community
- Access to B&C and many more courses
- Mastermind Groups
- Monthly “Office Hours”
- Disease centric metrics

The screenshot shows the EyeCode Education website. The top navigation bar includes links for ALL COURSES, CUSTOM CONSULTATION, LIVE COURSES, NSUOCO ONLINE CE, AUTOCODER, and CHART AUDITING. There are also buttons for SIGN IN and GET STARTED NOW. The main heading is "Comprehensive Optometry Simplified" with a subtext: "An online community with on-demand courses to help optometrists increase medical management and medical insurance utilization to grow their practices." Below this are two buttons: "Get Started Now" and "Free - Analyze Your Data". The main content area features a section titled "Eliminate Frustration" with a paragraph: "We all struggle to handle the complexities of providing full-scope, comprehensive eye care. Unfortunately, many of us struggle alone. Is that you? Do you struggle with:" followed by a list of five items, each preceded by a green checkmark:

- ✓ When and how to determine if it is "MEDICAL" or "ROUTINE".
- ✓ Confidently utilizing 99 codes, 92 codes, modifiers, procedure codes and special testing.
- ✓ Understanding which metrics are indicators of successful comprehensive eyecare.
- ✓ What specific protocols to follow for managing complex chronic diseases.
- ✓ Integrating clear processes for incorporating new technology.



I THOUGHT THIS WAS A CODING LECTURE. WHERE ARE YOU GOING WITH THIS?



Capture → Care → Code =
Continuous Practice Growth



Know the Codes,
appropriately use, and
document accordingly

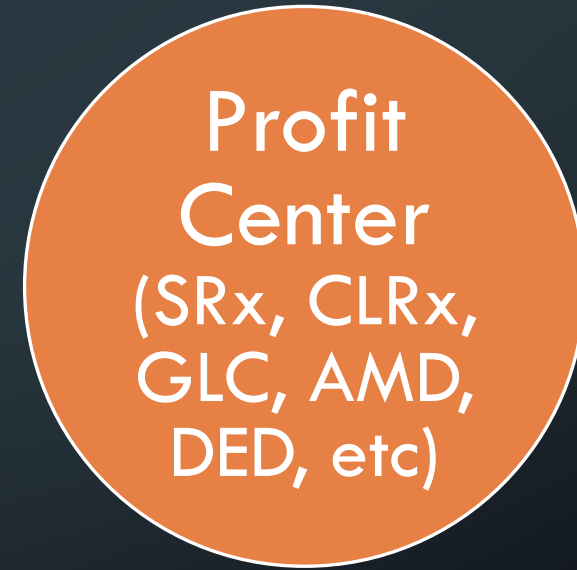
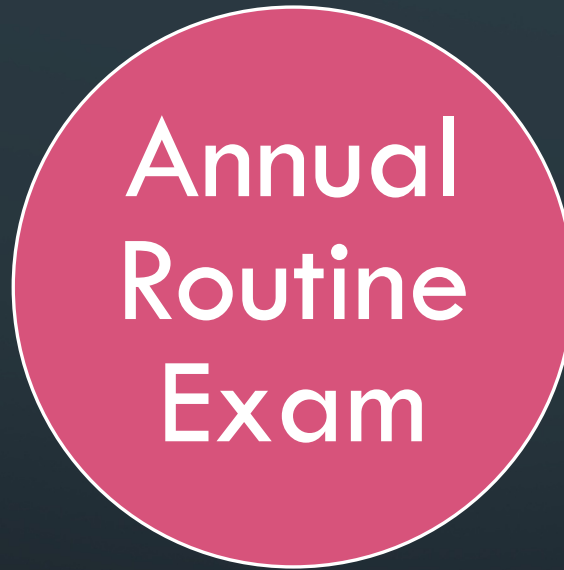


Practice, practice, practice

Primary Eye Care Model

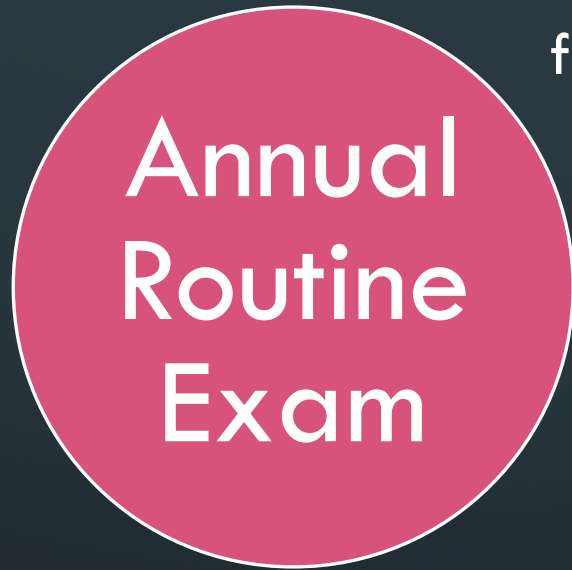


**Primary
Care Practice
Builder**

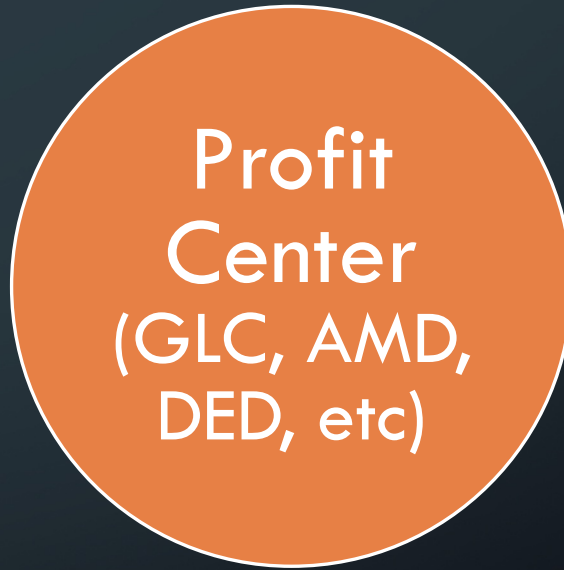




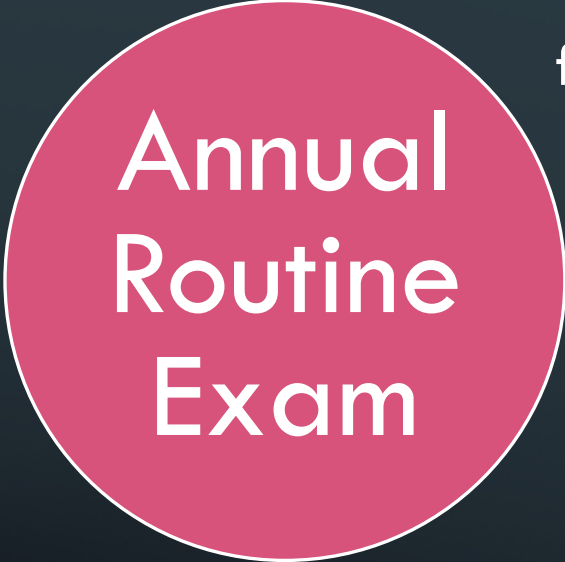
**Primary
Care Practice
Builder**



CAPTURE
>/= 1 risk
factors, RTO



Primary Care Practice Builder



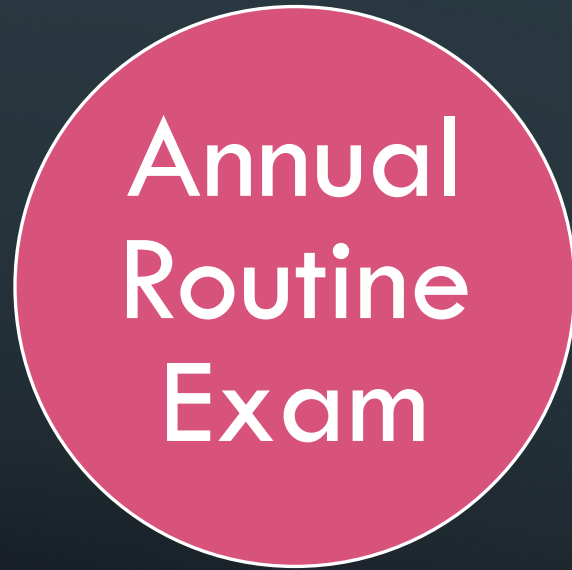
CAPTURE
>/= 1 risk
factors, RTO



CARE
Follow
standards of
care

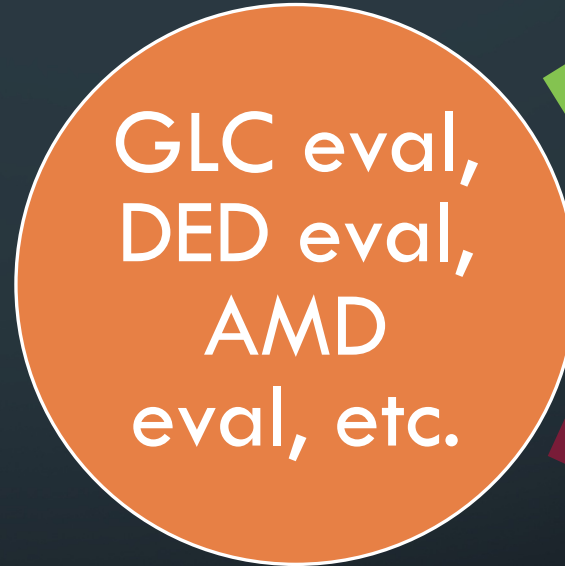


Primary Care Practice Builder



CAPTURE

>/= 1 risk
factors



CARE

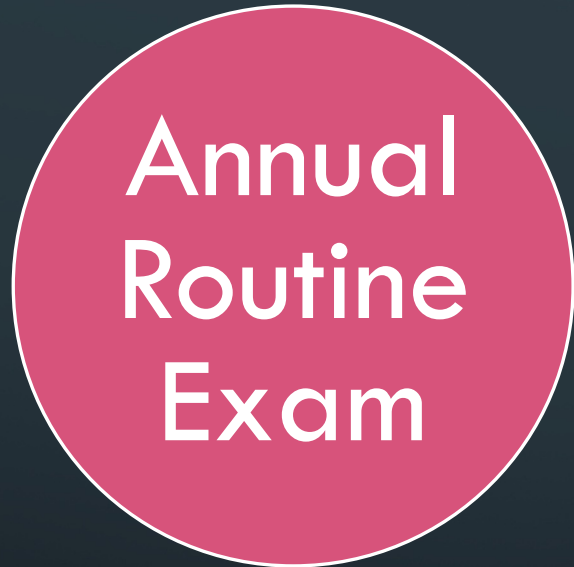
Follow
standards of
care

CODE

most appropriate
for most
reimbursement



**Dry Eye
Practice
Builder**



CAPTURE

>/= 1 risk
factors, RTO
2-4 weeks



Dry Eye Practice Builder



Annual Routine Exam

CAPTURE

>/= 1 risk factors, RTO
2-4 weeks



Dry Eye Eval

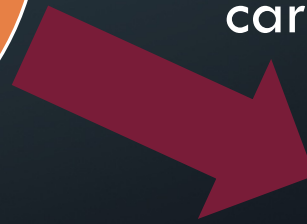
- InfilammaDry
- Osmolarity
- Meibography
- SL photos

CARE

Follow standards of care



DEWSII
STEP 1 & 2



DEWSII
STEP 3 & 4

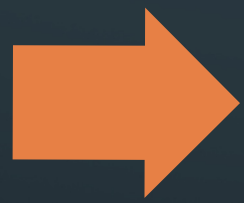
Dry Eye Practice Builder



Annual Routine Exam

CAPTURE

>/= 1 risk factors, RTO
2-4 weeks



Dry Eye Eval

- InflammDry
- Osmolarity
- Meibography
- SL photos

CARE

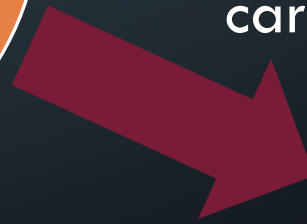
Follow standards of care

CODE

most appropriate for most reimbursement



DEWSII STEP 1 & 2



DEWSII STEP 3 & 4

I THOUGHT THIS WAS A CODING LECTURE. WHERE ARE YOU GOING WITH THIS?



Capture → Care → Code =
Continuous Practice Growth



Know the Codes,
appropriately use, and
document accordingly



Practice, practice, practice



**Know the Codes,
appropriately use,
and document
accordingly**

SET YOUR FEES

KNOW 92 vs 99

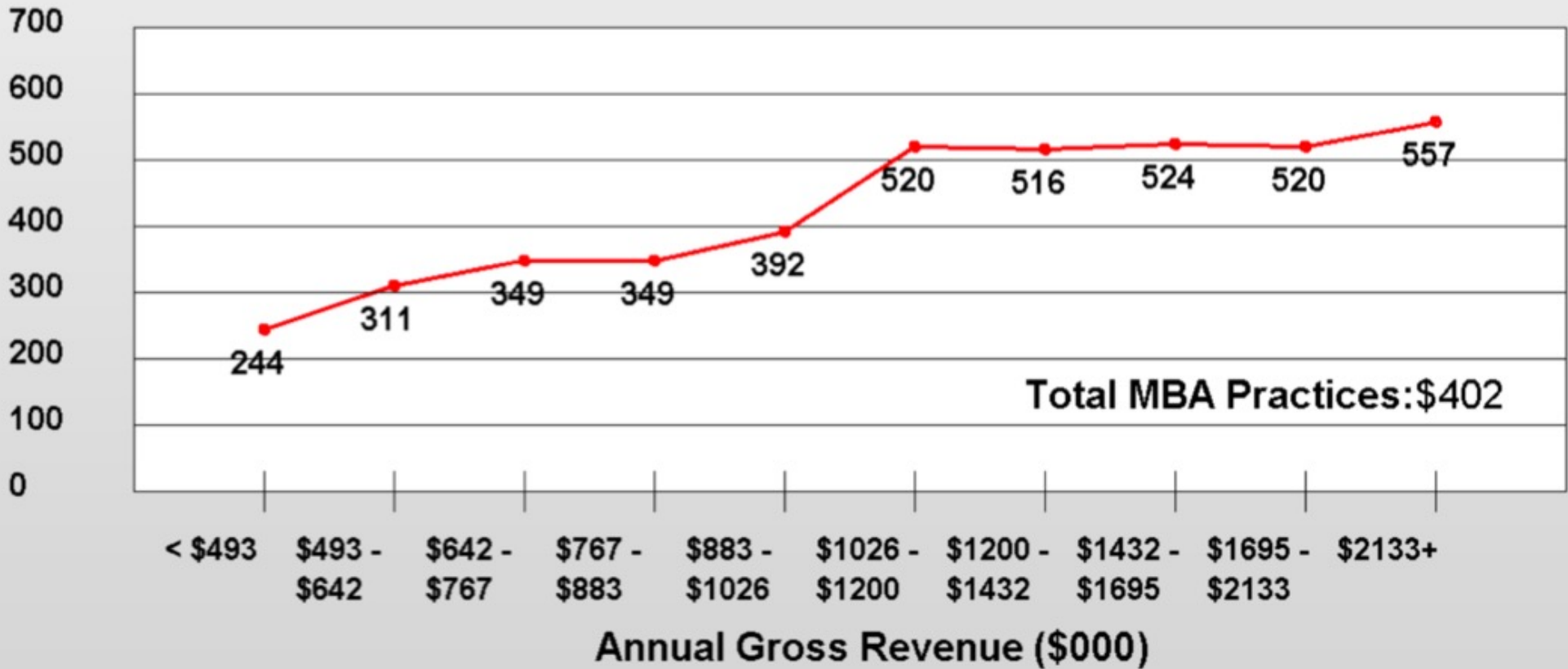
**ORDER TESTS &
PROCEDURES**

SETTING YOUR FEES: FIND OUT YOUR \$ PER HOUR



Gross Revenue per OD Hour by Practice Size

Gross Revenue per OD Hour



SETTING YOUR FEES



	Payor 1	Payor 2	Payor 3	Your Fees
92002	100	105	85	?
92012	85	90	75	?
92004	140	150	135	?
92014	125	135	100	?
99202	125	135	115	\$
99203	165	185	155	\$

- Perform this yearly
- Don't "miss out" on revenue
- Each Code One Fee

KNOW 92 VS 99



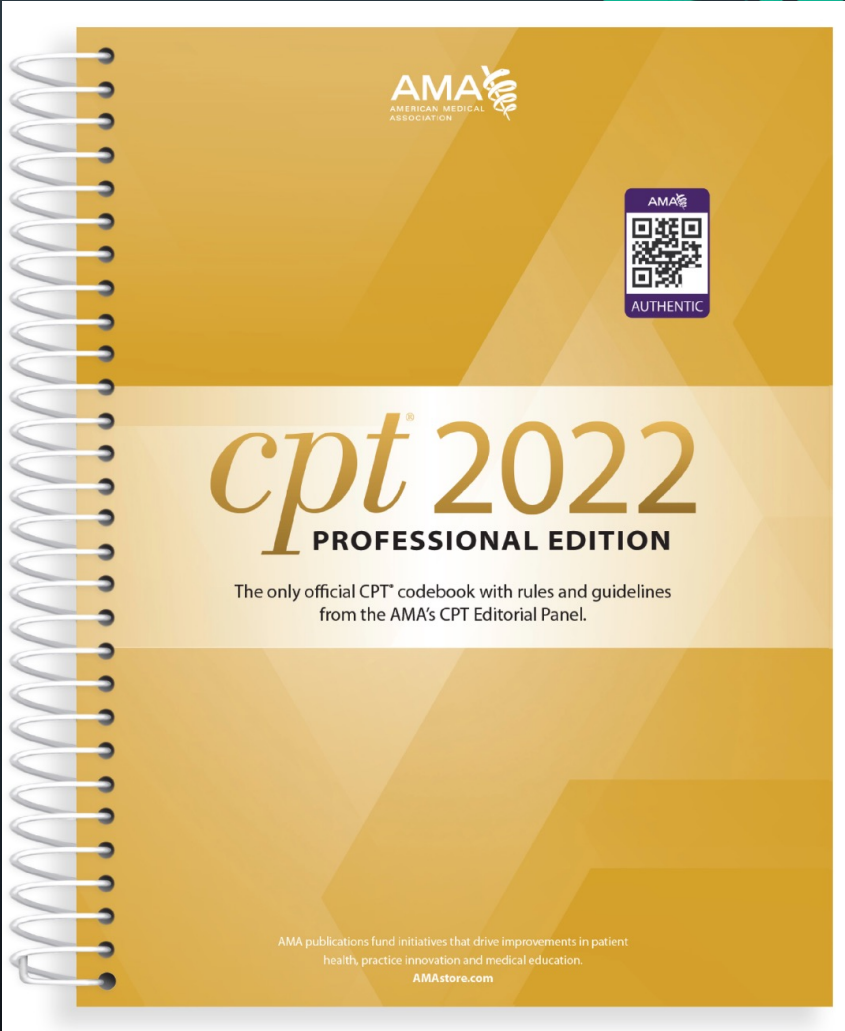
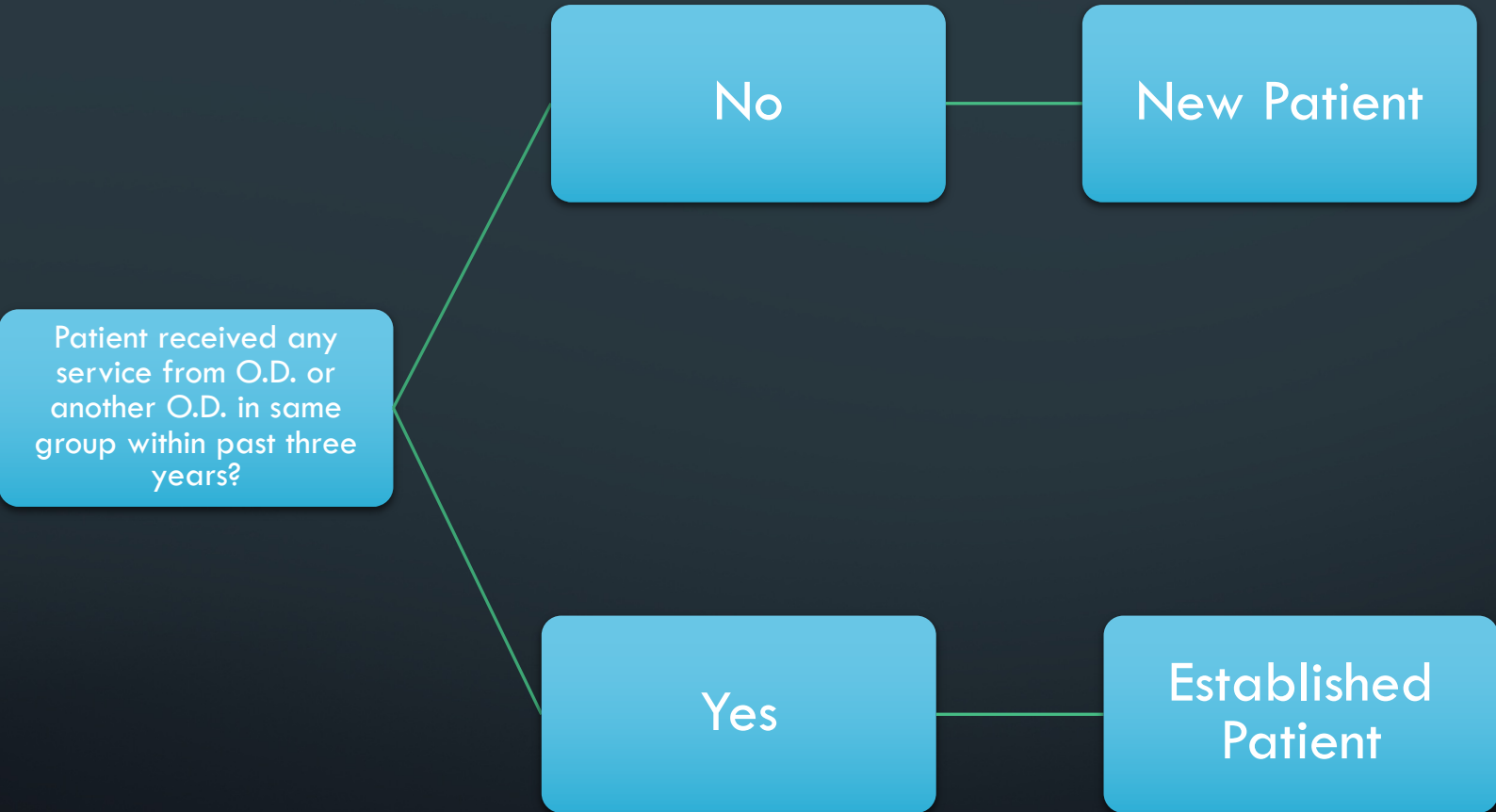
- Ophthalmological Services or “Eye Codes”

- 92002
- 92004
- 92012
- 92014

- Evaluation & Management Codes

- | | |
|--------------------|---------|
| • 99201 | • 99211 |
| • 99202 | • 99212 |
| • 99203 | • 99213 |
| • 99204 | • 99214 |
| • 99205 | • 99215 |

KNOW 92 VS 99: NEW VS. ESTABLISHED





920X2 INT OPHTHALMOLOGICAL SERVICES

- "describes an evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; may include the use of mydriasis for ophthalmoscopy"
- "Ophthalmological services; medical examination and evaluation, *with initiation or continuation* of diagnostic and treatment program; intermediate, established patient"

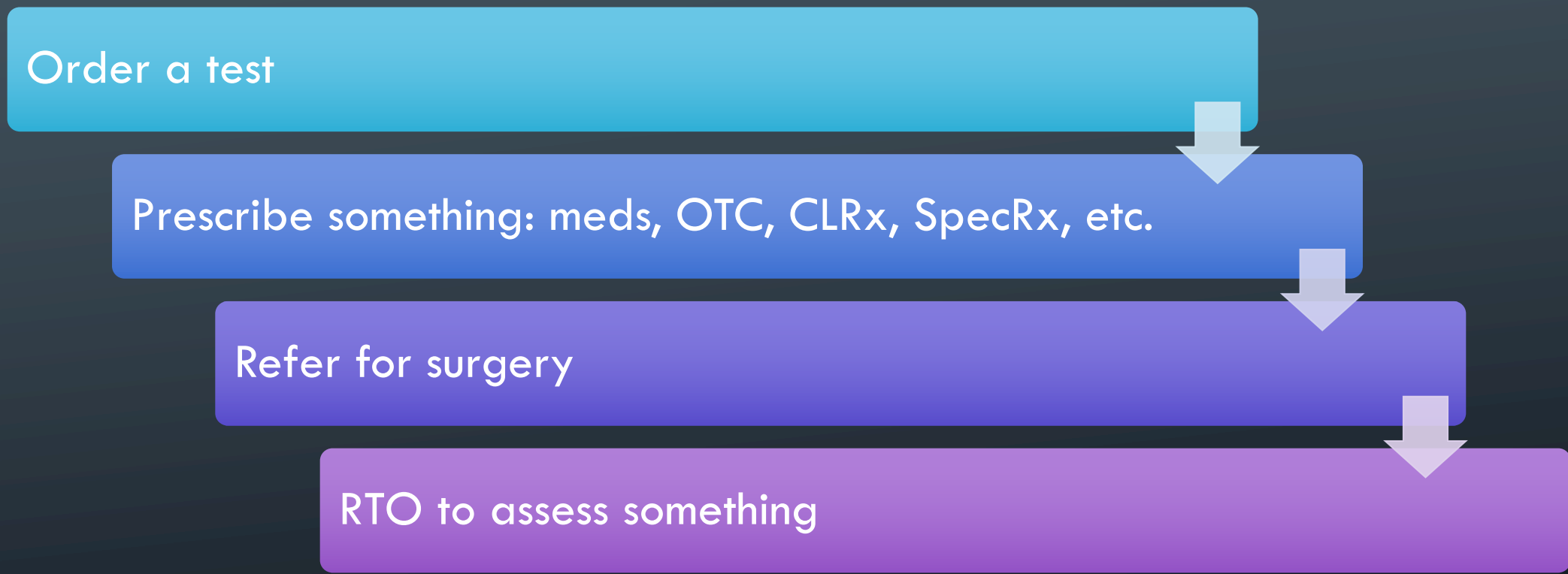


920X4 COMP OPHTHALMOLOGICAL SERVICES

- "describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes as indicated, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs."



“DIAGNOSTIC AND TREATMENT PROGRAM”



	92002	92012	92004	92014
History	Yes	Yes	Yes	Yes
General Medical Observation	Yes	Yes	Yes	Yes
External Ocular and Adnexal exam	Yes	Yes	Yes	Yes
Gross Visual Field	No	No	Yes	Yes
Basic Sensorimotor eval	No	No	Yes	Yes
Biomicroscopy	No	No	As indicated	As indicated
Ophthalmoscopic eval	No	No	As indicated	As indicated
Tonometry	No	No	As indicated	As indicated
Initiation or continuation of diagnostic and treatment program	Yes	Yes	Yes	Yes

99 CODES: REMIND ME OF WHAT'S NEW



HISTORY CC: Medically oriented Y-N

HPI Check each element present in the HPI history:

<input type="checkbox"/> Location	<input type="checkbox"/> Timing	Chronic/Inactive conditions 1. _____ 2. _____ 3. _____
<input type="checkbox"/> Quality	<input type="checkbox"/> Context	
<input type="checkbox"/> Severity	<input type="checkbox"/> Modifying Factors	
<input type="checkbox"/> Duration	<input type="checkbox"/> Associated signs & symptoms	

HPI Score: Check the appropriate HPI score and enter it in the history score table below:

Brief includes 1-3 elements.

Extended includes 4 or more elements. An extended can also be for at least 4 chronic/inactive conditions.

ROS Check each system addressed in the ROS. ("All others negative" give a score of 9):

<input type="checkbox"/> Constitutional	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/>
<input type="checkbox"/> Eyes	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/>
<input type="checkbox"/> Ear, Nose, Throat	<input type="checkbox"/> Integumentary (skin, breast)	<input type="checkbox"/> Hematologic/Immunologic	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Respiratory	<input type="checkbox"/>	<input type="checkbox"/>

ROS Score: Count checkmarks above. Check the appropriate score and circle it in the history score table below:

None: no system addressed.

Problem pertinent: 1 (only the system related to the problem was addressed).

Extended: 2 to 9 systems were addressed.

Complete: 10 or more systems addressed or all others noted.

PFSH Check Past Family & Social History item addressed:

Past

Family

Social

PFSH Score: Check the appropriate PFSH score and enter it in the history score table below:

None: no history is noted, mark the "none" in the middle column.

Pertinent: 1-2 history areas is noted.

Complete: 3 or more history areas noted. (Note: for a new patient, 3 areas are required to be complete).

HISTORY SCORE

Circle the appropriate history in each row. The history score is in the bottom row beneath the left-most mark.

HPI	Brief	Brief	Extended	Extended
ROS	None	Problem pertinent	Extended	Complete
PFSH	None	None	Pertinent	Complete
HISTORY	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

Enter the history score in the appropriate Outcome Table at the bottom of page 2.

EXAMINATION

Check each element addressed in the examination:

1) Eye elements of the Examination

<input type="checkbox"/> Acuity	<input type="checkbox"/>	<input type="checkbox"/> Ocular motility, pre-auricular nodes	<input type="checkbox"/> IOT
<input type="checkbox"/> Confrontation Fields	<input type="checkbox"/>	<input type="checkbox"/> Conjunctiva, sclera, eyelids, lacrimal apparatus	<input type="checkbox"/> Retina, vessels, exudates, hemorrhages
<input type="checkbox"/> Ocular Motility	<input type="checkbox"/>	<input type="checkbox"/> Pupil/Iris, APD	<input type="checkbox"/> Disc, Cup, NFL (dilated)

2) Systemic elements that briefly assess mental status or general constitution

Oriented to time/location/personhood

General constitution

EXAMINATION SCORE

Count the number of examination elements addressed. The Exam score is in the column beneath that number.

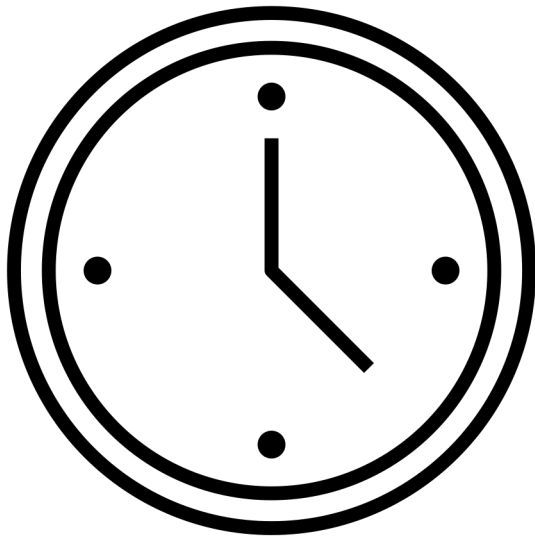
Elements	1-5 eye elements	6-8 eye elements	9-11 eye elements	12 eye elements
Exam Score	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

Mark the result in the appropriate Outcome Table at the bottom of page 2.

	Problems	Data	Risk	Time
99202 99212	<u>Minimal</u> •1 Self-limited or minor problem	<u>Minimal</u> •Minimal (< 2) or no orders, tests performed, or additional documents analyzed	<u>Minimal</u> Minimal risk of morbidity from additional diagnostic testing or treatment	NP: 15-29 mins EP: 10-19 mins
99203 99213	<u>Low</u> •2 or more self-limited or minor problems; or •1 stable chronic illness; or •1 acute, uncomplicated illness or injury	<u>Limited</u> •2 orders, tests performed, or additional documents analyzed, or •assessment requiring an independent historian	<u>Low</u> Low risk of morbidity from additional diagnostic testing or treatment. Example: • OTC medication	NP: 30-45 mins EP: 20-29 mins
99204 99214	<u>Moderate</u> •1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or •2 or more stable chronic illnesses; or •1 undiagnosed new problem with uncertain prognosis; or •1 acute illness with systemic symptoms; or •1 acute complicated injury	<u>Moderate</u> Any 1 of the following: •3 orders, tests performed, or additional documents analyzed •Independent interpretation of a test performed by another physician •Discussion of management or test interpretation with external physician	<u>Moderate</u> Moderate risk of morbidity from additional diagnostic testing or treatment. Examples: • Prescription drug medication •Decision regarding minor surgery with identified patient or procedure risk factors •Decision regarding major surgery without identified patient or procedure risk factors •Diagnosis or treatment significantly limited by social determinants of health	NP: 45-59 mins EP: 30-39 mins
99205 99215	<u>High</u> •1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or •1 acute or chronic illness or injury that poses a threat to life or bodily function	<u>Extensive</u> Any 2 of the following: •3 orders, tests performed, or additional documents analyzed •Independent interpretation of a test performed by another physician •Discussion of management or test interpretation with external physician	<u>High</u> High risk of morbidity from additional diagnostic testing or treatment. Examples: •Drug therapy requiring intensive monitoring for toxicity •Decision for elective major surgery with identified patient or procedure risk factors •Decision for emergency major surgery •Decision regarding hospitalization •Decision not to resuscitate or to deescalate care because of poor prognosis	NP: 60-74 mins EP: 40-54 mins



KEY POINTS TO REMEMBER ABOUT *TIME*



- “Total time on the date of the encounter”
 - ”Includes both face-to-face and non face-to-face time personally spent by the physician
 - Preparing to see the patient (reviewing tests)
 - Obtaining and/or reviewing separately obtained history
 - Performing examination
 - Counseling and educating the patient/family/caregiver
 - Ordering medications, tests, or procedures
 - Referring and communicating with other health care professionals (when not separately reported)
 - Documenting clinical information in the electronic or other health record



KEY POINTS TO REMEMBER ABOUT *TIME*

- Time does *NOT* include:
 - Special testing and/or procedures separately reported
 - Examples:
 - Time spent performing visual fields, OCT, etc.
 - Time spent performing procedures
 - If it has a CPT code, don't include it



KEY POINTS TO REMEMBER ABOUT E/M CODES

- Medical necessity
 - ALL LEVELS STILL REQUIRE: "a medically appropriate history and/or examination"
- 2 of 3 elements of the level must be met or exceeded

Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain prognosis; or
- 1 acute illness with systemic symptoms; or
- 1 acute complicated injury

moderate

- Any 1 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment. Examples:
•**Prescription drug medication**
•Decision regarding **minor surgery** with identified patient or procedure risk factors
•Decision regarding **major surgery** without identified patient or procedure risk factors
•Diagnosis or treatment significantly limited by social determinants of health

NP: 45-59 mins
EP: 30-39 mins

High

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Extensive

- Any 2 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:
•Drug therapy requiring intensive monitoring for toxicity
•Decision for elective **major surgery** with identified patient or procedure risk factors
•Decision for **emergency major surgery**
•Decision regarding **hospitalization**
•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

99203
99213

99204
99214

99205
99215

KEY POINTS TO REMEMBER ABOUT MDM: PROBLEMS

~~Number of
diagnoses and
management
options~~

Number and
complexity of
problems addressed

Problems

99202
99212

Minimal

- 1 Self-limited or minor problem

99203
99213

Low

- 2 or more self-limited or minor problems;
or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

99204
99214

Moderate

- 1 or more chronic illnesses with
exacerbation, progression, or side effects
of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain
prognosis; or
- 1 acute illness with systemic symptoms; or
- 1 acute complicated injury

99205
99215

High

- 1 or more chronic illnesses with severe
exacerbation, progression, or side effects
of treatment; or
- 1 acute or chronic illness or injury that
poses a threat to life or bodily function

KEY POINTS TO REMEMBER ABOUT MDM: *PROBLEMS*



Self-limited or
minor problem

AMA Def: A problem that runs a **definite and prescribed course**, is **transient** in nature, and is not likely to permanently alter health status

Example:

- Conjunctival hemorrhage

KEY POINTS TO REMEMBER ABOUT MDM: *PROBLEMS*



Chronic illness

AMA Def: A problem with an **expected duration of at least a year or until the death** of a patient...the risk of morbidity without treatment is significant...diabetes, cataract,...

Examples:

- Glaucoma, dry eye
- Stable? Unstable?

KEY POINTS TO REMEMBER ABOUT MDM: *PROBLEMS*



Acute illness or
injury,
uncomplicated

AMA Def: A **recent or new short-term problem with low risk of morbidity**. Full recovery expected.

Examples:

- Corneal abrasion, RCE, viral conjunctivitis
- Did the illness cause systemic symptoms?
- Did the injury cause damage to other systems?
- Could the injury pose a threat to life or bodily function? (i.e. blindness)

KEY POINTS TO REMEMBER ABOUT MDM: *PROBLEMS*

Number and
complexity of
problems addressed

Problems

99202
99212

Minimal

- 1 Self-limited or minor problem

99203
99213

Low

- 2 or more self-limited or minor problems;
or
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99204
99214

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99205
99215

High

- 1 or more chronic illnesses with severe
exacerbation, progression, or side effects
of treatment; or
- 1 acute or chronic illness or injury that
poses a threat to life or bodily function

KEY POINTS TO REMEMBER ABOUT MDM: DATA

- Includes 3 categories:
 - Tests, documents, orders or independent historians
 - Independent interpretation of tests
 - Discussion of management or test interpretation with external physician or other qualified health professional

Data

99202

99212

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

99203

99213

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

99204

99214

Moderate

Any 1 of the following:

- 3 orders, tests performed, or additional documents analyzed
- Independent interpretation of a test performed by another physician
- Discussion of management or test interpretation with external physician

99205

99215

Extensive

Any 2 of the following:

- 3 orders, tests performed, or additional documents analyzed
- Independent interpretation of a test performed by another physician
- Discussion of management or test interpretation with external physician

KEY POINTS TO REMEMBER ABOUT MDM: DATA

- Does NOT include:
 - When the physician or other qualified health care professional is **reporting a separate CPT code that includes an interpretation and report**, the interpretation and report should not count toward MDM

Data

99202
99212

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

99203
99213

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

99204
99214

Moderate

Any 1 of the following:

- 3 orders, tests performed, or additional documents analyzed
- Independent interpretation of a test performed by another physician
- Discussion of management or test interpretation with external physician

99205
99215

Extensive

Any 2 of the following:

- 3 orders, tests performed, or additional documents analyzed
- Independent interpretation of a test performed by another physician
- Discussion of management or test interpretation with external physician

KEY POINTS TO REMEMBER ABOUT MDM: DATA

- In other words...
 - Data *includes* or *counts* tests with a CPT code
 - But NOT CPT tests that are separately interpreted, reported, and billed.
- Examples:
 - DOES NOT include visual field 92083
 - DOES include gonioscopy, biometry, osmolarity, inflammadry
 - DOES include CBC w/diff, but only as one test (one CPT code)

Data

99202
99212

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

99203
99213

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

99204
99214

Moderate

Any 1 of the following:

- 3 orders, tests performed, or additional documents analyzed
- Independent interpretation of a test performed by another physician
- Discussion of management or test interpretation with external physician

99205
99215

Extensive

Any 2 of the following:

- 3 orders, tests performed, or additional documents analyzed
- Independent interpretation of a test performed by another physician
- Discussion of management or test interpretation with external physician

KEY POINTS TO REMEMBER ABOUT MDM: RISK

- Minimal: minimal risk for treatment or testing
- Low: very low risk of anything bad, minimal consent, discussion
- Moderate: review risks, obtain consent and monitor, or complex social factors in management
- High: need to discuss some pretty bad things that could happen for which physician or other qualified health care professional will monitor

Risk

99202
99212

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

99203
99213

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:

99204
99214

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment. Examples:

- Prescription drug management
- Decision regarding minor surgery with identified patient or procedure risk factors
- Decision regarding major surgery without identified patient or procedure risk factors
- Diagnosis or treatment significantly limited by social determinants of health

99205
99215

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:

- Drug therapy requiring intensive monitoring for toxicity
- Decision for elective **major surgery** with identified patient or procedure risk factors
- Decision for **emergency major surgery**
- Decision regarding **hospitalization**
- Decision **not to resuscitate** or to deescalate care because of poor prognosis

KEY POINTS TO REMEMBER ABOUT MDM: RISK

- Let's make it simple
 - Level 3: OTC Medication
 - Level 4: Prescription Medication
 - Minor surgery = global period < 90 days
 - Major surgery = global period 90 days
 - All "referred out" surgery
 - Level 5: anything at high risk for loss of vision whether monitoring or referring

Risk

99202
99212

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

99203
99213

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:

99204
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Moderate

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- Decision for **emergency major surgery**
- Decision regarding **hospitalization**
- Decision **not to resuscitate** or to deescalate care because of poor prognosis



HOW TO CHOOSE?

IS IT
APPROPRIATE?

Does it
maximize
reimbursement?

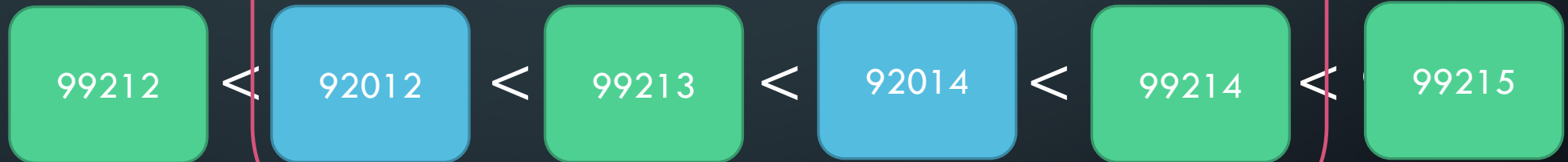
HOW TO CHOOSE



NEW PT:



EST PT:



CASE #1: 72 YO, DECREASED VISION OU



VA: 20/40 OD, 20/50 OS

Pupils/EOM/CVF: normal OU

Manifest Refraction:

OD: -2.25-0.75x180 20/30++

OS: -2.50-1.00x175 20/30-

SLE: 2+telangiectasia UL/LL OU, mild
inspissation UL/LL OU, 2+cortical
cataracts OU, 2+NS cataract

Ophthalmoscopy: unremarkable OU

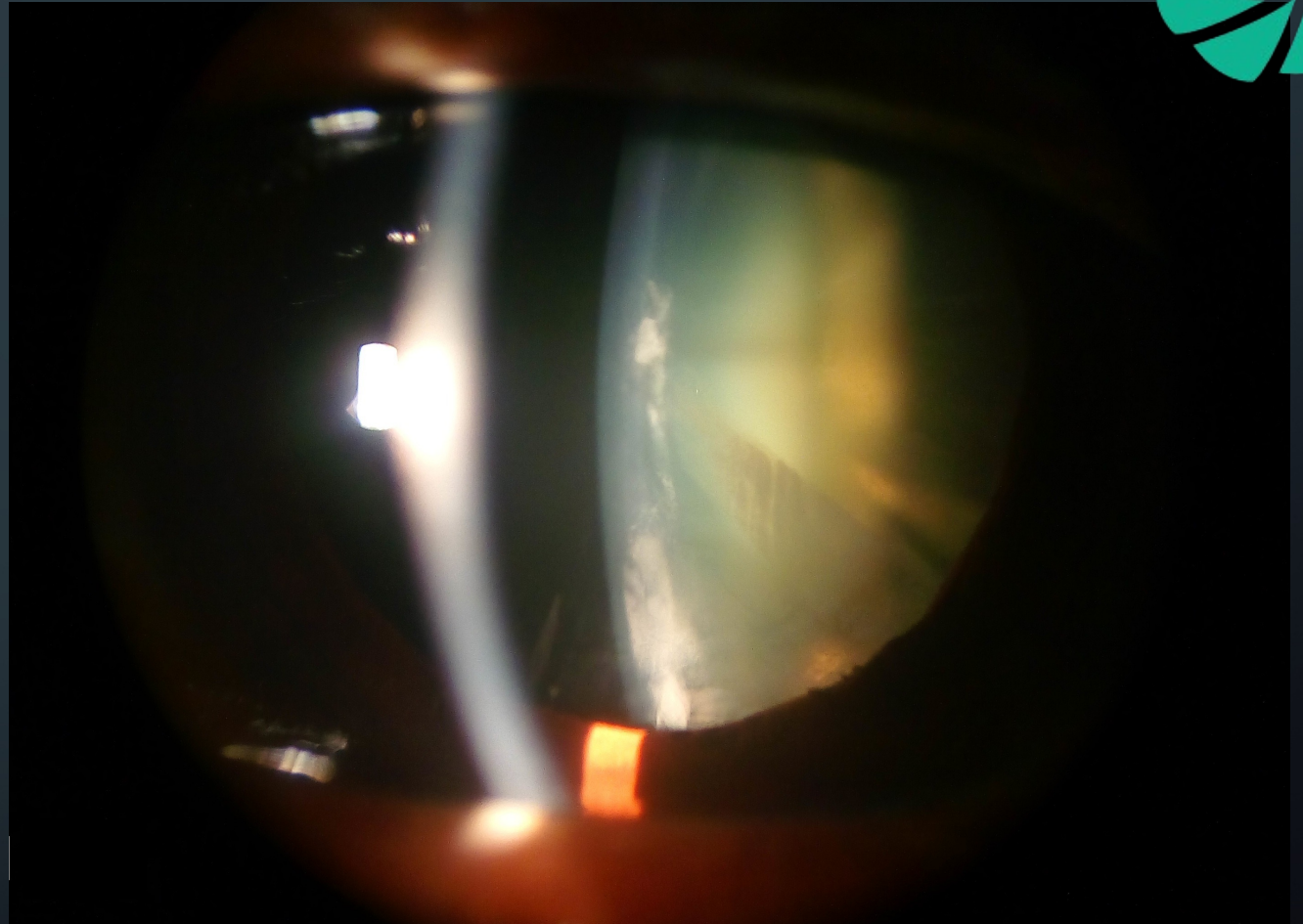


Image courtesy of eyewiki.org

Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

99203
99213

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain prognosis; or
- 1 acute illness with systemic symptoms; or
- 1 acute complicated injury

Moderate

- Any 1 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment. Examples:
•**Prescription drug medication**
•Decision regarding **minor surgery** with identified patient or procedure risk factors
•Decision regarding **major surgery** without identified patient or procedure risk factors
•Diagnosis or treatment significantly limited by social determinants of health

NP: 45-59 mins
EP: 30-39 mins

High

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Extensive

- Any 2 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:
•Drug therapy requiring intensive monitoring for toxicity
•Decision for elective **major surgery** with identified patient or procedure risk factors
•Decision for **emergency major surgery**
•Decision regarding **hospitalization**
•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

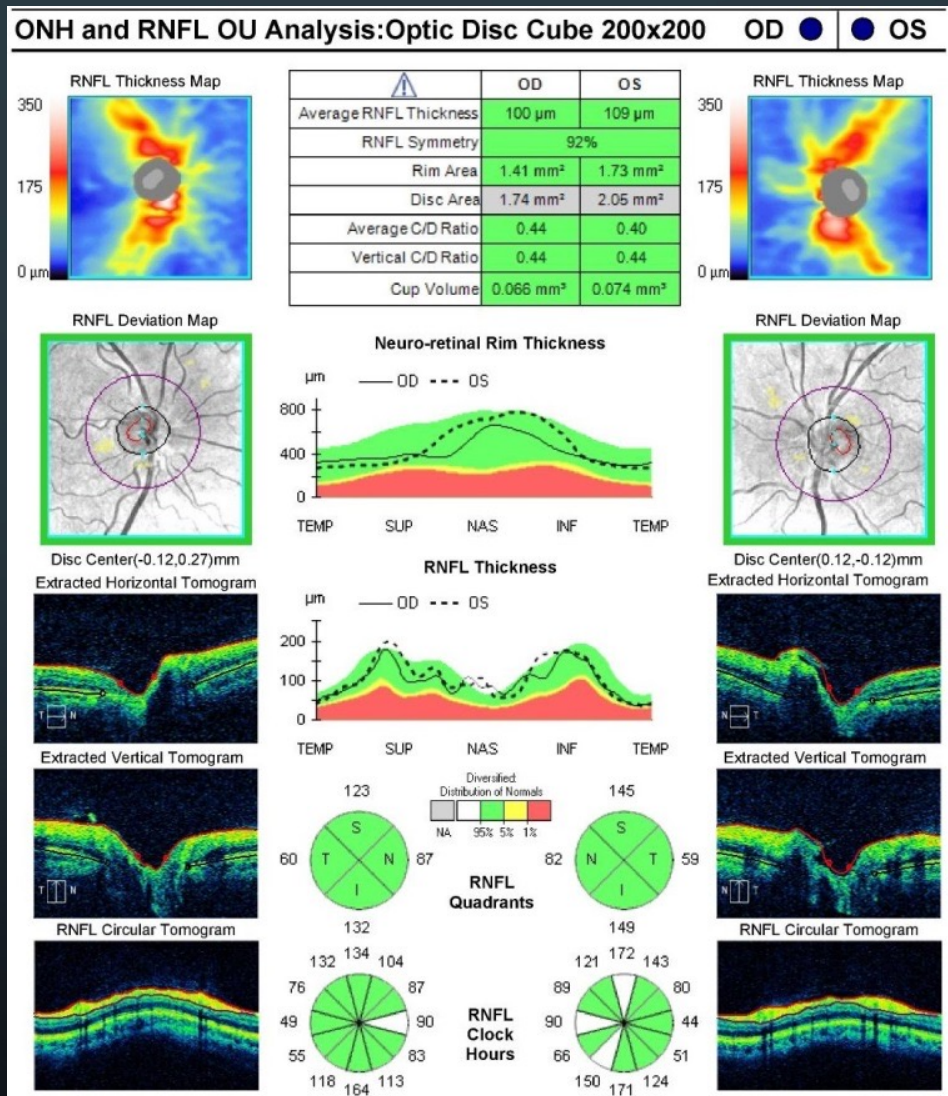
99205
99215



CASE #2: 58 GLC SUSPECT CAPTURED FROM RECENT ANNUAL EXAM



- VA: 20/20 OD, 20/20 cc
- Pupils/EOM/CVF normal
- SLE: 2+ inspissation OU
- IOP: 28/22 c GAT
- Dilated ophthalmoscopy:
 - ONH: NRR healthy, 0.35/0.35 OD, 0.30/0.30 OS
 - Macular clear OU
 - Vessels 0.7 OU
 - Periphery: retina flat/intact 360 OU
- Special testing:



- OCT-N: normal RNFL OU
- VF 30-2: no glaucomatous defects OU.
- Pachys: 562/558
- Gonioscopy: open to CB all quadrants, minimal pigmentation
- No Fam Hx

CASE #2: 58 GLC SUSPECT CAPTURED FROM RECENT ANNUAL EXAM



CAPTURE

VA: 20/20 OD, 20/20 cc
Pupils/EOM/CVF normal
SLE: 2+inspissation OU
IOP: 28/22 c GAT
Dilated ophthalmoscopy:
ONH: NRR healthy,
0.35/0.35 OD,
0.30/0.30 OS
Macula: clear OU
Vessels: 0.7 OU
Periphery: retina
flat/intact 360 OU

CARE

OCT-N: normal RNFL OU
VF 30-2: no glaucomatous
defects OU.
Pachs: 562/558
Gonioscopy: open to CB all
quadrants, minimal
pigmentation
No Family Hx of GLC

CODE

H40.013 Open angle with
borderline findings, low risk,
bilateral
H40.053 Ocular
hypertension, bilateral
H02.88a MGD, OD, UL/LL
H02.88b MGD, OS, UL/LL

Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

99203
99213

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

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Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

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EP: 40-54 mins

99205
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Problems

Data

Risk

Time

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NP: 60-74 mins
EP: 40-54 mins

99204
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99203
99213



99203
99213

99204
99214

99205
99215

Problems

Data

Risk

Time

Minimal

- 1 Self-limited or minor problem

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- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

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Minimal risk of morbidity from additional diagnostic testing or treatment

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•**OTC medication**

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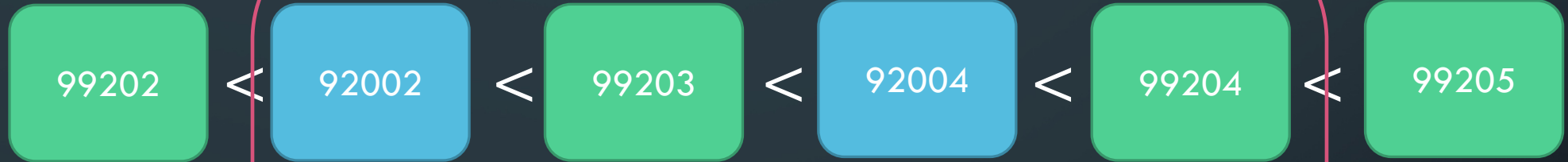
NP: 60-74 mins
EP: 40-54 mins

	92002	92012	92004	92014
History	Yes	Yes	Yes	Yes
General Medical Observation	Yes	Yes	Yes	Yes
External Ocular and Adnexal exam	Yes	Yes	Yes	Yes
Gross Visual Field	No	No	Yes	Yes
Basic Sensorimotor eval	No	No	Yes	Yes
Biomicroscopy	No	No	As indicated	As indicated
Ophthalmoscopic eval	No	No	As indicated	As indicated
Tonometry	No	No	As indicated	As indicated
Initiation or continuation of diagnostic and treatment program	Yes	Yes	Yes	Yes

HOW TO CHOOSE



NEW PT:



EST PT:



SPECIAL TESTING: KEY POINTS TO REMEMBER



Order

Document the order

- “Order OCT-N to assess ONH asymmetry and glaucoma risk”

No “standing orders”

Interpret

For every order,

- Date and physician signature (chart signed)
- Reliability
- Findings
- Comparisons (progression? Stable?)
- Associated diagnosis
- Impact on treatment and prognosis

Multiple Rules

Payment reductions

- Reduction in TC

Payment denials

SPECIAL TESTING: KEY POINTS TO REMEMBER - INTERPRET



Interpret

For every order,

- Date and physician signature (chart signed)
- Reliability
- Findings
- Comparisons (progression? Stable?)
- Associated diagnosis
- Impact on treatment and prognosis

Optic Nerve OCT, reliable OD, OS.

OD: borderline RNFL thinning inferiorly with no GCC atrophy. Stable.

OS: Normal RNFL and GCC. Stable.

Findings OU consistent with glaucoma suspect.

Correlate with VF findings and continue to monitor q6-12 months for progression.

SPECIAL TESTING: KEY POINTS TO REMEMBER - INTERPRET



Multiples Rules

Payment reductions

Multiple Procedure Payment Reduction:

- Highest reimbursement = %100
- Additional codes = 20% reduction in TC

Which codes?

- Visual fields, OCT, fundus photography, external photography, sensorimotor exam, dark adaptation, ERG, pachymetry

SPECIAL TESTING: KEY POINTS TO REMEMBER - INTERPRET



Multiple Rules

Payment denials

Examples:

- OCT on same day as fundus photography
 - Advice: schedule on different day or use ABN (-GA)
- E/M service on same day as FB removal (65222)
 - Advice: be very careful using -25 modifier
 - Needs to be completely unrelated
- Corneal abrasion during cataract post op period
 - Advice: use -24 modifier on 992xx
 - Use -79 modifier on external photos, if taken

WHAT ABOUT THOSE MODIFIERS?



Multiple Rules

Payment denials

-79 = unrelated procedure or service during global

Ex: special testing or procedure during CE PO

-24 = unrelated E/M service during global

Ex: red eye eval during CE PO

-25 = separate procedure in addition to E/M service

Ex: GLC eval and find FB

-52 = bilateral testing code when only 1 eye done

Ex: choroidal nevus in 1 eye only

-GA = if use ABN, add it to test patient paid for

WHAT ABOUT G2211?



- Add on code to recognize resource costs associated with E/M visits for primary care and longitudinal care
- Applicable to outpatient/office visits
- Part of ongoing care related to a patient's single, serious condition or a complex condition
- Longitudinal care has been previously unrecognized and unaccounted for during evaluation and management visits
- Cannot use with -24 modifier
- CMS National Average = \$16.31



WHAT ABOUT G2211?



E/M?

Chronic Conditions?

Assuming
ongoing/longitudinal
care?



WHAT ABOUT G2211?



“The care provided for this patient today is part of ongoing care related to multiple conditions and Dr. Klute will serve as continuing focal point for all needed services.”

I THOUGHT THIS WAS A CODING LECTURE. WHERE ARE YOU GOING WITH THIS?



Capture → Care → Code =
Continuous Practice Growth



Know the Codes,
appropriately use, and
document accordingly



Practice, practice, practice

CASE #3: 45, DRY EYES OU, WORSENING, NP



VA: 20/20 OD, OS cc

Pupils/EOMs/CVF normal, ortho

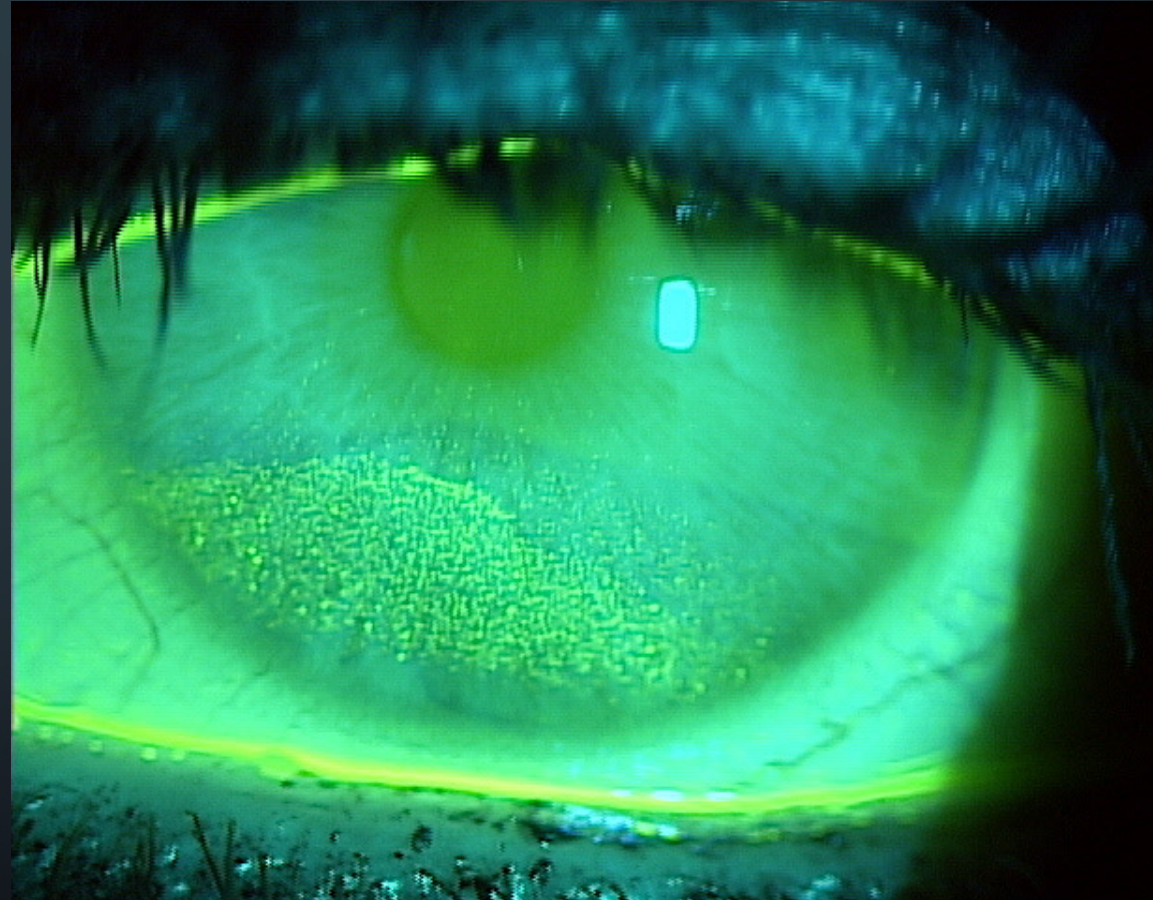
SLE: 2+lid telangiectasia, 2+ keratinization OU,
see photo

IOP: 12/12

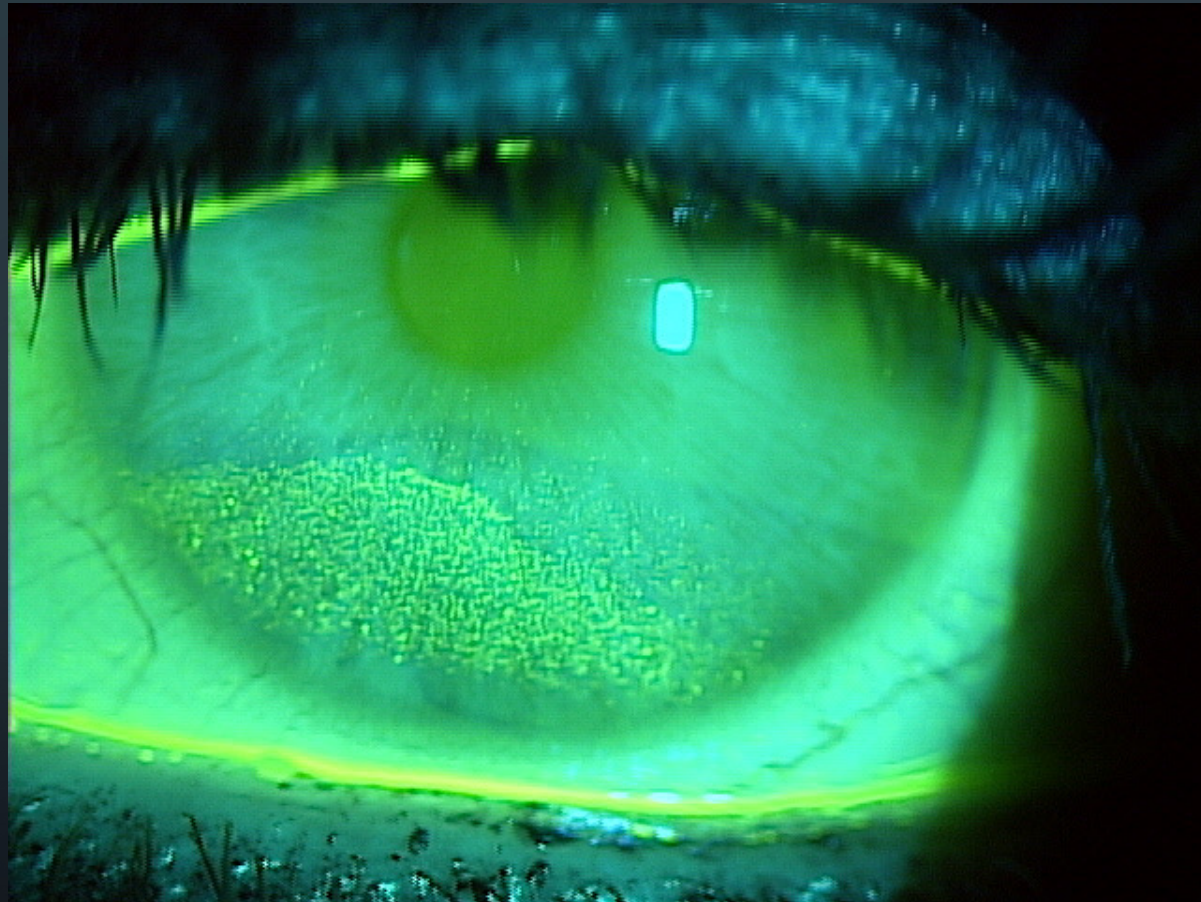
Posterior Seg:

0.2/0.2 OD, OS, NRR healthy, macula clear Ou

Order Inflammadry and osmolarity. Order external photos to assess keratitis and monitor for progression. Order meibography to assess MG status considering moderate MGD findings.



CASE #3: 45, DRY EYES OU, WORSENING, NP



MMP9 results: 4+ positive OD and OS, consistent with underlying inflammation secondary to DED/MGD

Osmolarity: 323 OD, 319 OS. Findings consistent with DED.

External photography:

OD: video reveals partial blink with significant NaFL staining of inferior 1/3 of cornea

OS: video reveals partial blink with significant NaFL staining of inferior 1/3 of cornea. Findings OU consistent with exposure keratitis.

Meibography: OD: 1+MG atrophy, 1+tortuosity; OS: 1+MG atrophy, 1+tortuosity

PLAN: Start Xiidra, warm compresses, lid hygiene, in office lid procedure. RTO in 2-4 weeks to assess dry eye. Consider scleral lens OU.

Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

99203
99213

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain prognosis; or
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Moderate

- Any 1 of the following:**
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•**Prescription drug medication**
•Decision regarding **minor surgery** with identified patient or procedure risk factors
•Decision regarding **major surgery** without identified patient or procedure risk factors
•Diagnosis or treatment significantly limited by social determinants of health

NP: 45-59 mins
EP: 30-39 mins

High

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Extensive

- Any 2 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:
•Drug therapy requiring intensive monitoring for toxicity
•Decision for elective **major surgery** with identified patient or procedure risk factors
•Decision for **emergency major surgery**
•Decision regarding **hospitalization**
•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

99205
99215



Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

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EP: 10-19 mins

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
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Low risk of morbidity from additional diagnostic testing or treatment. Example:
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NP: 30-45 mins
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NP: 60-74 mins
EP: 40-54 mins

99204
99214

99205
99215



99203
99213

	92002	92012	92004	92014
History	Yes	Yes	Yes	Yes
General Medical Observation	Yes	Yes	Yes	Yes
External Ocular and Adnexal exam	Yes	Yes	Yes	Yes
Gross Visual Field	No	No	Yes	Yes
Basic Sensorimotor eval	No	No	Yes	Yes
Biomicroscopy	No	No	As indicated	As indicated
Ophthalmoscopic eval	No	No	As indicated	As indicated
Tonometry	No	No	As indicated	As indicated
Initiation or continuation of diagnostic and treatment program	Yes	Yes	Yes	Yes

CASE #4: 62, EP, DM EVAL, VISION CHANGES OD



VA: 20/25+ OD, 20/20 OS

Pupils/EOMs/CVF: normal, ortho

SLE: unremarkable OU

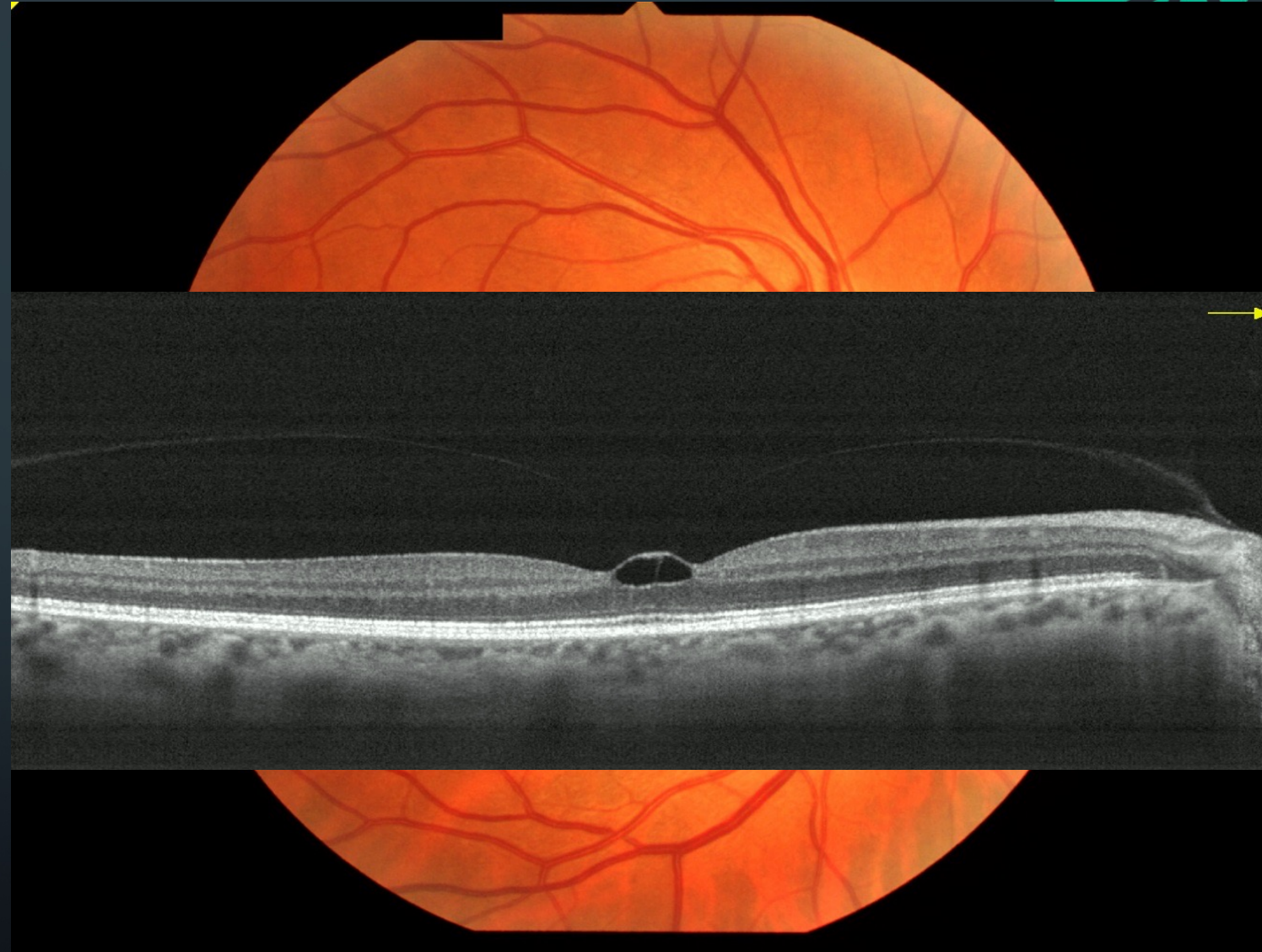
Dilated ophthalmoscopy:

Order OCT-macula to evaluate for tractional and epiretinal membrane.

Assessment: VMT OD, DM2 no retinopathy

Plan: RTO in 3 months to assess VMT.

Perform OCT-M. Called and confirmed VMT dx with retinal specialist.



Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

99203
99213

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
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•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

99205
99215



CASE #5: 38, NP, EYE PAIN OD, SUDDEN UPON AWAKENING

VA: 20/50 OD, 20/20 OS

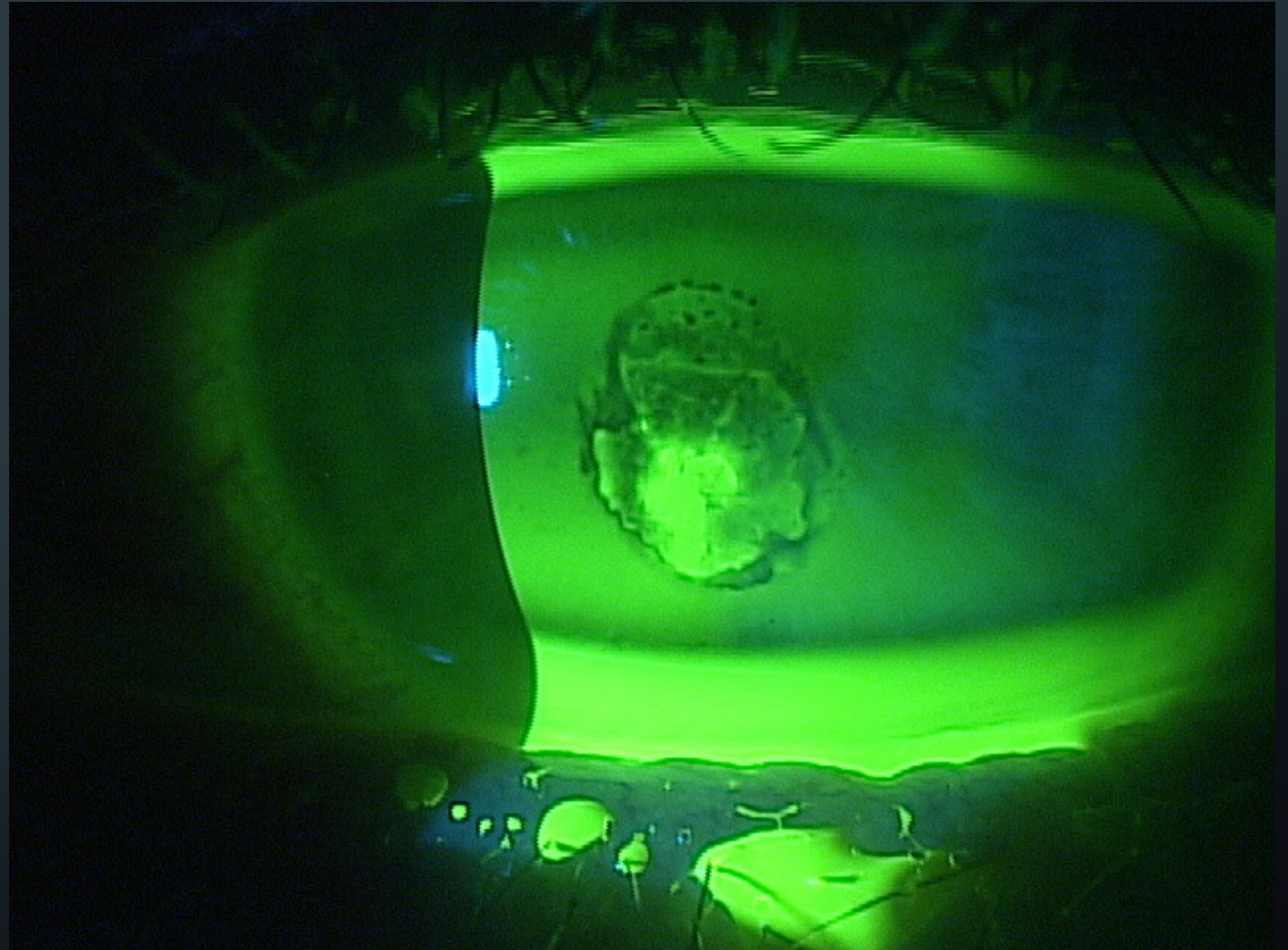
8/10 pain OD

SLE: See photo

Order external photos to evaluate and monitor progression of abrasion/RCE.

Order corneal debridement to remove excess and loose epithelium.

Order bandage contact lens



CASE #5: 38, NP, EYE PAIN OD, SUDDEN UPON AWAKENING

Office visit: 9920x

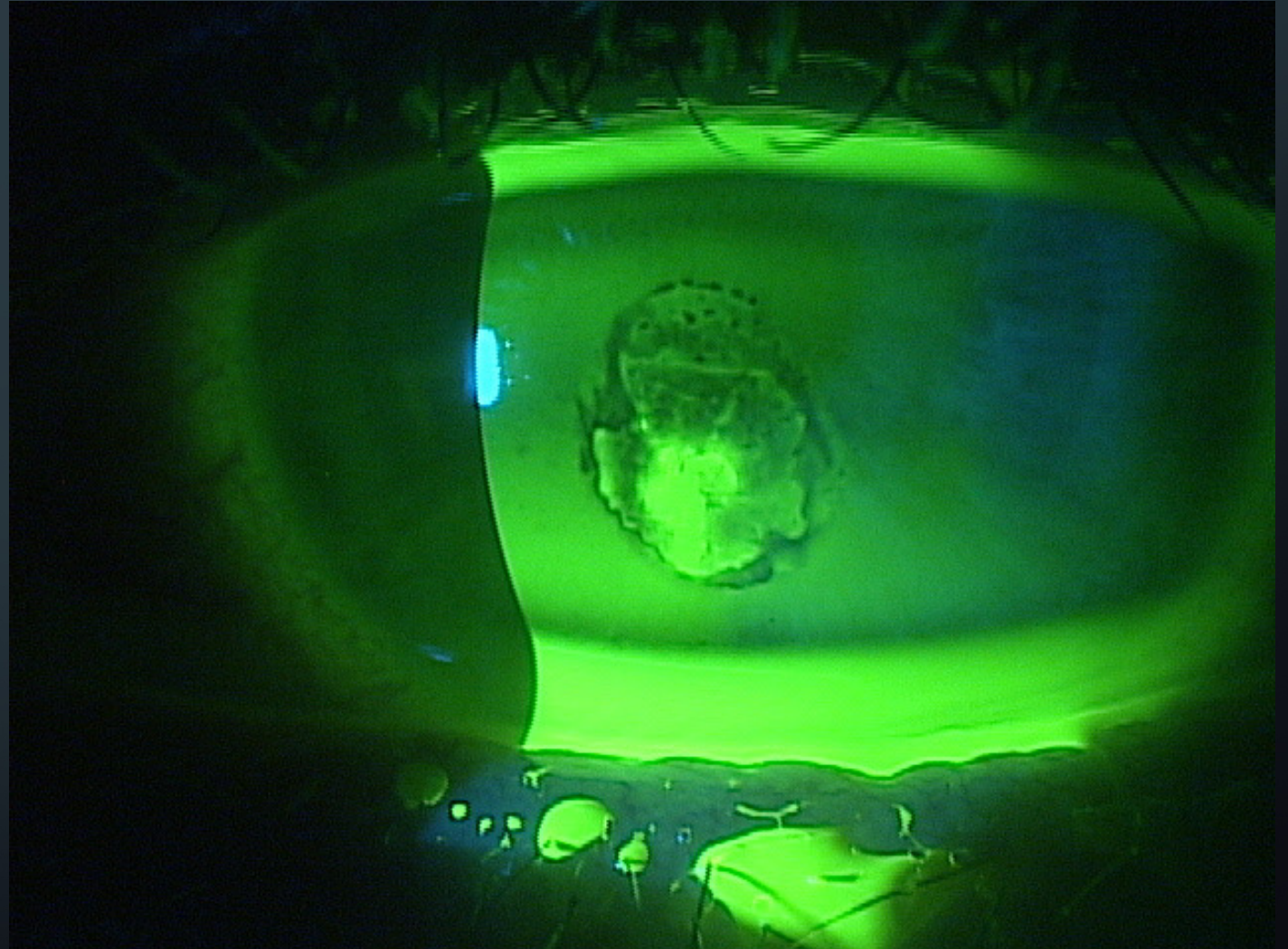
External photos: 92285

Corneal debridement: 65435

Bandage CL: 92071

Can't combine 65435 and
99x

92071 considered part of
65435



Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain prognosis; or
- 1 acute illness with systemic symptoms; or
- 1 acute complicated injury

Moderate

- Any 1 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment. Examples:
•**Prescription drug medication**
•Decision regarding **minor surgery** with identified patient or procedure risk factors
•Decision regarding **major surgery** without identified patient or procedure risk factors
•Diagnosis or treatment significantly limited by social determinants of health

NP: 45-59 mins
EP: 30-39 mins

High

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Extensive

- Any 2 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:
•Drug therapy requiring intensive monitoring for toxicity
•Decision for elective **major surgery** with identified patient or procedure risk factors
•Decision for **emergency major surgery**
•Decision regarding **hospitalization**
•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

99204
99214

99205
99215



CASE #5: 38, NP, EYE PAIN OD, SUDDEN UPON AWAKENING

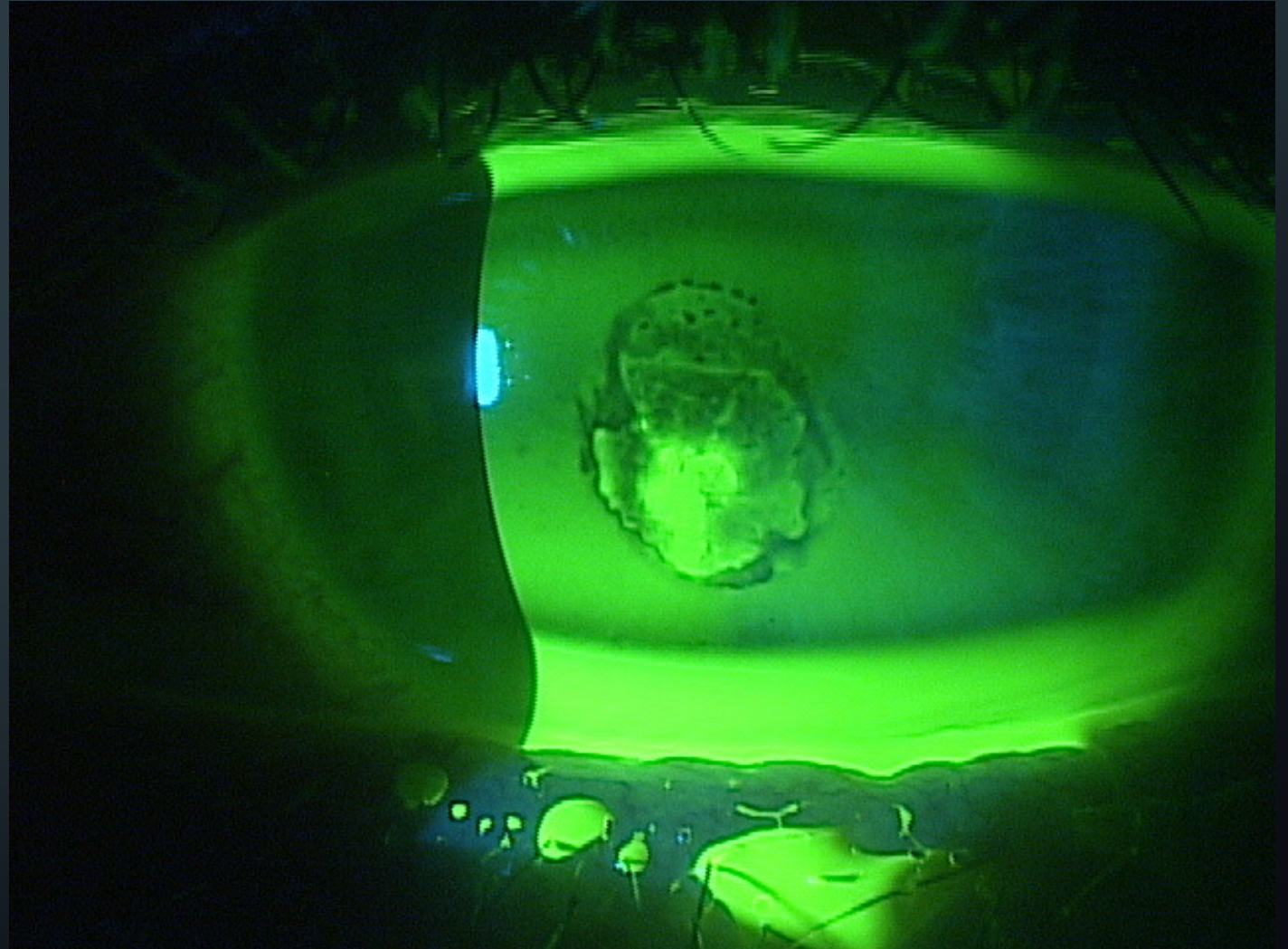
65435: ~\$83

OR...

99203: ~ \$114

92285: ~\$24

92071: ~\$37



CASE #6: 38 YO, FLASHES/FLOATERS OD ONSET 1 DAY

VA's: 20/20- OD,
20/20 OS

Pupils/EOM/CF: normal

SLE: unremarkable

Dilation with
Tropicamide 1%,
Phenyl 2.5%

Order extended
ophthalmoscopy with 3
mirror lens to evaluate
retinal periphery to
r/o retinal tears



OD: retinal hole w/ surrounding pigmentation
@8:30, retinal hole @ 7:00 (-)SRF, mild
vitreous heme centrally and @2:00, small
pre-retinal heme @3:00



OS: areas of lattice from 3:00 – 9:00. No
holes/tears. No RD.

CASE #6: 38 YO, FLASHES/FLOATERS OD ONSET 1 DAY

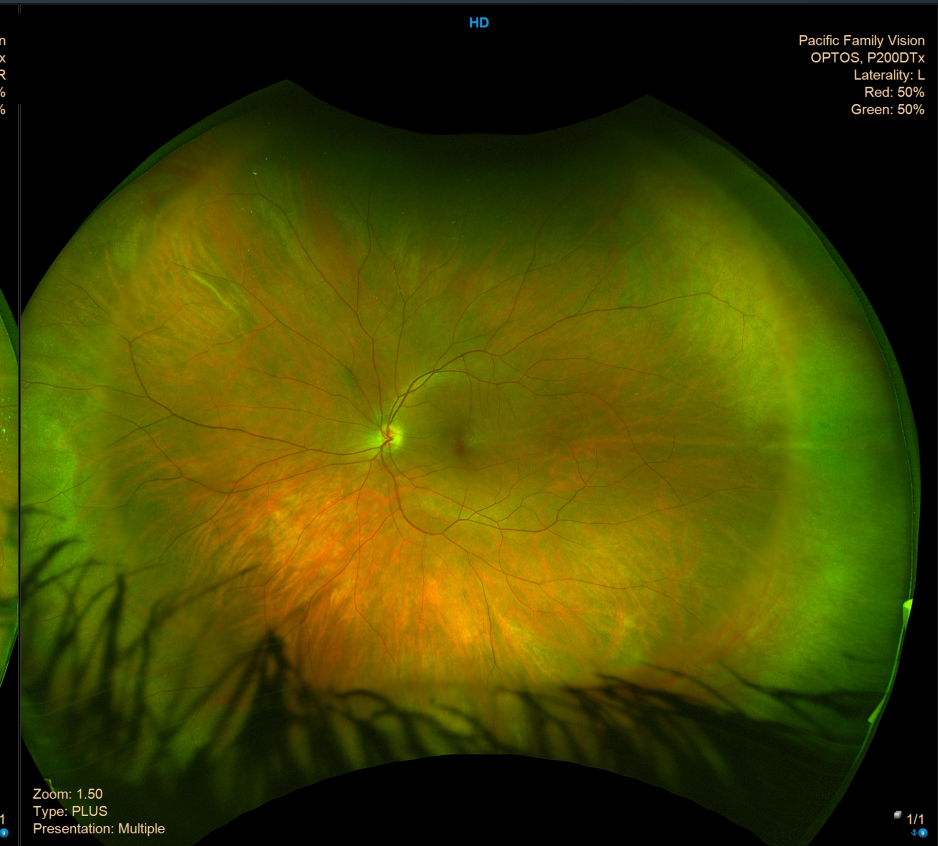
ASSESSMENT:

Vitreous hemorrhage
OD, preretinal
hemorrhage OD, retinal
holes, OS

PLAN: RTO in 1-2
weeks to assess vitreous
hemorrhage



OD: retinal hole w/ surrounding pigmentation
@8:30, retinal hole @ 7:00 (-)SRF, mild
vitreous heme centrally and @2:00, small
pre-retinal heme @3:00



OS: areas of lattice from 3:00 – 9:00. No
holes/tears. No RD.

CASE #6: 38 YO, FLASHES/FLOATERS

ASSESSMENT:

Vitreous hemorrhage
OD, preretinal
hemorrhage OD, retinal
holes, OS

PLAN: RTO in 1-2
weeks to assess vitreous
hemorrhage

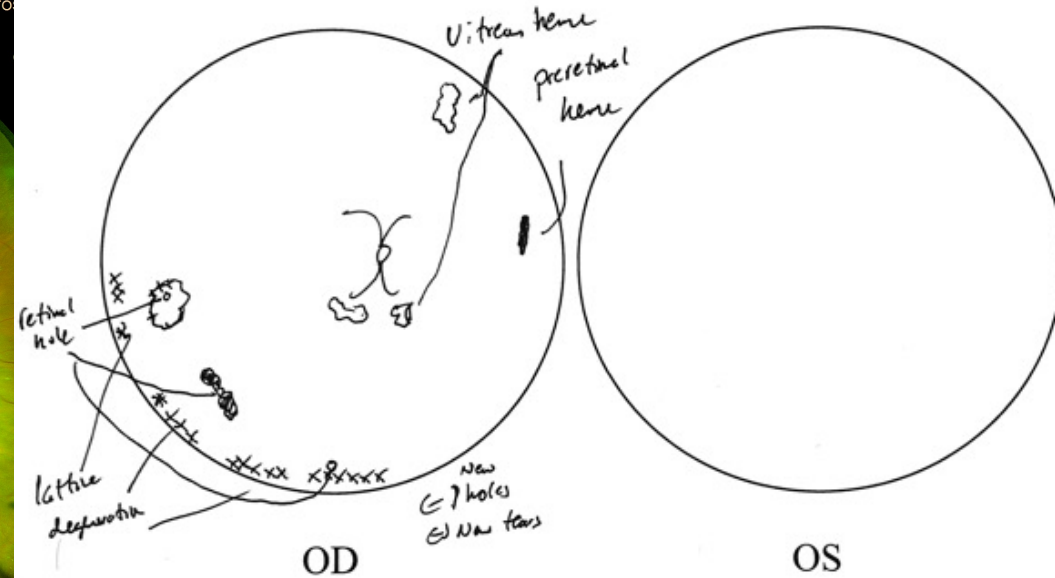


OD: retinal hole w/ surrounding pigmentat
@8:30, retinal hole @ 7:00 (-)SRF, mild
vitreous heme centrally and @2:00, small
pre-retinal heme @3:00

Extended Ophthalmoscopy

Date: _____

Name: _____



Interpretation:

Signature: _____ u.o.

Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP:15-29 mins
EP: 10-19 mins

99203
99213

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain prognosis; or
- 1 acute illness with systemic symptoms; or
- 1 acute complicated injury

Moderate

- Any 1 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment. Examples:
•**Prescription drug medication**
•Decision regarding **minor surgery** with identified patient or procedure risk factors
•Decision regarding **major surgery** without identified patient or procedure risk factors
•Diagnosis or treatment significantly limited by social determinants of health

NP: 45-59 mins
EP: 30-39 mins

High

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Extensive

- Any 2 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:
•Drug therapy requiring intensive monitoring for toxicity
•Decision for elective **major surgery** with identified patient or procedure risk factors
•Decision for **emergency major surgery**
•Decision regarding **hospitalization**
•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

99204
99214



CASE #7: 65 GLC F/U, MODERATE OD, SEVERE OS, CE 2 MONTHS AGO

VA: 20/20 OD, OS cc

Pupils/EOMs/CVF: normal

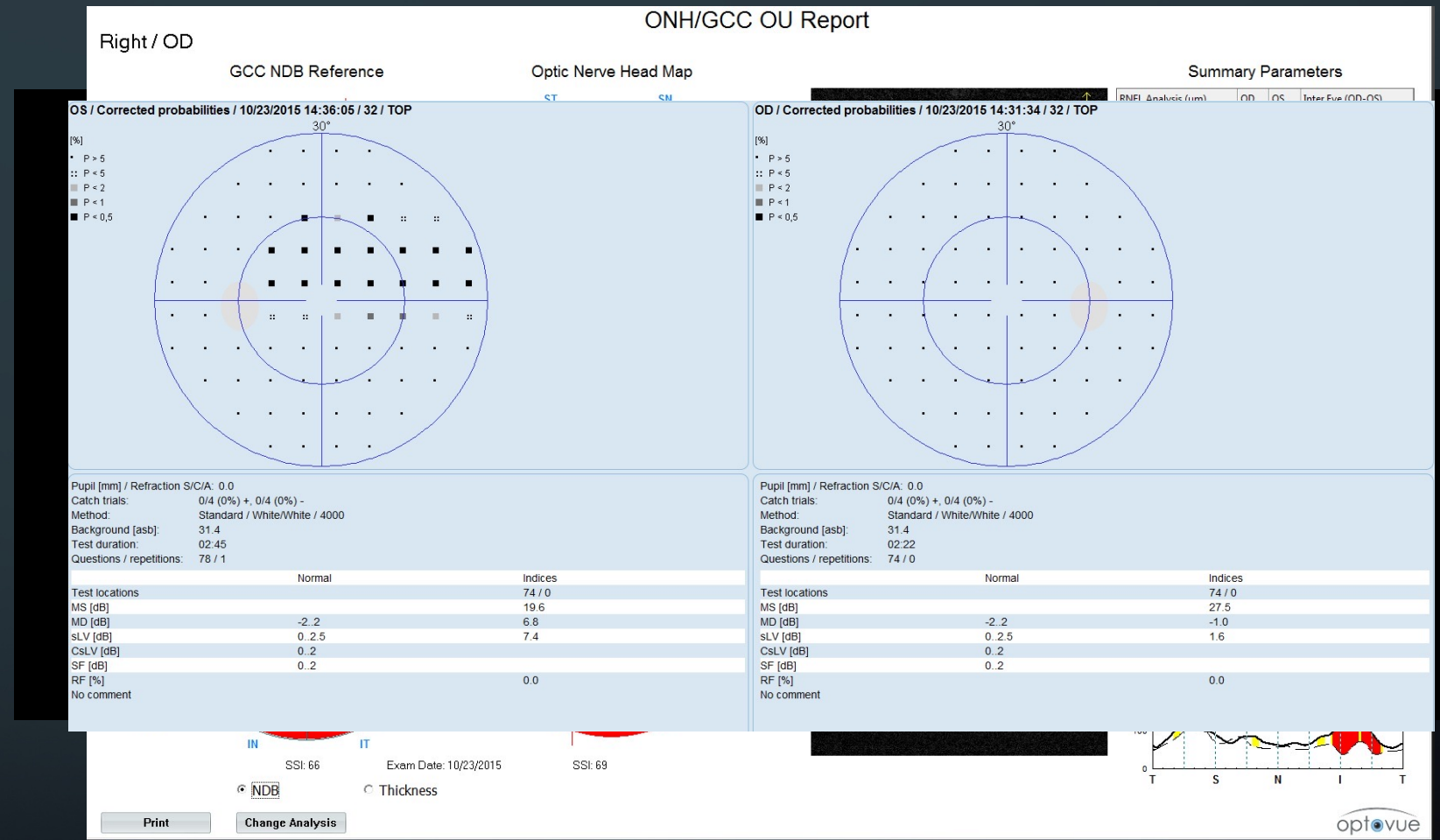
SLE: PCIOL OU

IOP: 16/17 (max untx:
22/28)

Latanoprost qhs OU, cosopt
bid OS

Posterior segment:

Order OCT-N and VF 30-2



Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

99203
99213

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain prognosis; or
- 1 acute illness with systemic symptoms; or
- 1 acute complicated injury

Moderate

- Any 1 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment. Examples:
•**Prescription drug medication**
•Decision regarding **minor surgery** with identified patient or procedure risk factors
•Decision regarding **major surgery** without identified patient or procedure risk factors
•Diagnosis or treatment significantly limited by social determinants of health

NP: 45-59 mins
EP: 30-39 mins

High

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Extensive

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 - Discussion of management or test interpretation with external physician

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:
•Drug therapy requiring intensive monitoring for toxicity
•Decision for elective **major surgery** with identified patient or procedure risk factors
•Decision for **emergency major surgery**
•Decision regarding **hospitalization**
•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

99204
99214



CASE #7: 65 GLC F/U, MODERATE OD, SEVERE OS, CE 2 MONTHS AGO



99214 – 24

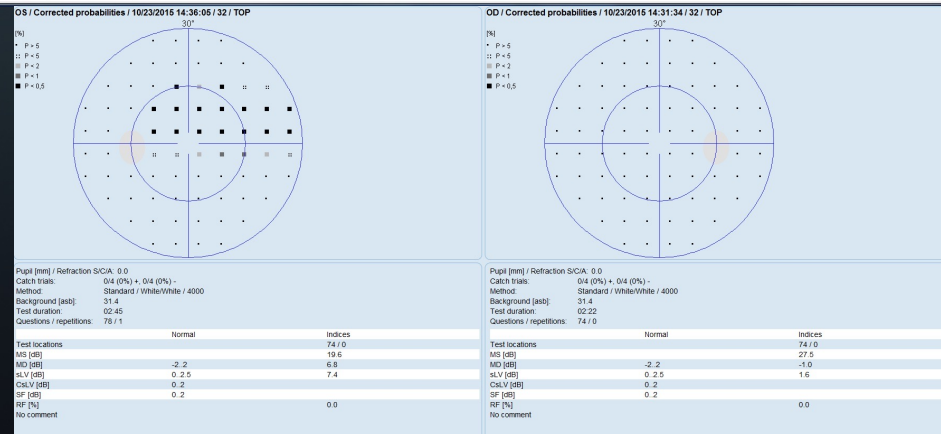
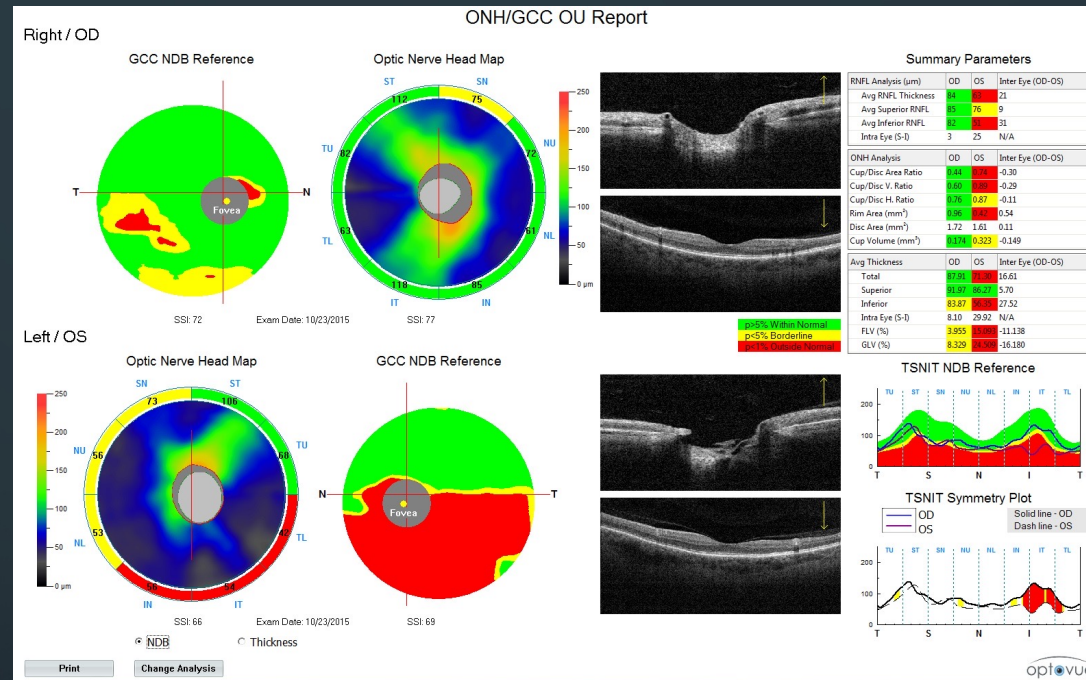
POAG severe, left

POAG mild, right

Pseudophakia, OU

92083 – 79

92133 – 79



CASE #8: 48 RED, WATERY EYE OS



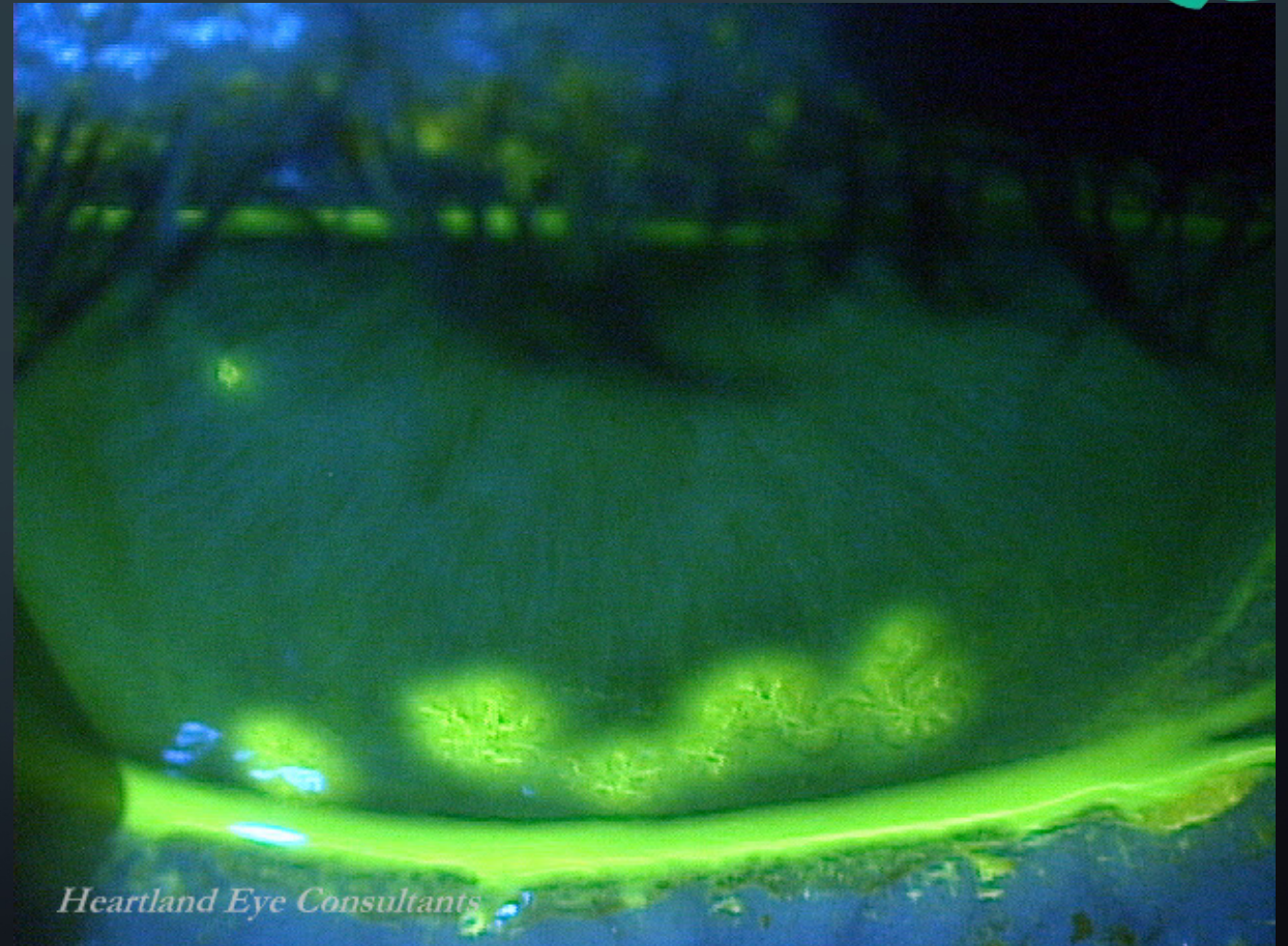
VA: 20/20 OD, 20/20- OS

SLE: see photo

Order external photos to evaluate and monitor progression of dendritic keratitis

ASSESSMENT: Herpesviral keratitis

PLAN: start acyclovir 500mg po 5x daily



Problems

Data

Risk

Time

99202
99212

Minimal

- 1 Self-limited or minor problem

Minimal

- Minimal (< 2) or no orders, tests performed, or additional documents analyzed

Minimal

Minimal risk of morbidity from additional diagnostic testing or treatment

NP: 15-29 mins
EP: 10-19 mins

99203
99213

Low

- 2 or more self-limited or minor problems; or
- 1 stable chronic illness; or
- 1 acute, uncomplicated illness or injury

Limited

- 2 orders, tests performed, or additional documents analyzed, or
- assessment requiring an independent historian

Low

Low risk of morbidity from additional diagnostic testing or treatment. Example:
•**OTC medication**

NP: 30-45 mins
EP: 20-29 mins

Moderate

- 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or
- 2 or more stable chronic illnesses; or
- 1 undiagnosed new problem with uncertain prognosis; or
- 1 acute illness with systemic symptoms; or
- 1 acute complicated injury

Moderate

- Any 1 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

Moderate

Moderate risk of morbidity from additional diagnostic testing or treatment. Examples:
•**Prescription drug medication**
•Decision regarding **minor surgery** with identified patient or procedure risk factors
•Decision regarding **major surgery** without identified patient or procedure risk factors
•Diagnosis or treatment significantly limited by social determinants of health

NP: 45-59 mins
EP: 30-39 mins

High

- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or
- 1 acute or chronic illness or injury that poses a threat to life or bodily function

Extensive

- Any 2 of the following:**
- 3 orders, tests performed, or additional documents analyzed
 - Independent interpretation of a test performed by another physician
 - Discussion of management or test interpretation with external physician

High

High risk of morbidity from additional diagnostic testing or treatment. Examples:
•Drug therapy requiring intensive monitoring for toxicity
•Decision for elective **major surgery** with identified patient or procedure risk factors
•Decision for **emergency major surgery**
•Decision regarding **hospitalization**
•Decision **not to resuscitate** or to deescalate care because of poor prognosis

NP: 60-74 mins
EP: 40-54 mins

99204
99214



99205
99215



KEY POINTS

Our identity as ODs, primary care eye physicians, should underlie all our processes.

Follow the Capture – Care – Code model for sustainable growth

Even with 99 code simplification, medical necessity still drives coding

Figure out which codes are appropriate and choose the most reimbursement

Managing prescription meds *or* a decision regarding a minor or major procedure = level 4