LID LESIONS AND LASERS IN PRIMARY EYE CARE

BUILDING PROTOCOLS FOR CAPTURING, CARING, AND CODING OPTOMETRIC SURGICAL PROCEDURES

KYLE D KLUTE, OD, FAAO

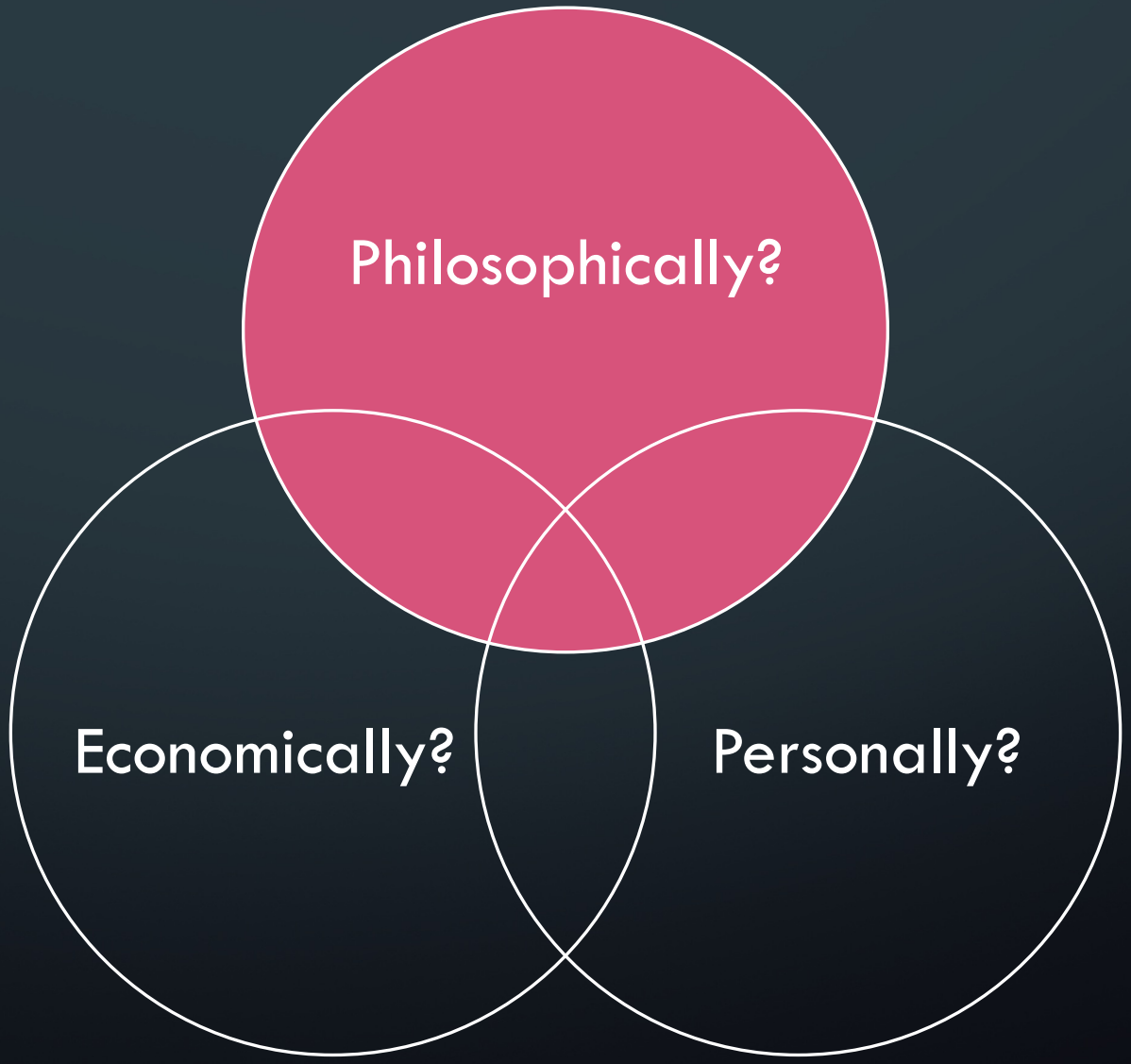
GOOD LIFE EYECARE

OMAHA, NE & GLENWOOD, IA

LIDS LESION REMOVAL & LASERS: IS IT WORTH IT?

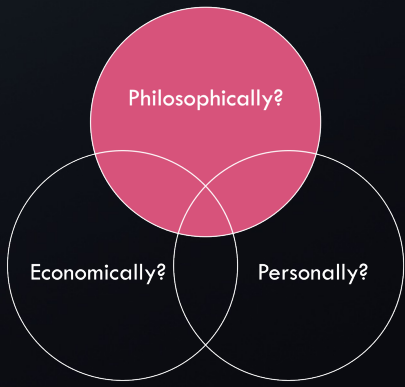
IS IT WORTH IT?

IS IT WORTH IT?



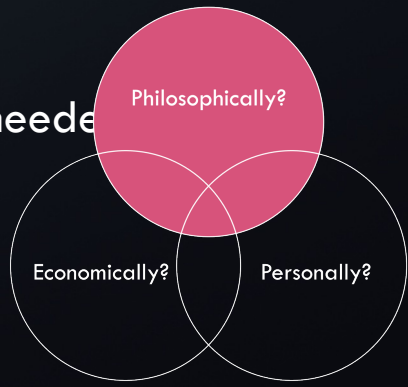
WHAT IS PRIMARY EYE CARE?

"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.**



ACCESS TO EYECARE CONTROVERSY

Ophthalmology® AMERICAN ACADEMY OF OPHTHALMOLOGY®

REPORTS · Articles in Press, August 05, 2024

Geographic Access to Eye Care in the United States

Jovany J. Franco, MD [1] · Roberto Pineda, II, MD [2,3]

Affiliations & Notes Article Info

Show Outline

ABSTRACT

Using service area analysis, we demonstrate nearly all Americans live within an accessible distance (*i.e.*, 60 minutes) of an ophthalmologist and optometrist; we also characterize the geographic areas that remain without facile access to care.

Keywords

ophthalmology · optometry · access to care · demographics · geodemographics · service area analysis · network analysis · travel time · census · Medicare · rural health · health disparities · scope of practice · geocoding

REVIEW of OPTOMETRY RCCL REVIEW OF CORNEA & CONTACT LENSES

The News Feed

Published August 14, 2024 • By Staff
NEWS

Misleading Study Overstates Ophthalmology Access, Undercounts ODs

In an attempt to demonstrate parity between the professions, researchers included only CMS-enrolled providers—excluding one-third of practicing optometrists—and ignored the influence of MD subspecialization and appointment availability.

This study found that among CMS-enrolled providers, there are currently 52.60 ophthalmologists and 100.55 optometrists per million Americans, with state-level variations. However, when including those not enrolled with Medicare, the actual number of practicing ODs is much higher. *Photo: Getty Images.*

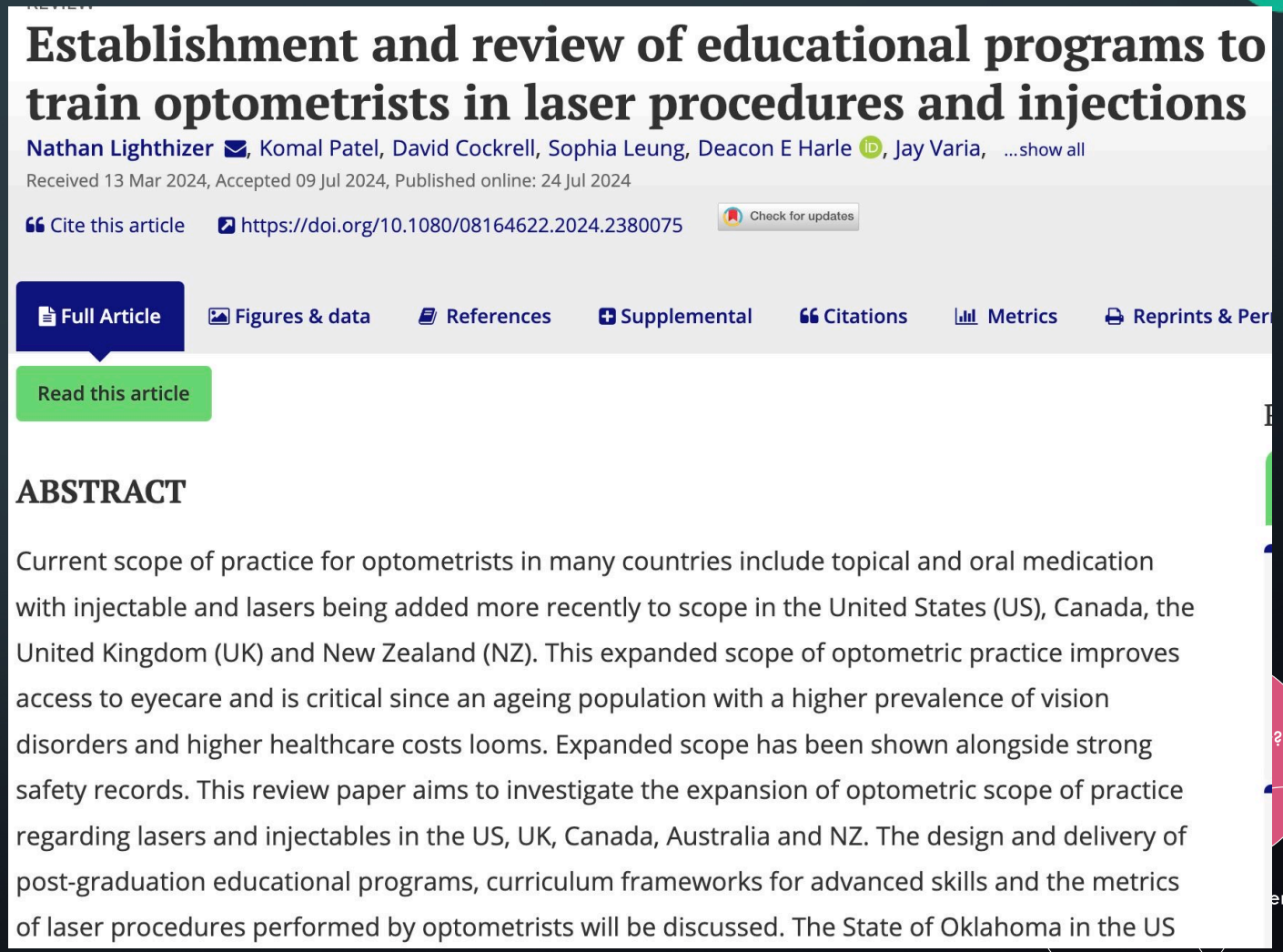
Two ophthalmologists recently conducted an analysis of geographic access to eye care across the United States, as travel burden of eyecare is commonly cited as a reason for optometric scope expansion. The results purport to show that almost all Americans live within an hour's drive to both an ophthalmologist and optometrist. However, a flawed research design undermines the validity of these claims; in addition to misrepresenting the number of optometrists in practice across the country, the study also neglected various factors aside from drive time that influence access to care.

The most glaring methodological flaw in this research, according to Richard Edlow, OD, known as "The Eyeconomist," is its reliance on data from providers enrolled in the Doctors and Clinicians National File from the Centers for Medicare & Medicaid Services (CMS) and the assumption that this is an accurate accounting of eyecare professionals in the US. In total, the study geocoded locations for 17,417 ophthalmologists (30,770 addresses) and 33,291 optometrists (46,099 addresses).

SAFETY AND EFFICACY PERFORMANCE FOR ODS

- "The outcomes of over 146,403 laser procedures performed by optometrists across the US have shown only two negative outcomes, equating to 0.001%."

- "These metrics outline the effectiveness of these procedures performed by optometrists and show strong support for future optometric scope expansion."



Establishment and review of educational programs to train optometrists in laser procedures and injections

Nathan Lighthizer, Komal Patel, David Cockrell, Sophia Leung, Deacon E Harle, Jay Varia, ...show all

Received 13 Mar 2024, Accepted 09 Jul 2024, Published online: 24 Jul 2024

Cite this article https://doi.org/10.1080/08164622.2024.2380075 Check for updates

Full Article | Figures & data | References | Supplemental | Citations | Metrics | Reprints & Per

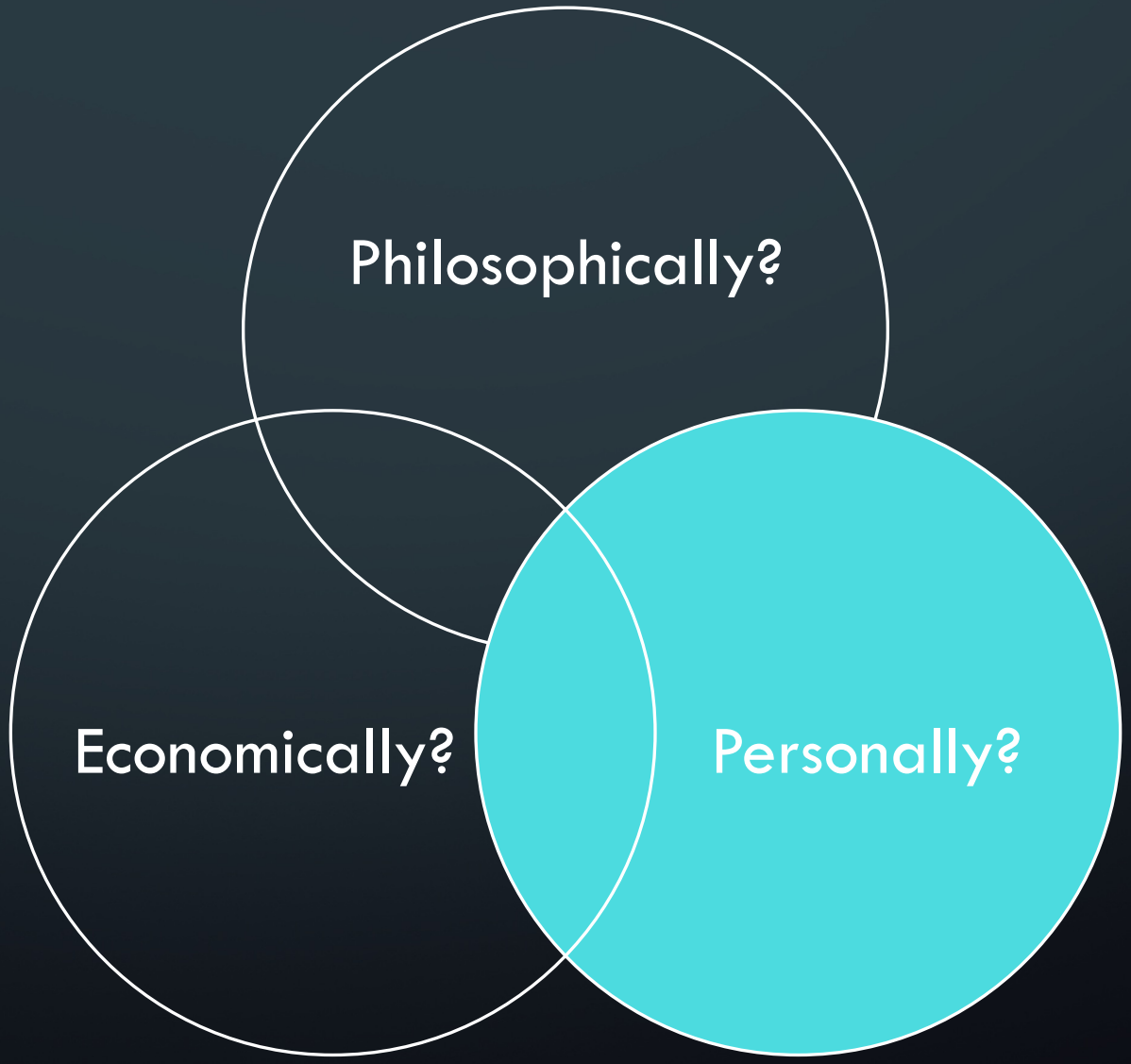
Read this article

ABSTRACT

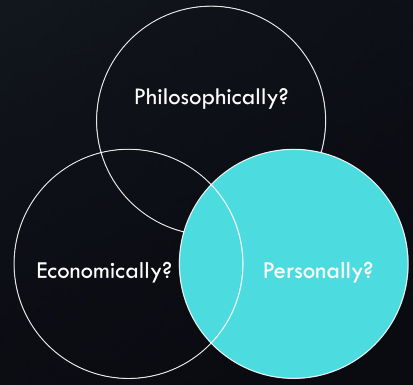
Current scope of practice for optometrists in many countries include topical and oral medication with injectable and lasers being added more recently to scope in the United States (US), Canada, the United Kingdom (UK) and New Zealand (NZ). This expanded scope of optometric practice improves access to eyecare and is critical since an ageing population with a higher prevalence of vision disorders and higher healthcare costs looms. Expanded scope has been shown alongside strong safety records. This review paper aims to investigate the expansion of optometric scope of practice regarding lasers and injectables in the US, UK, Canada, Australia and NZ. The design and delivery of post-graduation educational programs, curriculum frameworks for advanced skills and the metrics of laser procedures performed by optometrists will be discussed. The State of Oklahoma in the US

IS IT WORTH IT?

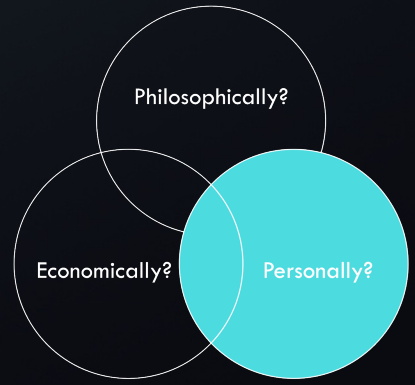
IS IT WORTH IT?



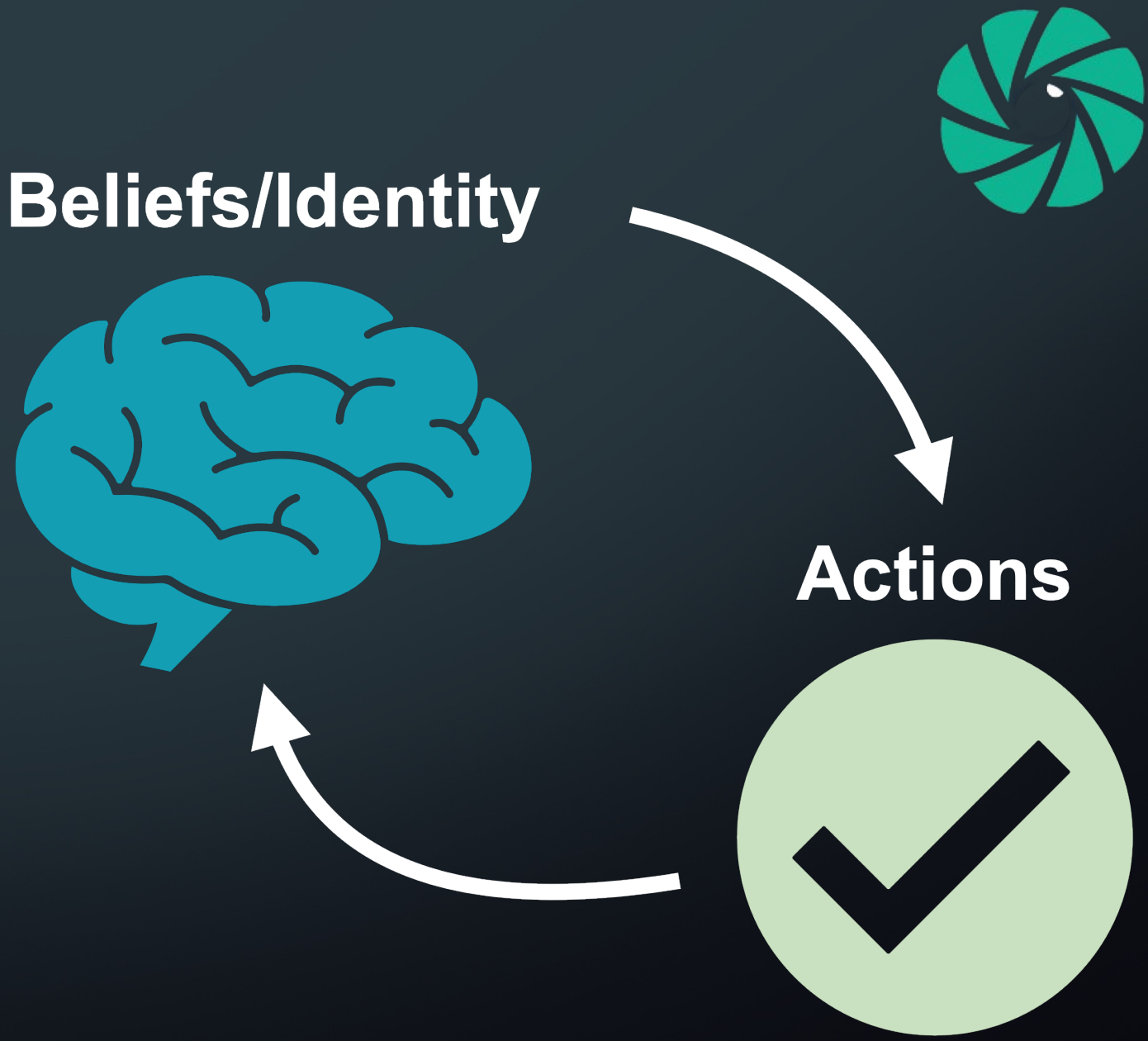
DO *I* HAVE WHAT IT TAKES?

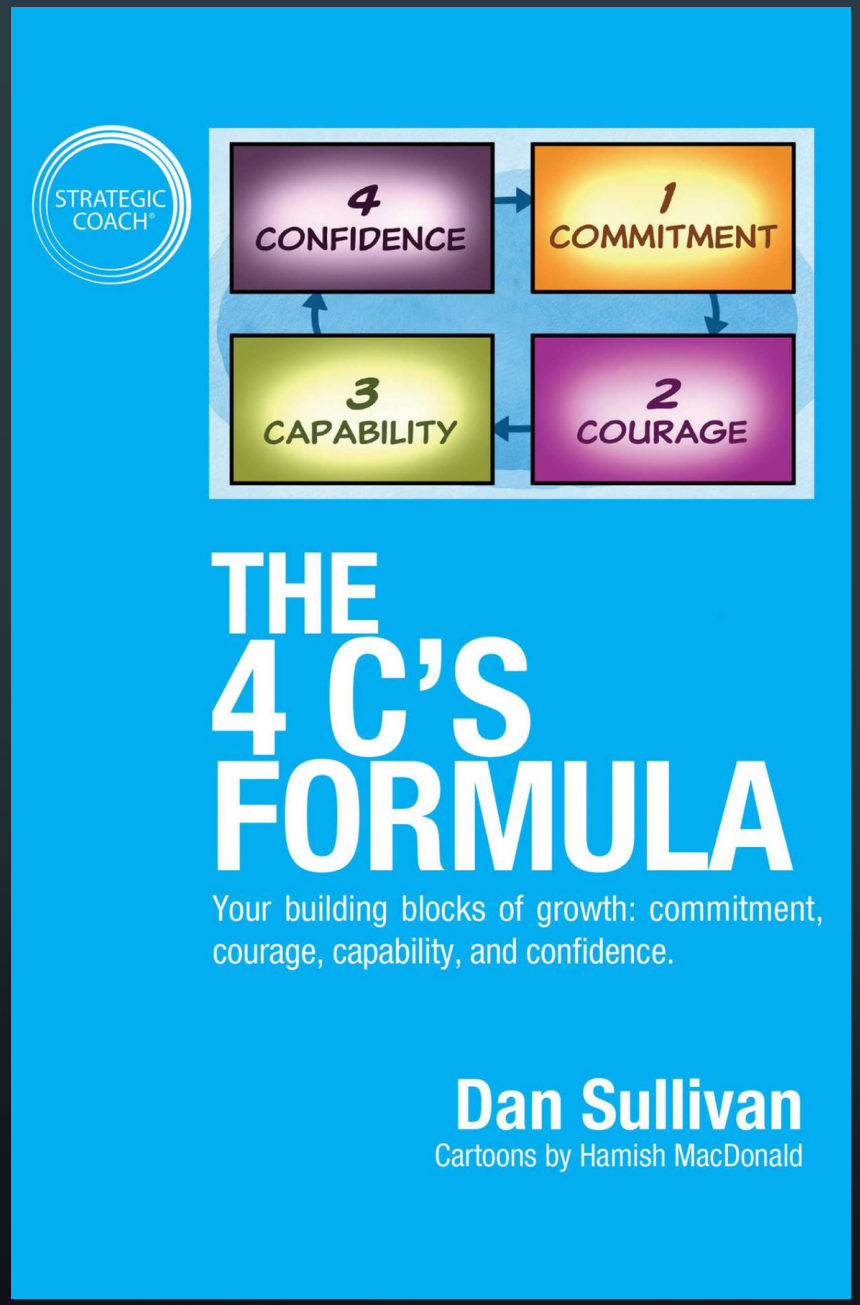


HOW DO WE CHANGE?
HOW DO WE IMPROVE?



BEHAVIORAL CHANGE
REQUIRES *BOTH*



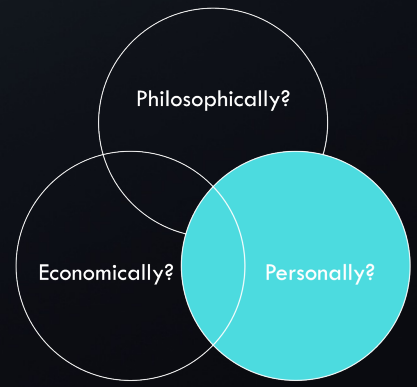


*"Nothing starts until you **commit** to achieving a specific measurable result by a specific date in your future."*

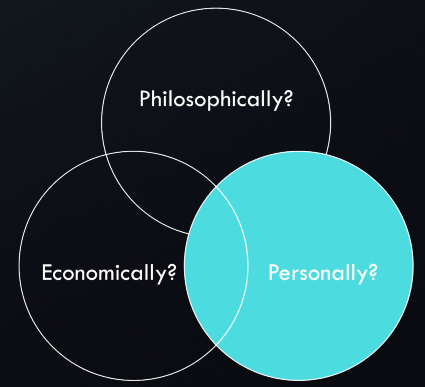
*After you've made the commitment, **courage** is required because you have to take action before you've acquired the capability to achieve the result.*

***Capability** is actually created because of your commitment and courage.*

*And, finally, **confidence** is the result of these first three stages." – Dan Sullivan*



Total Patient Care Model = Primary Eye Care

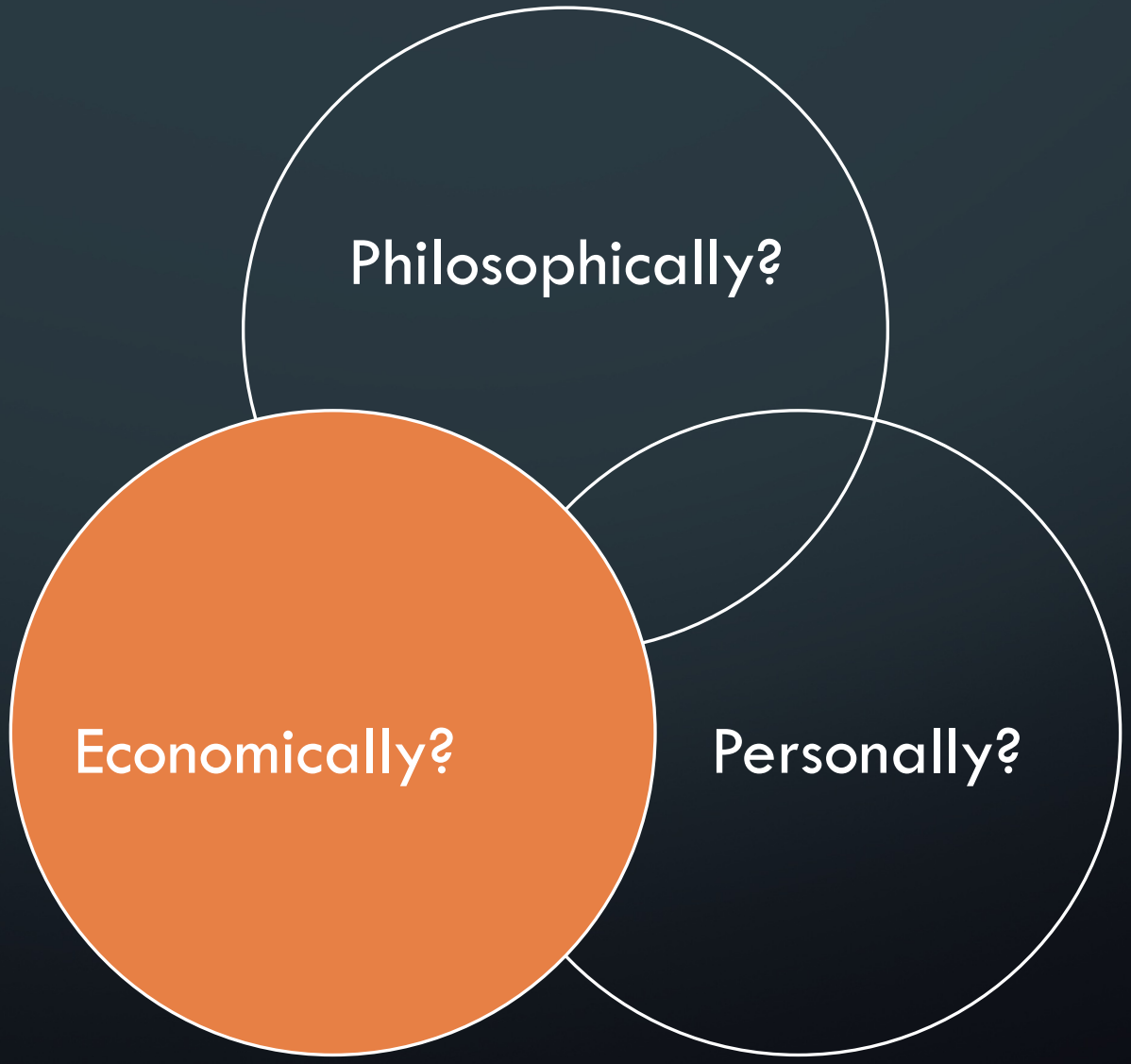


INCREASE MEDICAL CARE IN COMPREHENSIVE EYE CARE IN 7 STEPS

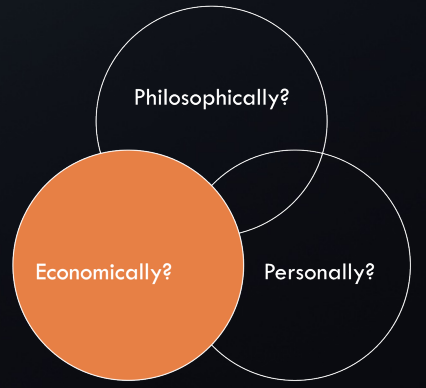
STEP 1	Know Your Numbers
STEP 2	Utilize 99 Codes Appropriately
STEP 3	Implement/Improve Glaucoma Protocol
STEP 4	Implement/Improve Macular Disease Protocols
STEP 5	Implement/Improve DM and Peripheral Disease Protocols
STEP 6	Implement/Improve Ocular Surface Disease Protocols
STEP 7	Make Managed Vision Care Optional With Total Patient Care

IS IT WORTH IT?

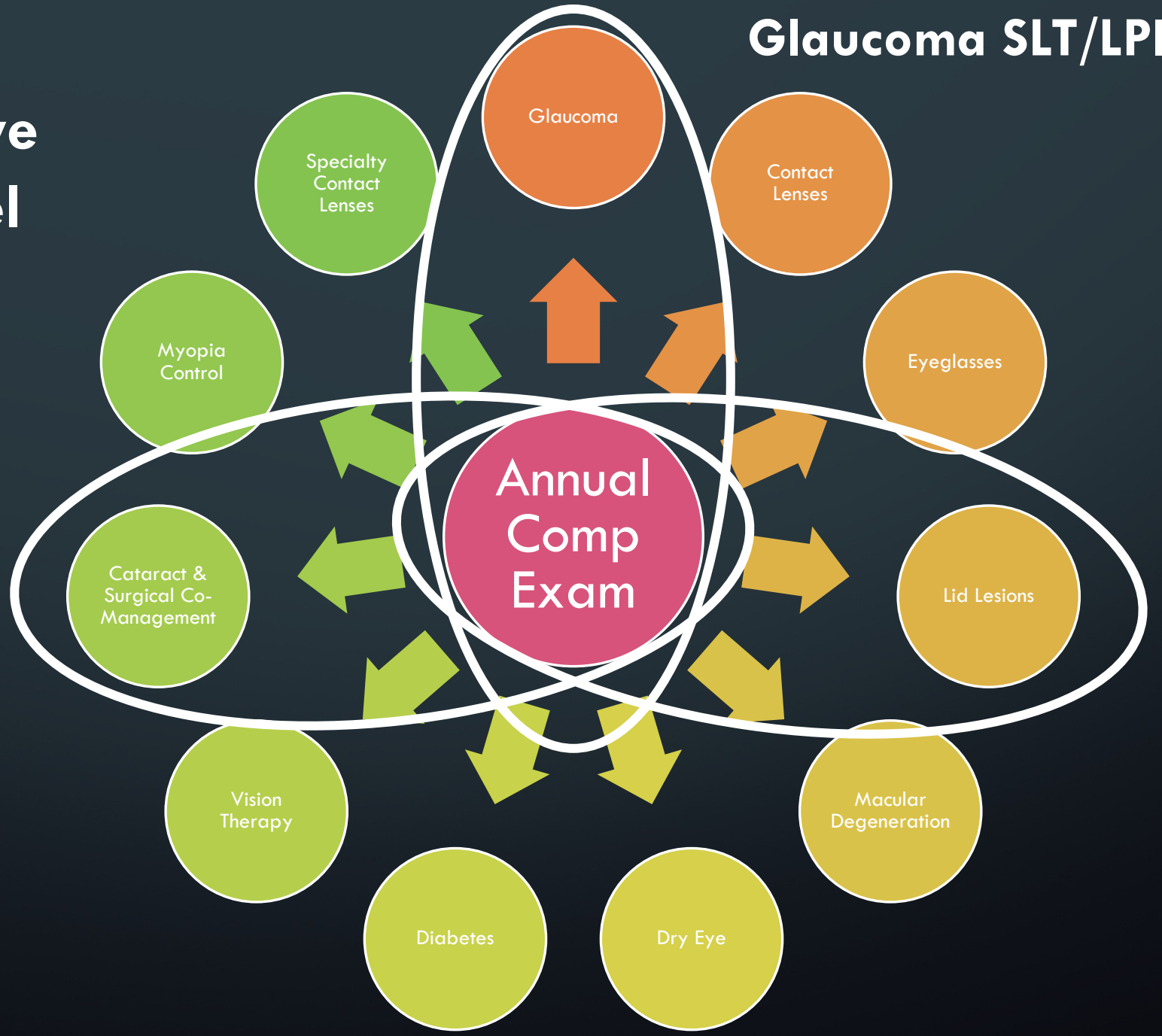
IS IT WORTH IT?



Primary Eye Care Model



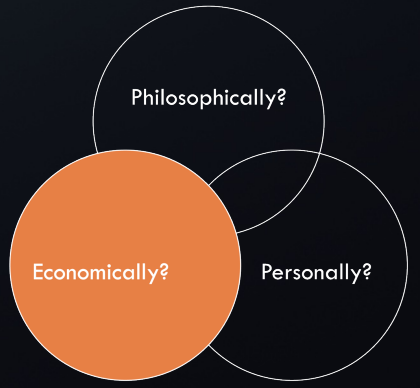
Primary Eye Care Model



Glaucoma SLT/LPI

YAG Capsulotomy

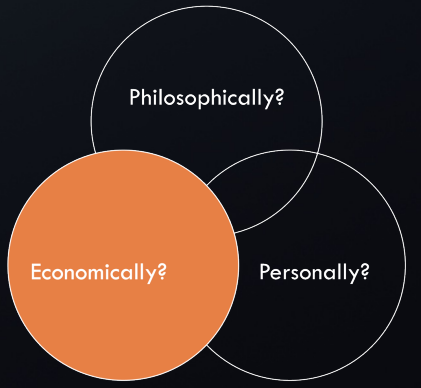
Lid Lesion Sx



Lid Lesion Removal Builder

Annual Comp Exam

Lid Lesion Eval



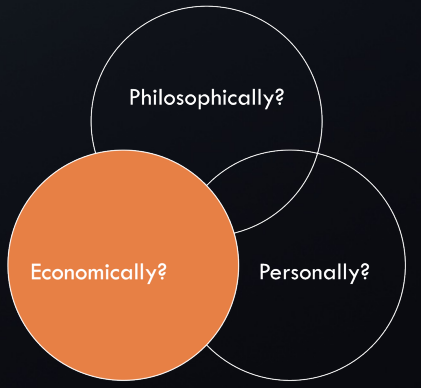
Lid Lesion Removal Builder

CAPTURE

>/= 1 risk factors, RTO

Annual Comp Exam

Lid Lesion Eval



Lid Lesion Removal Builder

CAPTURE

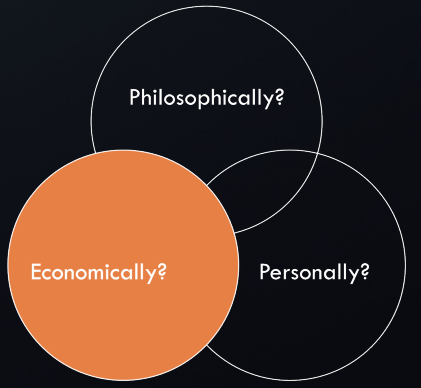
>/= 1 risk factors, RTO

Annual Comp Exam

Lid Lesion Eval

-SLE findings

-Patient complaints of discomfort or cosmetic reasons



Lid Lesion Removal Builder

CODE

99214/99213

92285

CAPTURE

>/= 1 risk factors, RTO

Annual Comp Exam

Office Visit/Lid Lesion Eval

-SLE findings

-Patient complaints of discomfort or cosmetic reasons

CARE

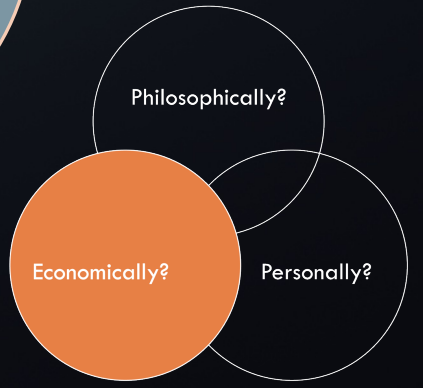
Follow standards of care

Excision

Injection

Chalazion removal

Incisional Biopsy



	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
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	**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
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	**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

Lid Lesion Removal Builder

CODES

11200 Skin tags ≤ 15 lesions
11201 skin tags each additional 10 lesions
11400-11446 benign lesion (not skin tag)

TURE
1 risk
rs, RTO

Office Visit/Lid Lesion Eval

Excision

Injection

11900 intralesional; up to 7 lesions
J3301 Drug injected

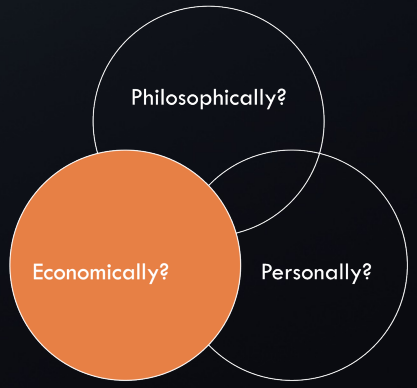
Chalazion removal

67800 (single)
67801 (multiple, same eyelid
67805 multiple, different eyelids

CARE
Follow standards of care

Biopsy

11102/11103 Tangential single/each additional
11106/11107 Incisional single/each additional
67810 Incisional of eyelid



Lid Lesion Removal Builder

Excision

Injection

Chalazion removal

Biopsy

CARE

1 month eval

Global period ~ 10 days

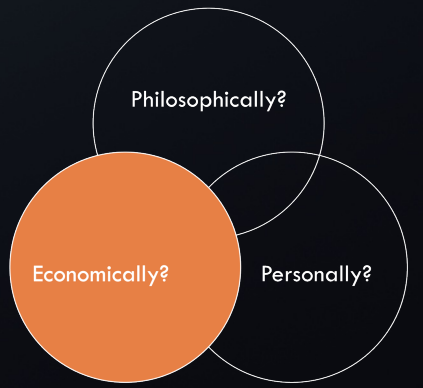
Office Visit/Lid Lesion Eval

CODES

99213/99214

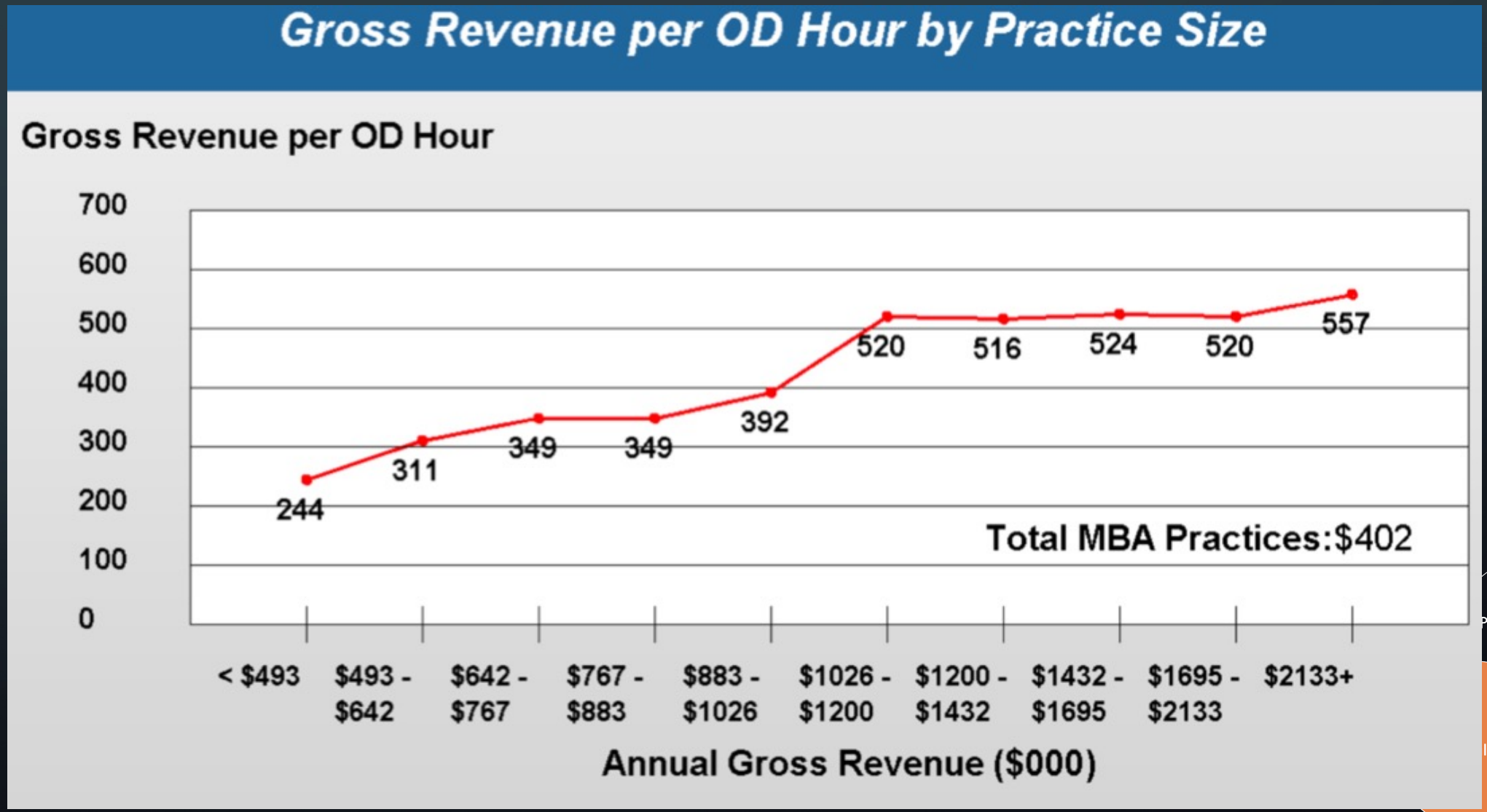
92285

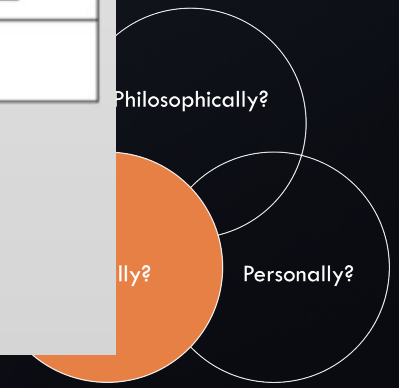
REFER to Oculoplastics



	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
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	**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
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	**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

SETTING YOUR FEES: FIND OUT YOUR $ PER HOUR

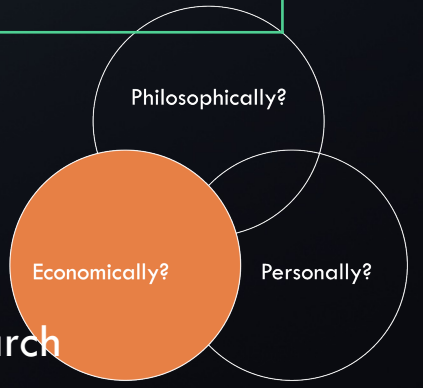




DED Protocol Visit	Time	Services	Fees Medicare	Total
Annual/Comp	30 mins	92015, 92004, 92250	~~~$50, $150, $37~~ $45, $39	$84 + $300 = $384
Disease Eval	30 mins	99214, 0507T, 83861, 83516, 92285	$128, $50, $25, $25, $23	$251
In Office Thermal Treatment	15 mins	0207T/0563T	~$750	$750
Disease Eval F/U	15 mins	99214, 0507T, 83861, 83516, 92285	$128, $50, $25, $25, $23	$251
	1.5 hrs			$1636/year **$1091 Rev/OD HR** **$591/OD HR (no tx)**

Search Medicare fees at: https://www.cms.gov/medicare/physician-fee-schedule/search

GLC Protocol Visit	Time	Services	Fees Medicare	Total
Annual/Comp	30 mins	92015, 92004, 92250	~~~$50, $150, $37~~ $45, $39	$84 + $300 = $384
Disease Eval	30 mins	99214, 92133, 92083, 92020	$128, $37, $63, $28,	$256
Disease Eval	15 mins	99214, 92133, 92083,	$128, $37, $63,	$228
	1.25 hrs			$868/year **$694/OD HR**



Search Medicare fees at: https://www.cms.gov/medicare/physician-fee-schedule/search

Lid Lesion Removal Excision	Time	Services	Fees Medicare	Total
Annual/Comp	30 mins	92015, 92004, 92250	~~~$50, $150, $37~~~ $45, $39	$84 + $300 = $384
Disease Eval	15 mins	99214, 92285	$128, $23	$151
Procedure Day	30 mins	11200 11400 - 11446	$93 $129 - $385	$93 $129-$385
Disease Eval/FU	15 mins	99213, 92285	$91, $23	$114
Total	1.50 hrs			$742/year **$495/OD HR** **$519/OD HR - $689/OD HR**

Search Medicare fees at: https://www.cms.gov/medicare/physician-fee-schedule/search

Lid Lesion Removal Chalazion	Time	Services	Fees Medicare	Total
Annual/Comp	30 mins	92015, 92004, 92250	~~~$50, $150, $37~~~ $45, $39	$84 + $300 = $384
Disease Eval	15 mins	99214, 92285	$128, $23	$151
Procedure Day	30 mins	67800	$128	$128
Disease Eval/FU	15 mins	99213, 92285	$91, $23	$114
Total	1.50 hrs			$777/year **$518/OD HR**

Search Medicare fees at: https://www.cms.gov/medicare/physician-fee-schedule/search

Procedure Code	Description	Medicare National Ave	Global Period
11200	Removal of skin tags, multiple figrocutaneous tags, up to 15	$92.87	10
11201	Removal of each additional 10 lesions	$18.31	10
11400	Excision, other benign lesion, except skin tag (eyelids) 0.5cm	$128.82	10
11441	Excised diameter 0.6 to 1.0cm	$175.09	10
11442	Excised diameter 1.1 to 2.0cm	$194.40	10
11443	Excised diameter 2.1 to 3.0cm	$229.02	10
11444	Excised diameter 3.1 to 4.0cm	$284.28	10
11446	Excised diameter > 4.0cm	$385.14	10
11900	Injection, intralesional; up to and including 7 lesions	$57.59	0
67800	Excision of chalazion; single	$128.49	10
67801	Excision of chalazion; multiple, same lid	$162.44	10
67805	Excision of chalazion; multiple, different lids	$203.05	10
11102	Tangential biopsy of skin, single lesion	$100.53	0
11103	Tangential biopsy of skin, each separate/add lesion	$50.26	0
11106	Incisional biopsy of skin, including closure if needed, single lesion	$155.45	0
11107	Each separate additional lesion, list each separately	$71.24	0
67840	Excision of lesion of eyelid (except chalazion)	$278.62	10

Modifier	Description	Notes
-24	Unrelated E/M service during post op period Ex: red eye eval during po	Use only when completely unrelated eye problem occurs during global period
-25	Separate procedure in addition to E/M service Ex: GLC eval and find a FB	Not recommended, just do procedure on a different day
-50	Bilateral procedures performed at the same session	
-51	Multiple procedures performed at same session	Most lesion removal procedures already have multiple procedure specific codes
-59	Distinct procedural service (non E/M) performed on the same day Ex: skin tag AND chalazion	Needs different organ site; different/separate lesion
-76	Same procedure repeated by same physician on same day	Not likely going to use
-79	Unrelated procedure or service during post op period Ex: special testing for GLC, punctal plugs for DED during PO	Easiest to just wait the 10 days PO

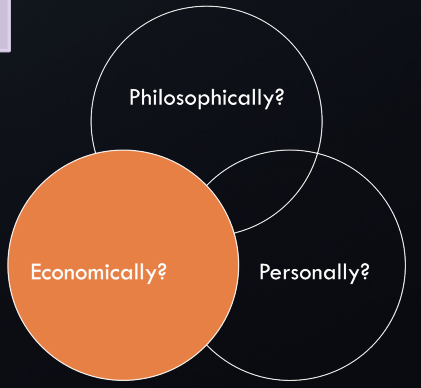
How should we document?

Pre-Sx

- Informed Consent

Sx Day

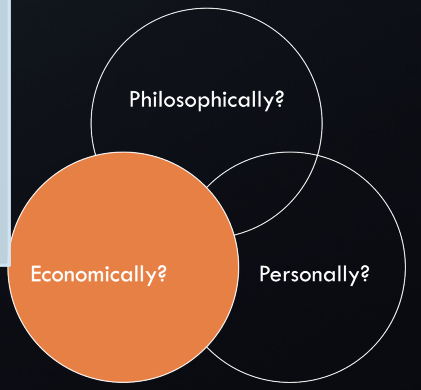
- Supporting Documentation
- Sx report



How should we document?

Informed Consent

- Consent is a process
- Diagnosis
- Duration and cost of procedure
- Description of procedure in laymen's terms
- Expected outcome
- Potential risks/complications
- Alternative treatments
- Follow-ups and post-op care requirements
- Signature of doctor, patient, and witness



How should we document?

Informed Consent

- Consent is a process
- Diagnosis
- Duration and cost of procedure
- Description of procedure in laymen's terms
- Expected outcome
- Potential risks/complications
- Alternative treatments
- Follow-ups and post-op care requirements
- Signature of doctor, patient, and witness

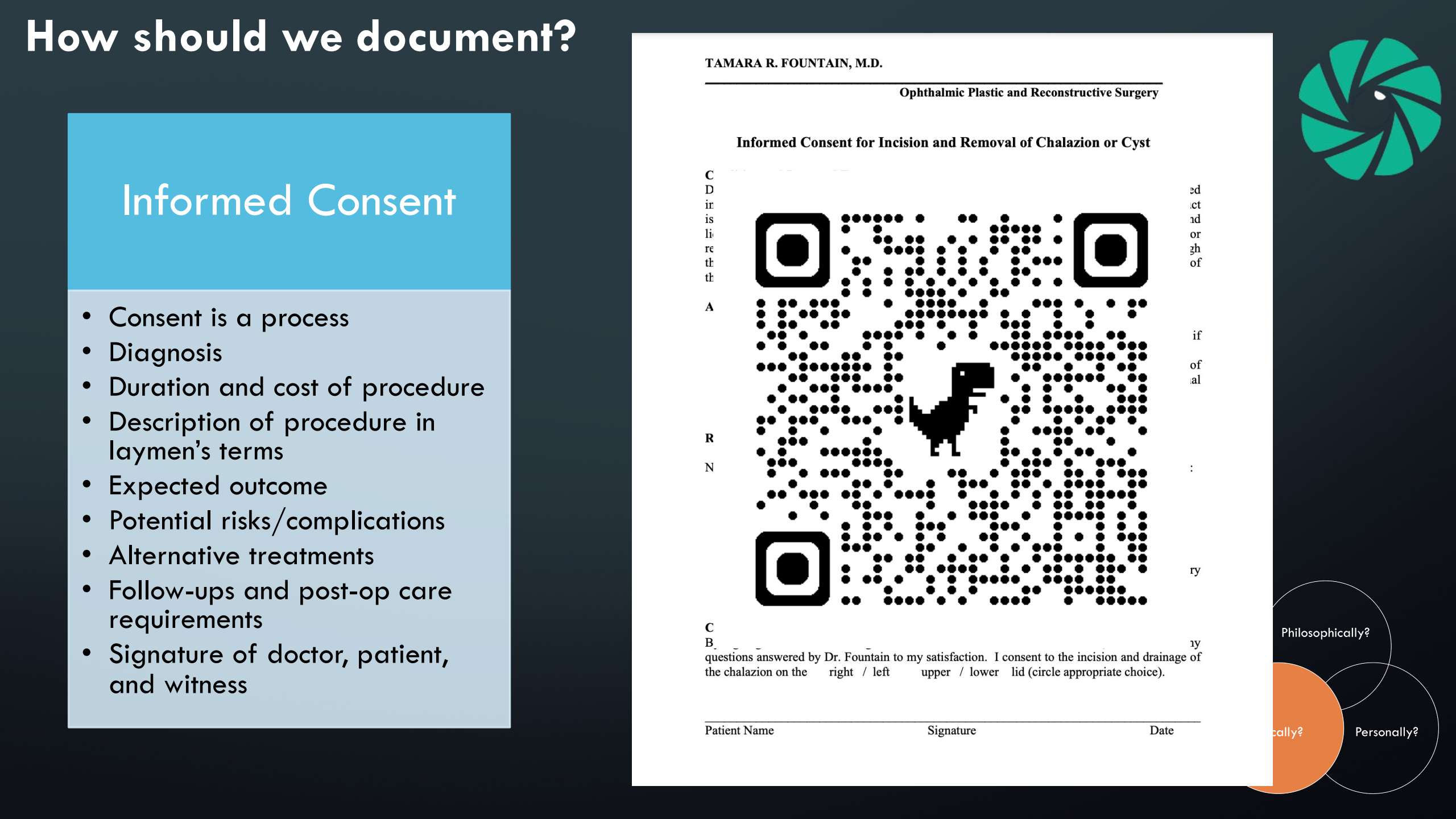
TAMARA R. FOUNTAIN, M.D.

Ophthalmic Plastic and Reconstructive Surgery

Informed Consent for Incision and Removal of Chalazion or Cyst

questions answered by Dr. Fountain to my satisfaction. I consent to the incision and drainage of the chalazion on the right / left upper / lower lid (circle appropriate choice).

Patient Name Signature Date



How should we document?

Sx Day

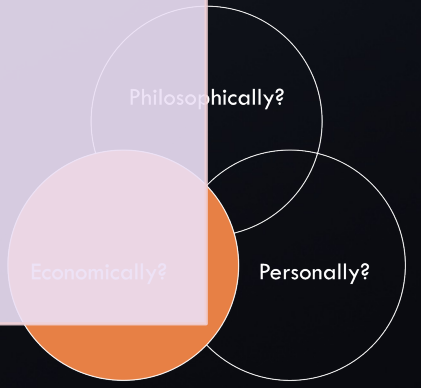
- EHR Documentation

Supporting documentation

- Establish medical necessity
  - History, including previous and failed treatments
  - Current symptoms
  - Diagnosis with clinical findings (lesion size, location, # of lesions)
- consent achieved
- Post sx patient education in assessment and plan

Operative Report

- Chronology/narrative of all that ocurred during procedure
  - Drugs administered
  - Complications, when occur
  - Include every detail of procedure
  - Patient toleration of procedure



How should we document? *CHALAZION EXCISION - 67800*

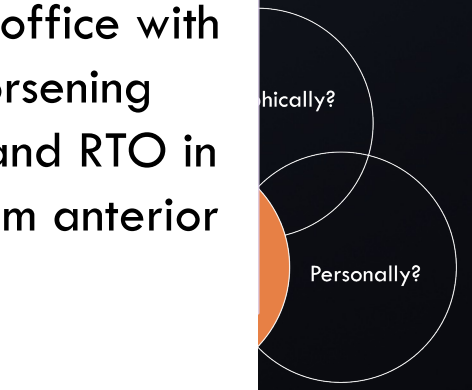
Supporting documentation

- Establish medical necessity
  - History, including previous and failed treatments
  - Current symptoms
  - Diagnosis with clinical findings (lesion size, location, # of lesions)
- consent achieved
- Post sx patient education in assessment and plan

Example:

Chalazion removal per Dr. KDK, longstanding (>3months) non resolving chalazion in right eye not responding to warm compresses and topical AB/steroids. Current causing elevation of eyelid with foreign body sensation and discomfort. Lesion is 3mmx3mm in size lateral aspect of eyelid and anterior to tarsal plate. Single lesion. Pt prefers surgical removal, consent was reviewed and signed.

Chalazion excised from lower lid w/o complications. Pt educated on risk of infection and instructed to call office/return to office with signs and symptoms of infection or worsening discomfort. Start AB/steroid qid OD and RTO in 2 weeks to evaluate chalazion. Perform anterior segment photos.



How should we document? *CHALAZION EXCISION - 67800*

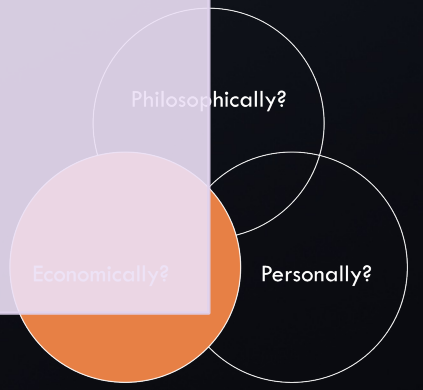
Example:

Area cleaned with alcohol pad, anesthetized with 0.2cc 1% lidocaine w/ epi, clamp secured, feather blade used to incise chalazion, curette used to remove contents. Hemostasis achieved. Procedure completed w/o incident, pt tolerated procedure well.

Can include treatment plan here if prefer rather than typical assessment and plan in the associated encounter documentation.

Operative Report

- Chronology/narrative of all that occured during procedure
  - Drugs administered
  - Complications, when occur
  - Include every detail of procedure
  - Patient toleration of procedure



How should we document? *LID LESION EXCISION - 11441*

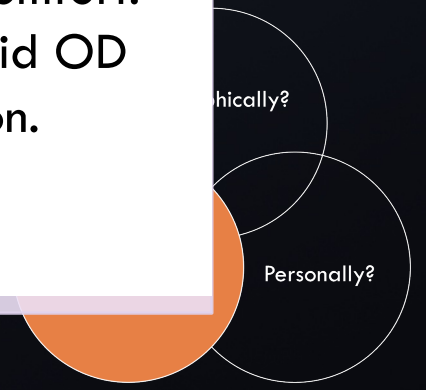
Supporting documentation

- Establish medical necessity
  - History, including previous and failed treatments
  - Current symptoms
  - Diagnosis with clinical findings (lesion size, location, # of lesions)
- consent achieved
- Post sx patient education in assessment and plan

Example:

Benign lid lesion removal on left lower lid per Dr. KDK, longstanding (>1 year) non resolving, crusting with periodic mild itching. Sized ~1.0 cm at base with elongated stalk inferior to medial lid margin and lash line. Pt prefers surgical removal, consent was reviewed and signed.

Lesion excised from lower lid w/o complications. Pt educated on risk of infection and instructed to call office/return to office with signs and symptoms of infection or worsening discomfort. Start erythromycin ung tid OS/steroid qid OD and RTO in 1 month to evaluate lid lesion. Perform anterior segment photos.



How should we document? *CHALAZION EXCISION - 11441*

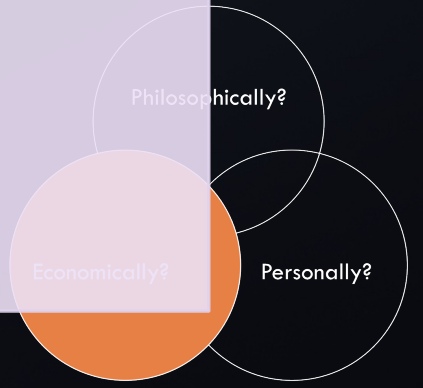
Example:

Area was prepped with alcohol swab and betadine. Approximately 0.4 cc lidocaine 1% with epi injected around area to provide anesthesia. Lesion was excised down to the level of the orbicularis with RF unit bent tip electrode. No sutures required. AB ointment applied to area. Pt to use 3x/day until tube runs out. Pt. tolerated procedure well.

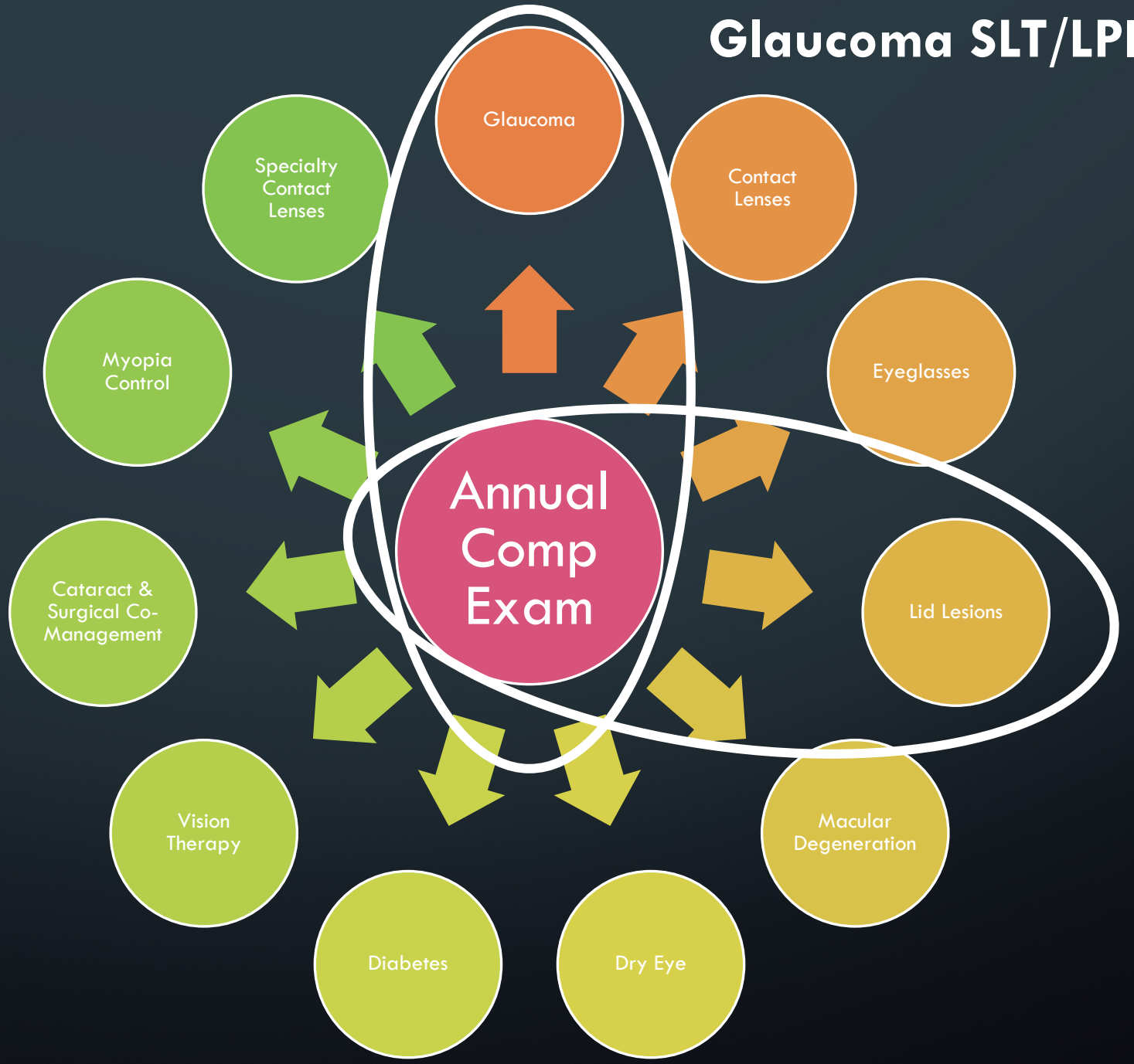
Can include treatment plan here if prefer rather than typical assessment and plan in the associated encounter documentation.

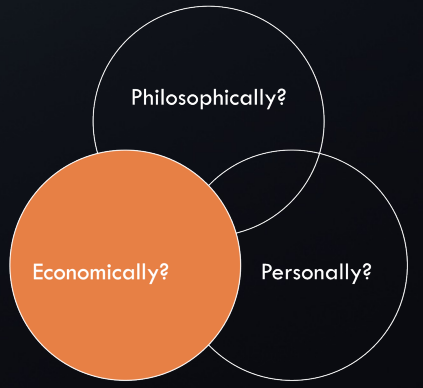
Operative Report

- Chronology/narrative of all that occured during procedure
  - Drugs administered
  - Complications, when occur
  - Include every detail of procedure
  - Patient toleration of procedure



Primary Eye Care Model





Glaucoma Protocol

Annual Comp Exam

Triggers
- Family history
- IOP elevated
- PXS/PDS
- Suspicious ONH

Capture
- RTO in 2-4 weeks

VF-G, OCT-N, Pachs, Gonioscopy, ERG, CV

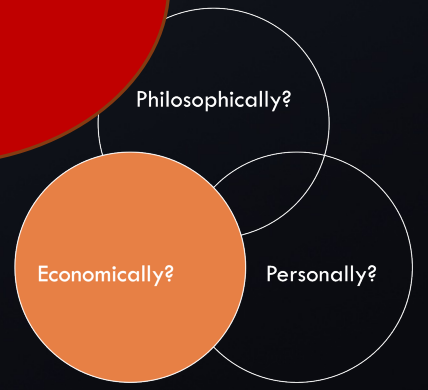
Care
- Based upon disease stage and stability

Code
- 99213/99214
- 92133
- 92083
- 92020

Early/Mild GLC

Moderate GLC

Severe GLC



Care

Based upon disease stage and stability

, OCT-
Pachs,
oscopy,
G, CV

Code

- 99213/99214
- 92133
- 92083
- 92020

Early/Mild GLC

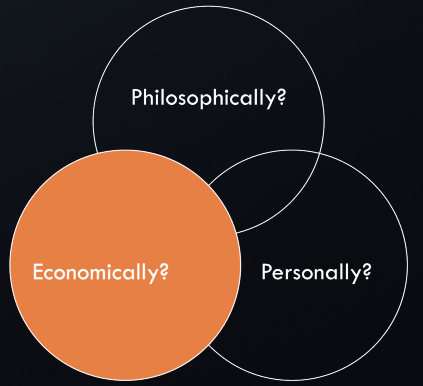
Moderate GLC

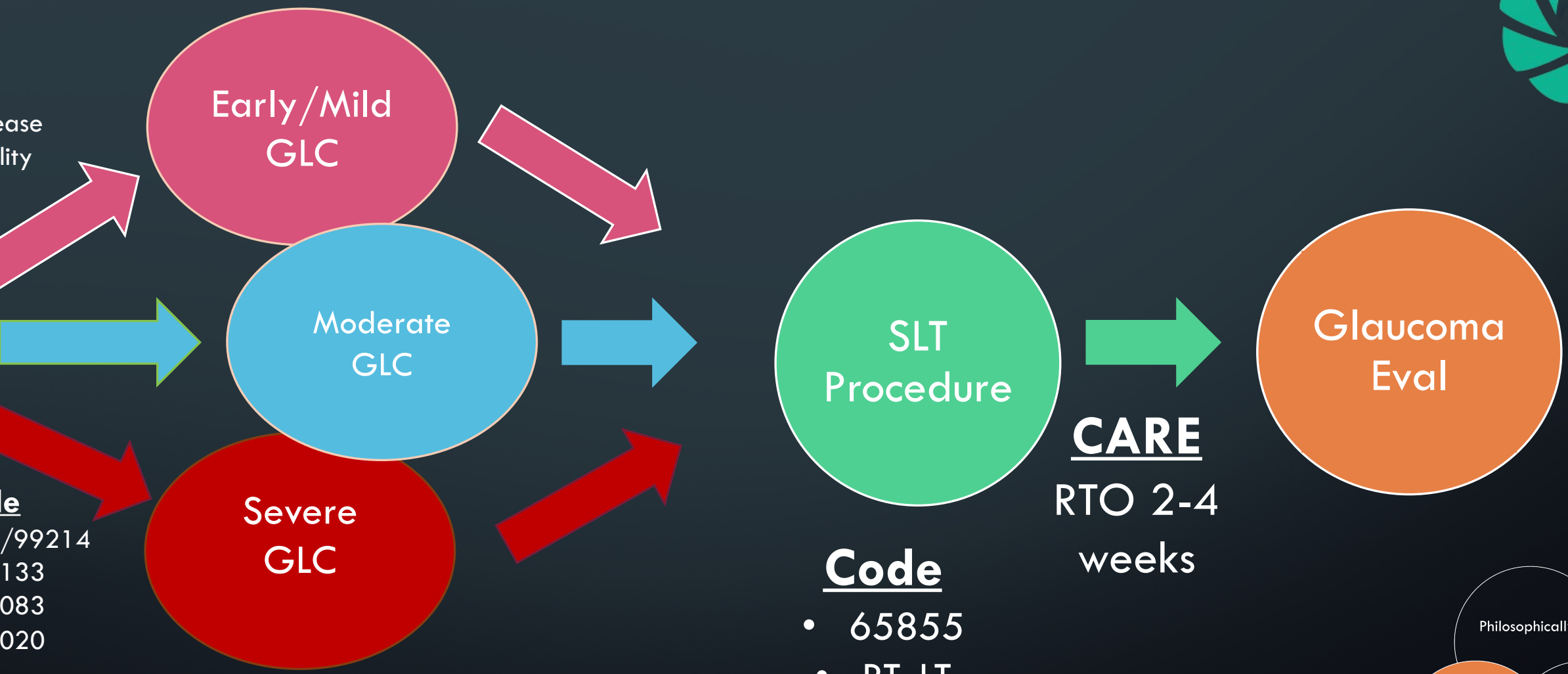
Severe GLC

SLT Procedure

Code

- 65855
- RT, LT
- 10 Day Global Period




ease
lity
Early/Mild GLC
Moderate GLC
Severe GLC
le
/99214
133
083
020
SLT Procedure
CARE
RTO 2-4 weeks
Glaucoma Eval
Code
• 65855
• RT, LT
• 10 Day Global Period
Philosophically?
Economically?
Personally?

GLC Protocol Visit	Time	Services	Fees Medicare	Total
Annual/Comp	30 mins	92015, 92004, 92250	~~~$50, $150, $37~~ $45, $39	$84 + $300 = $384
Disease Eval	30 mins	99214, 92133, 92083, 92020	$128, $37, $63, $28,	$256
Disease Eval	15 mins	99214, 92133, 92083,	$128, $37, $63,	$228
	1.25 hrs			$868/year **$694/OD HR**

Search Medicare fees at: https://www.cms.gov/medicare/physician-fee-schedule/search

GLC Protocol Visit	Time	Services	Fees Medicare	Total
Annual/Comp	30 mins	92015, 92004, 92250	~~~$50, $150, $37~~ $45, $39	$84 + $300 = $384
Disease Eval	30 mins	99214, 92133, 92083, 92020	$128, $37, $63, $28	$256
SLT	15 mins	65855	$243	$243
Disease Eval	15 mins	99214, 92133, 92083	$128, $37, $63	$228
	1.5 hrs			$1111/year **$741/OD HR**

Search Medicare fees at: https://www.cms.gov/medicare/physician-fee-schedule/search

Glaucoma Protocol

LPI
(PAC, PDS)

Annual Comp Exam

VF-G, OCT-N, Pachs, Gonioscopy, ERG, CV

Care
- Based upon disease stage and stability

Early/Mild GLC

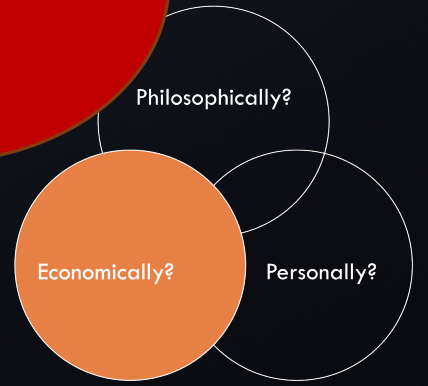
Moderate GLC

Severe GLC

Triggers
- Family history
- IOP elevated
- PXS/PDS
- Suspicious ONH

Capture
- RTO in 2-4 weeks

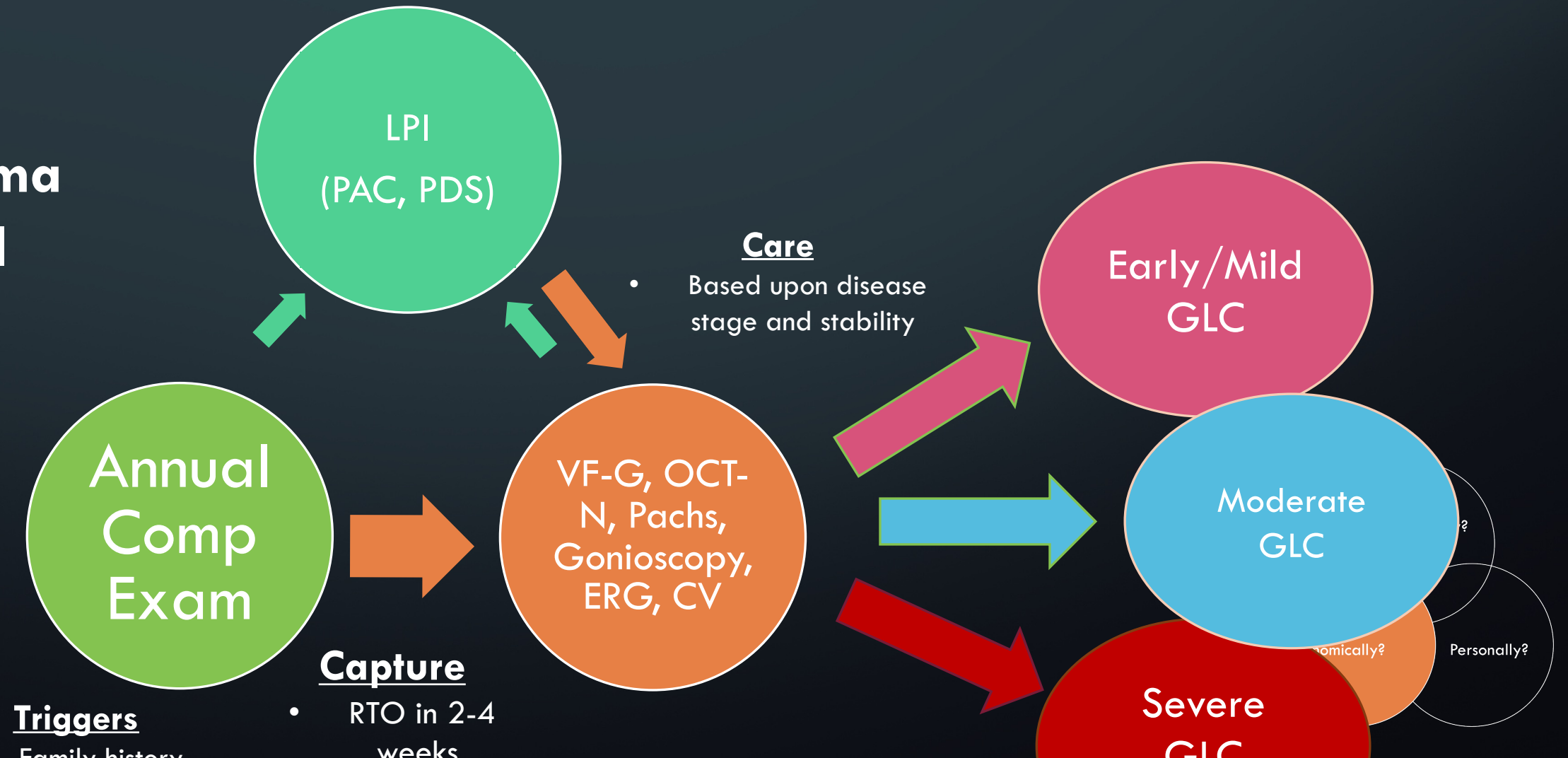
Code
- 99213/99214
- 92133
- 92083
- 92020



Glaucoma Protocol

Code

- 66761
- RT, LT
- -50 (both eyes same day)
- Global period 10 days



Care

- Based upon disease stage and stability

Capture

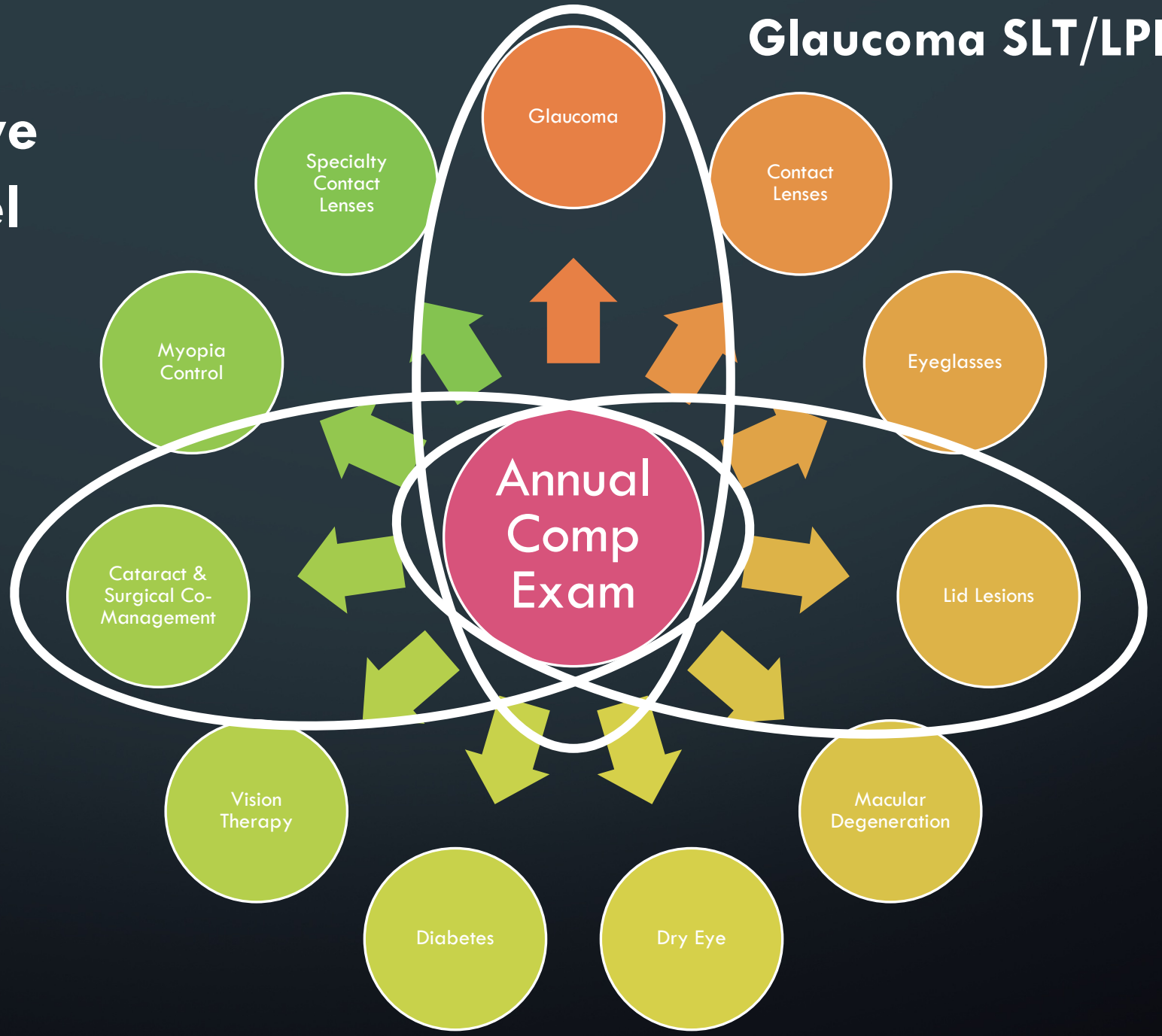
- RTO in 2-4 weeks

Triggers

GLC Protocol Visit	Time	Services	Fees Medicare	Total
Annual/Comp	30 mins	92015, 92004, 92250	~~~$50, $150, $37~~ $45, $39	$84 + $300 = $384
Disease Eval	30 mins	99214, 92133, 92083, 92020	$128, $37, $63, $28	$256
LPI	15 mins	66761	$297, ~$149	$446
Disease Eval	15 mins	99214, 92133, 92083	$128, $37, $63	$228
	1.5 hrs			$1314/year **$876/OD HR**

Search Medicare fees at: https://www.cms.gov/medicare/physician-fee-schedule/search

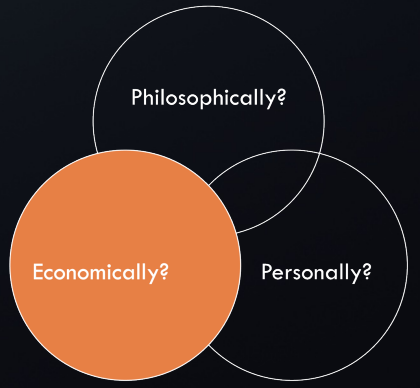
Primary Eye Care Model



Glaucoma SLT/LPI

YAG Capsulotomy

Lid Lesion Sx



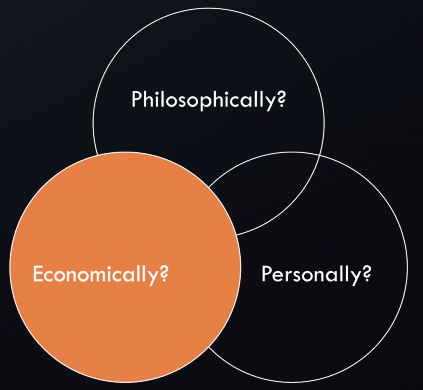
YAG Capsulotomy

CODE
66821
RT, LT
90 Day Global

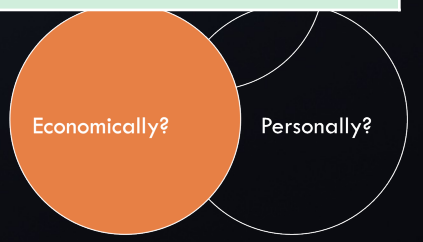
CAPTURE
>/= 1 risk factors, RTO

Annual Comp Exam → Capsular Opacification Eval → YAG Capsulotomy

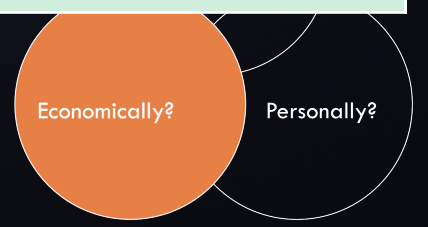
CODE
99214/99213



Procedure Code	Description	Medicare National Ave	Global Period	~ REV/OD HR (if ~15 mins)
65855	SLT/ALT	$243	10	$972
66761	YAG Peripheral Iridotomy	$297	10	$1188
66821	YAG Capsulotomy	$332	90	$1328



Modifier	Description	Notes
-24	Unrelated E/M service during post op period Ex: red eye eval during po	Use only when completely unrelated eye problem occurs during global period
-25	Separate procedure in addition to E/M service Ex: GLC eval and find a FB	Not recommended, just do procedure on a different day
-50	Bilateral procedures performed at the same session	
-78	Related Procedure performed during global period of another sx Ex: YAG caps done during global period of CE	Just wait…
-79	Unrelated procedure or service during post op period Ex: special testing for GLC, punctal plugs for DED during PO	Easiest to just wait the 10 days PO



How should we document?

Sx Day

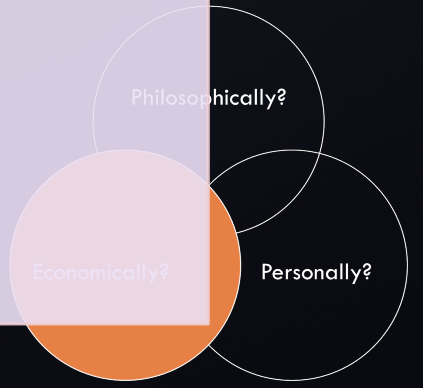
- EHR Documentation

Supporting documentation

- Establish medical necessity
  - History, including previous and failed treatments
  - Current symptoms
  - Diagnosis with clinical findings (lesion size, location, # of lesions)
- consent achieved
- Post sx patient education in assessment and plan

Operative Report

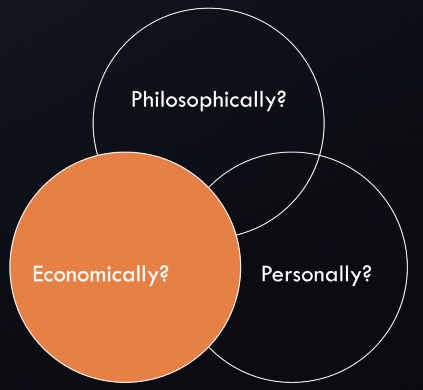
- Chronology/narrative of all that occurred during procedure
  - Drugs administered
  - Complications, when occur
  - Include every detail of procedure
  - Patient toleration of procedure



Medical Necessity Documentation for SLT

Indications: SLT as Primary Tx, POAG pts unresponsive to current therapy

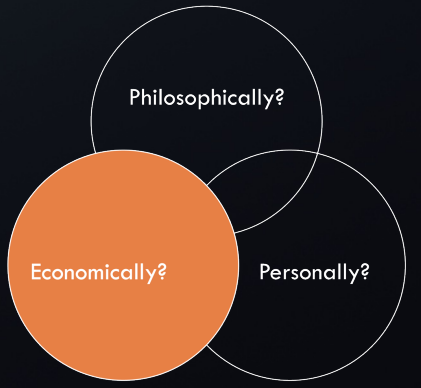
Always include all other risk factors including IOP, angle status, ONH damage, VF defects, stage of glaucoma, potential compliance issues



Medical Necessity Documentation for PI

Indications: acute angle closure, primary angle closure suspect/glaucoma,

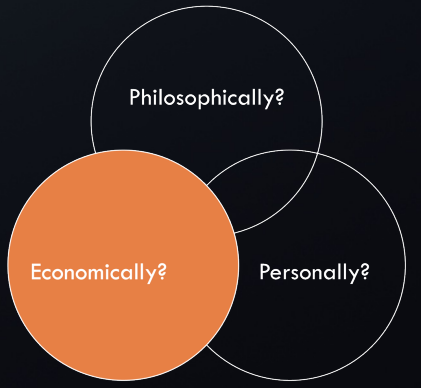
Always include all other risk factors including IOP, gonioscopy findings, pt symptoms ONH damage, VF defects, stage of glaucoma



Medical Necessity Documentation for YAG Capsulotomy

Indications: VAs decreased, glare decreased, decreased contrast sensitivity

Always include VAs, glare VAs, pt symptoms



IS IT WORTH IT?