On February 8, President Bush signed into law the Deficit Reduction Act (S. 1932). The new law overturns the 4.4 percent cut in Medicare physician payments that took effect January 1. The legislation that finally cleared Congress earlier this month eliminated the cut imposed by the flawed sustainable growth rate (SGR) formula and replaced it with a payment freeze. With the law now in place, Medicare physician claims will be paid at the 2005 level.

A high-ranking CMS official informed the AOA that the agency has already changed its claims processing software to eliminate the 4.4 percent reduction and allow services to be paid at the higher level. The law has an effective date of January 1, 2006, so all claims submitted between January 1 and February 8 will be reprocessed and adjusted to the 2005 rate. CMS intends to reprocess these claims automatically and provide physicians with one bulk check to cover any adjusted claims. Optometrists will not be required to resubmit these claims. CMS reports that its contractors process approximately 20 million claims a week, so an estimated 100 million claims will be affected. Given the large number of claims that will require reprocessing, CMS reports that it may take a few months for all AOA members to receive their reprocessed payment checks. CMS has said that the reprocessed payment checks will be linked to original claims information so patient accounts can be properly reconciled.

While elimination of the deep cut for 2006 is certainly good news for optometrists and other Medicare physicians, the flawed SGR formula is churning out more proposed cuts for 2007 and beyond. Early indications from CMS on future SGR calculations point toward a proposed cut of nearly 6 percent for payments beginning January 1, 2007.

The AOA has been a leading member in a coalition of physician organizations that has worked to stop past payment cuts. The SGR has been proposing cuts since 2001, so we have been working on this issue for a number of years. Congress is facing severe budgetary constraints this year, so it is unlikely that the SGR will be scrapped in favor of a fairer method for calculating annual physician fee updates. Although a complete overhaul is needed desperately, it appears that the Medicare physician community will be forced to press for another stopgap fix to prevent the proposed cuts from being implemented next year.
General history: Hardy Hardeye is a 78 yowm previously diagnosed with COAG; his diagnoses also included mild cataracts, and mild, dry AMD. When last seen almost two years ago his GLC treatment consisted of ½% levobunolol bid OU. His compliance was marginal due to mild mental deterioration, poor mobility, lack of transportation, and lack of caregivers. There was some indication that he suffered wide swings in IOT, although lack of compliance may have played a part in these swings. He recently moved into an assisted living facility where transportation is provided, and his use of medications closely monitored. A former smoker, he was recently diagnosed w/ COPD by his PCP.

1st Recent Encounter:
History: CC: Follow-up of previously diagnosed diseases (GLC, cat, AMD). HPI: Follow-up of cataract, COAG, and mild dry AMD [monitoring three or more conditions gives maximum HPI].
ROS & PFSH: With the help of a technician, the patient completed the office’s standard ROS form that reviews all bodily systems, and also addresses PFSH comprehensively.
Examination: All eye elements were addressed. The patient’s mental status was noted. Significant clinical findings included:
- IOT 23 OU at 11 am
- A/C clear
- Gonioscopy (not performed for # of years): recorded on

BOX 21

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NOTE: Dr. Quack bases his billing $$ on RBRVS Relative Value Units (RVUs), a numeric weight assigned to a medical encounter or procedure that considers relative resource used, not what any 3rd party pays. The RVUs used by Medicare can be found at [HTTP://NEW.CMS.HHS.GOV/PHYSICIANFEESCHED/PFSRVF/LIST.ASP#TOPOFPAGE](HTTP://NEW.CMS.HHS.GOV/PHYSICIANFEESCHED/PFSRVF/LIST.ASP#TOPOFPAGE). When using the RVU to compute a fee, you multiply the RVU by the dollar amount you feel appropriate for your office. Example: The 2006 RVU for a 99204 is 3.62, and for 92050 is 1.99. If you decide your RVU dollar amount should be $50, then your charge for a 99204 would be 3.62 x 50 = $181, and your charge for 92050 would be $99. If you set your RVU dollar amount to be $25, then your charge for a 99204 would be $90.50, and your charge for 92050 would be $49. Your RVU amount could be lower or higher than these examples, of course.
drops sting a little OU & make both eyes a little red after insertion.

**Visual fields:** Humphrey 30-2 quantitative, automated threshold fields were performed. A separate Visual Fields Report Form was completed explaining the reason, results/interpretation & any change plan. ("COAG; see attached results; apparent increase in Bjerrum scotoma OD and temporal wedge OS; apparent lack of previous IOT control?; repeat fields in 3 months.") [Note: our Medicare carrier’s LCD specifies frequency that fields can be repeated. Medicare will reimburse fields for an uncontrolled GLC as much as 4 times per year. See LCD at HTTP://WWW.NEBRASKAMEDICARE.COM/PART_B/LMRP/POLICIES/VISUALFIELDS.HTM.]

**Exam:** 6 elements performed (VA, lids/lashes, conj, cornea, A/C, IOT); IOT was 18 mm OU at noon.

**Decision Making & Tx:** Continue Xalatan; RTC for serial tonometry (Hz wide swings in IOT) and GDx (mobile GDx service comes to the office three times per year).

**Coding:** History: CC: Medically oriented; ROS: Referred to eyes only; PFSH: Not addressed; HPI: Maximum since it addresses 4 or more elements (location, quality, severity, timing, context, modifying factors). History results in expanded problem focused. Exam: 6 elements results in Expanded problem focused. Decision Making: Addressed only one established problem (worsening), minimal data complexity, moderate risk (Rx meds), results in Low Complexity. E&M Result: 99213. Also billed visual fields 92083.

Third Encounter (1 week later):

**History:** CC: Serial tonometry follow-up on COAG; HPI: Eye drops sting less OU; eyes less red. ROS: Eye only; and PFSH: Not addressed this visit.

**Examination:** VA, conj, cornea, A/C.

**Serial Tonometry:** Recorded on a separate report form that included the reason, results/interpretation & any change plan. ("COAG with Hx of wide swings, which were not evident today; continue current Tx; RTC as scheduled.") IOT @ 8 am: 17 mm OU: @ 1pm: 18 mm OU; @ 6 pm 18 mm OU.

**Decision Making & Tx:** Wide swings no longer apparent. Continue Xalatan; RTC GDx as scheduled; RTC fields as scheduled.

**Exam Coding:** History: CC: Follow-up on COAG with IOT and repeat fields; HPI: Eye drops cause mild sting OU; eyes less red; ROS: Eye only; PFSH: Not addressed this visit.

**Visual fields:** 30-2 quantitative, automated threshold fields were performed. A separate Visual Fields Report Form was completed explaining the reason, results/interpretation & any change plan. ("COAG; see attached results; no change in Bjerrum scotoma OD and temporal wedge OS from 3 months ago; apparent IOT control??; repeat fields in 6 months to assure control.") [Note: our Medicare carrier’s LCD specifies frequency that fields can be repeated. Medicare will reimburse fields for an uncontrolled GLC patient as often as 4 times per year. See LCD at HTTP://WWW.NEBRASKAMEDICARE.COM/PART_B/LMRP/POLICIES/VISUALFIELDS.HTM.]

**Exam:** 6 elements performed (VA, lids/lashes, conj, cornea, A/C, IOT); IOT was 18 mm OU at noon.

**Decision Making & Tx:** IOT stable; fields stable??; COAG apparently controlled?, but NFL should be evaluated and followed to assure no subtle loss in NFL. Keep GDx appointment as scheduled.

**Coding:** History: CC: Medically oriented; ROS: Referred to eyes only; PFSH: Not addressed; HPI: Maximum since it addresses 4 or more elements (location, quality, severity, associated signs/sympt.). History results in expanded problem focused. Exam: 6 elements results in Expanded problem focused. Decision Making: Addressed only one established problem (stable), minimal data complexity, moderate risk (Rx meds), results in Straightforward. E&M Result: 99213. Also billed visual fields 92083.

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PLACE OF SERVICE CODING FOR NURSING FACILITY CARE

Nursing facility services are limited to the following specific Place of Service (POS) codes:
♦ 31 Skilled Nursing Facility (SNF)
♦ 32 Nursing Home/Nursing Facility (NH/NF)
♦ 54 Intermediate Care Facility/Mentally Retarded
♦ 56 Psychiatric Residential Treatment Center

Billing with a different POS will trigger an edit resulting in denial of the claim.

CMS Potpourri

CMS rules on Coding Fundus Photography and Scanning Laser the same day

Fundus photography (CPT code 92250) and scanning ophthalmic computerized diagnostic imaging (CPT code 92135) are generally mutually exclusive of one another in that a provider would use one technique or the other to evaluate fundal disease. However, there are a limited number of clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye. In these situations, both CPT codes may be reported appending modifier -59 to CPT code 92250.

FINE LIMITS FOR HIPAA VIOLATIONS PUBLISHED

Thinking about ignoring HIPAA? Not to worry. The final rule on HIPAA enforcement, published in the Federal Register recently, sets upper limits on the fines that can be imposed for HIPAA violations (privacy, security, et cetera.). And the limits are...

1) The Secretary may not impose a civil money penalty—
   (i) In the amount of more than $100 for each violation [each day is a separate violation]; or
   (ii) In excess of $25,000 for identical violations during a calendar year (January 1 through the following December 31).

Maybe you should keep records covered and talk more quietly in your clinic?

Still having Billing Problems with the New MCS System?

Most of the bugs have been worked out of the new Medicare Multi-Carrier System. However, if your office is still having a problem, you should contact our Medicare carrier via their web site found at: www.nebraskamedicare.com.

Click on the green box labeled MCS. The MCS problems that have been addressed and/or solved can be found on the MCS page labeled:
--- MCS System Problem/Resolution Report Open Issues

Should you get lost, its exact web site address is:

If you have an issue with something not already addressed above, you should go to the site labeled:
--- To Report A MCS Issue

The direct web site address is:
Dr. Quentin Quack's Queries and Questionable Quotes

Third Party Questions from NOA Doctors and Staff

Dr. Quentin Quack

Rust Removal: 65222 versus 65435

Dear Dr. Quack,
Regarding your latest issue of the 3rd Party Coding Corner with Shirley Clueless: I was told at another 3rd party lecture that we are to use 65435 when removing rust with an Alger brush. I have always coded it that way. Who's right? Or can it be coded either way? I have always just coded one FB removal even if there were two or more but I won't anymore.

Dr. Quack's Quote:
The reason for 65222 is the Nebraska Optometry Licensure Law. Our law allows optometrists to remove "superficial foreign bodies", but does not allow any other surgery. Strictly speaking, in the Quack example given last month, the treatment provided is the removal of the rust (a foreign body). Dr. Quack was not intentionally removing only the patient’s epithelium (as you might if one were treating a patient with a recurrent corneal erosion). The Nebraska Optometry law reads, in part, as follows:

“For purposes of the Uniform Licensing Law, the practice of optometry means one or a combination of the following, without the use of surgery: (1) The examination of the human eye to diagnose, treat, or refer for consultation or treatment any abnormal condition of the human eye, ocular adnexa, or visual system; (2) The employment of instruments, devices, pharmaceutical agents, other than oral therapeutic agents used in the treatment of glaucoma, and procedures intended for the purpose of investigating, examining, diagnosing, treating, managing, or correcting visual defects or abnormal conditions of the human eye, ocular adnexa, or visual system or for the removal of superficial eyelid, conjunctival, and corneal foreign bodies and the ordering of procedures and laboratory tests rational to the diagnosis of conditions or diseases of the human eye, ocular adnexa, or visual system; …”

So, from Dr. Quack's perspective, it is safest and most appropriate to adhere to the Nebraska Licensure Law when coding, and therefore use CPT code 65222, superficial foreign body removal from the cornea, with slit lamp.

By the way, your question is very reasonable. What you were taught regarding CPT 65435, removal of corneal epithelium; with or w/o chemocauterization (abrasion, curettage), might well be appropriate in another state. As Dr. Quack has pointed out on multiple occasions, seminars put on by well qualified folks who are simply not aware of local licensure laws, optometry board rules and regulations, Medicare carrier coverage determinations, Medicaid regulations, et cetera, can be unintentionally misleading.

Thanks for asking...I’m sure there are other Nebraska ODs with the same question. And remember, Dr. Quack is here to help you when such discrepancies arise!

What is the Global Period for Removal of a Corneal FB?

Dear Dr. Quack,
I was told that there was a 10 day global period for removal of a FB, but in last month’s coding article you charged Shirley Clueless for a visit on the following day. Are you sure you are correct? Or perhaps your feathers did not tickle your memory correctly?

Dr. Quack’s Quote:
There is a common misconception about the global period for 65222, removal of a corneal foreign body with slit lamp. It is zero days. You can find the global period for any CPT procedure code on the CMS web page found at:

HTTP://WWW.CMS.HHS.GOV/APPS/PFSLOOKUP/STEP1.ASP
Under “Type of Information” click on Payment Policy Indicators. Then enter the CPT code(s) about which you wish to query. When it asks for modifiers, choose “All Modifiers”, then click “Submit”. When the table appears with the CPT code you requested, look under the column labeled “global”. This will give you the number of global days Medicare allows for that particular procedure. If you do this for 65222, the result is 000.

Good question, feathers and all!
Dr. Quentin Quack's Cracked Humor...

Dr. Quack and a buddy were out hunting one afternoon when they ran across a deep hole in the ground. It was so deep they couldn't see the bottom of it, so out of curiosity, they dropped a rock into the hole and listened for a sound. Nothing. They dropped a bigger rock, and dropped that into the hole. Still nothing. Then they dropped in a fair-sized boulder. Still nothing. Looking for something even larger, they found a railroad tie. They wrestled it toward the hole, lifted one end, and tipped it into the hole. They still heard nothing, but suddenly a goat went whizzing by and jumped into the hole after the railroad tie.

The two hunters were looking at each other, completely puzzled, when a farmer walked up and asked them, “Have you two fellows seen my goat wandering around here?”

“Nope,” they replied. “The only goat we’ve seen just jumped into this hole right here.”

“Well, that couldn’t have been my goat”, said the farmer. “I had my goat tethered to a railroad tie.”

NEBRASKA OPTOMETRIC ASSOCIATION
201 N. 8TH Street, Suite 400 P.O. Box 81706 Lincoln, NE 68501

ABSTRACTS OF THIS MONTH’S ISSUE

4.4% MEDICARE CUT OVERTURNED
On February 8, President Bush signed into law the Deficit Reduction Act (S. 1932). The new law overturns the 4.4 percent cut in the 2006 Medicare physician payments, and is retroactive to January 1. [Pg. 1]

PROF. QUACK’S CODING CORNER
This month’s case follows a COAG patient over a three month period. [Pp. 2-3]

POS CODING FOR NURSING CARE PATIENTS
Nursing facility services are limited to specific Place of Service (POS) codes. Billing with a different POS will trigger an edit resulting in denial of the claim. [Pg. 4]

CODING FUNDUS PHOTOS AND OCT
Fundus photography (CPT code 92250) and scanning ophthalmic computerized diagnostic imaging (CPT code 92135) are generally mutually exclusive. However, there are a limited number of clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye. [Pg. 4]

MCS BILLING PROBLEM RESOLUTIONS
Most of the bugs have been worked out of the new Medicare Multi-Carrier System. However, if you are still having a problem, you should go to our Medicare carrier’s web site, and then click on the green box labeled MCS. [Pg. 4]

HIPAA FINES FOR NONE COMPLIANCE
The final rule on HIPAA enforcement, published in the Federal Register recently, sets upper limits on the fines that can be imposed for HIPAA violations (privacy, security, et cetera.) And the limits are high. [Pg. 4]

WHAT CODE FOR RUST RING REMOVAL?
From Dr. Quack's perspective, it is safest and most appropriate to adhere to the Nebraska Licensure Law when coding, and therefore use CPT code 65222, superficial foreign body removal from the cornea, with slit lamp, when coding for rust ring removal. [Pg. 5]

GLOBAL PERIOD FOR FB REMOVAL
There is a common misconception about the global period for 65222, removal of a corneal foreign body with slit lamp. It is zero days. You can find the global period for any CPT procedure code on the CMS web page given on page 5.

NEW DR. QUACK CONTACT INFORMATION STARTING JANUARY 2006
Email is best:
SchneiderEd@msn.com

If you cannot use email, Ed’s cell phone is 402-310-2367. Voicemail is available.
Need to fax? To assure HIPAA privacy, it’s best to call Ed before faxing.
The fax number is 402-464-1214.

*NEW*