

Difficult Coding Cases in Pediatric Ophthalmology

Kimberly Curnyn, MD

Rhonda Buckholtz, CPC, CPCI, CPMA,
CDEO, CRC, CHPSE, COPC, CENTC, CGSC



Case #1

⌚ 5 year old presenting for mandatory Kindergarten dilated eye exam. Parents deny any problems. The child is very cooperative and has 20/20 vision in each eye – normal stereo vision- normal color vision. There is no evidence of dry eye or blepharitis. The fundus exam is normal.

⌚ What should I code- What do I bill?

Coding

- ⌚ It depends....
- ⌚ First we ask the obvious questions...
 - ⌚ New or established
 - ⌚ Assuming documentation contains complete exam?

Coding- ICD-10-CM

- ⌚ No symptoms present- mandatory exam
- ⌚ Fall back on the routine codes without abnormal findings
- ⌚ But... what if she found an abnormality during the routine exam?

Intermediate Level

92002

⌚ Evaluation of a:

- New or
- Existing problem complicated with a new diagnostic or management problem
 - May be unrelated to the primary diagnosis.

• Includes:

- ✓ ✓ history
- ✓ ✓ general medical observation
- ✓ ✓ external ocular and adnexal exam
- ✓ ✓ diagnostic procedures as indicated

⌚ May include, as indicated

- ⌚ mydriasis for ophthalmoscopy

92012

Comprehensive Level

92004

92014

General evaluation of the complete visual system.

Includes:

- ✓ history
- ✓ general medical observation
- ✓ external and ophthalmoscopic examinations
- ✓ gross visual fields
- ✓ basic sensorimotor examination

Always includes:

- initiation of diagnostic and treatment programs

Definition: Rx of medication, lenses and arranging for special ophthalmological diagnostic or treatment services, consultations, laboratory procedures and radiological services.

It may include, as indicated:

- biomicroscopy
- exam with cycloplegia or mydriasis
- Tonometry

“One or more visits”

Patient returns to office tomorrow to complete exam (e.g. to perform deferred dilated exam)

No additional charge – included

Does not apply to E/M codes



Case # 2

- 🕒 Retinopathy of Prematurity screening at hospital for a 28 week 850 gm infant. The 360 degree retinal exam shows immature retina but not evidence of ROP.
- 🕒 How do I bill the first inpatient exam ? Do I charge for a depressed retinal exam?
- 🕒 Three additional inpatient exams show no treatable pathology.
- 🕒 How do I bill the additional inpatient exams?

Coding

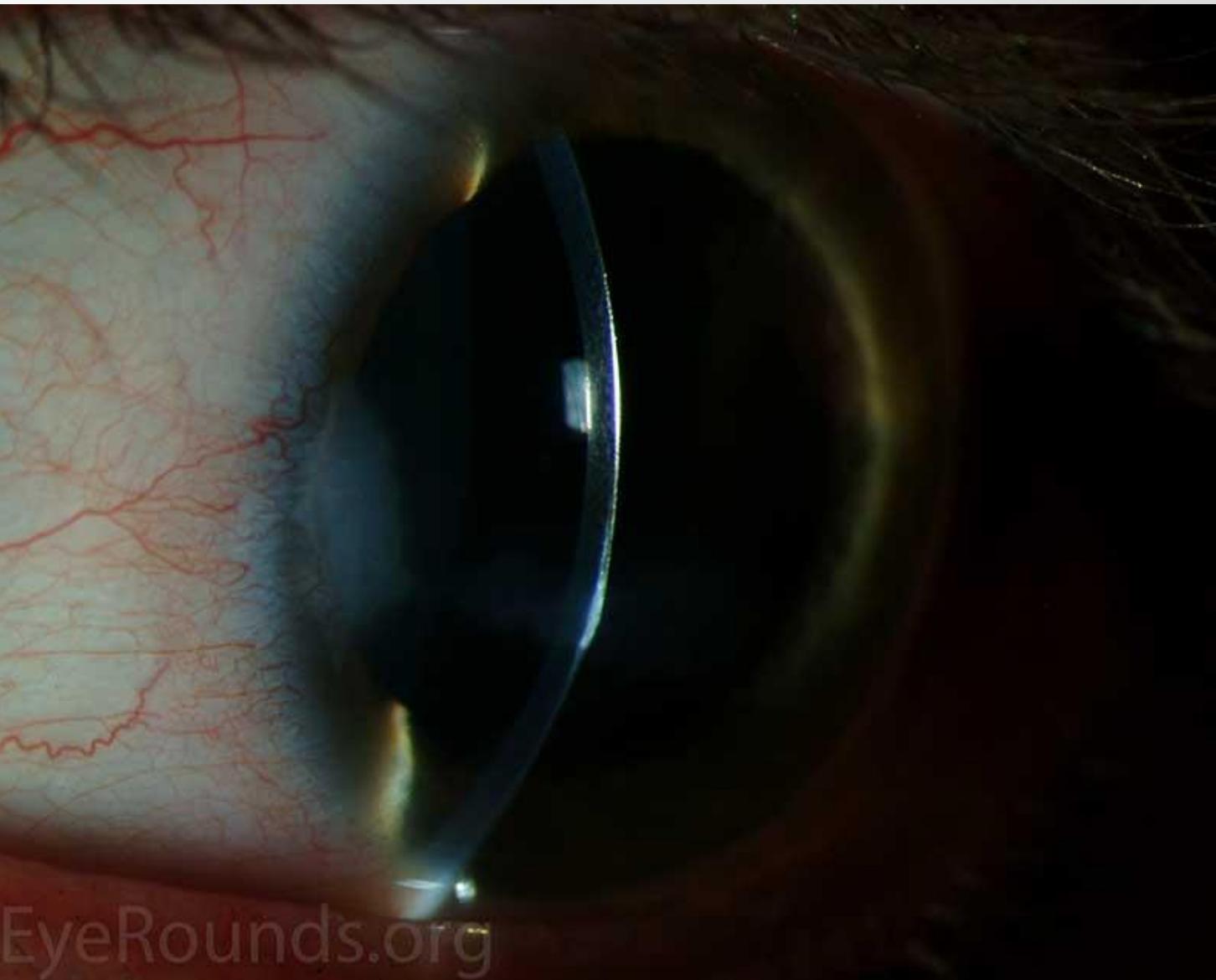
- ⌚ Initial inpatient? Subsequent?
- ⌚ Extended ophthalmology?

Continued..

- 🕒 The same infant is seen 3 additional times as an outpatient until the retina is fully mature.
- 🕒 How do I code the follow up exam if all remains normal on the ocular exam?

Coding

- ⌚ Subsequent monitoring?
- ⌚ Medical Necessity?



EYE CARE
LEADERS

INTEGRITY

Eyedoc

MDoffice

medflow

**Management
PLUS**

io
innovation
ophthalmology

**My Vision
Express**

**KeyMedical
Software™**

Case #3

Ⓐ A child is referred by the pediatric rheumatologist after a new diagnosis of Juvenile Idiopathic Arthritis JIA is made. The child has a normal initial exam. The child is then examined Q 3 months until the age of 5 years and Q 6 months until the age of 10 years. A slit lamp exam is performed on each exam. A dilated exam is performed 1-2 x a year. The child has 20/20 vision and all exams are within normal limits.

Can I continue to bill with only 1 diagnosis?

Coding

- ⌚ Yes- also add any diagnosis codes for any signs or symptoms as they pop-up
- ⌚ Medical Necessity?



EYE CARE
LEADERS

INTEGRITY

 EyeDoc

 MDoffice

 medflow

 Management
PLUS

 io
Innovation
ophthalmology

 My Vision
Express

 KeyMedical
Software™

Case #4

- 🕒 A third grader presents with complaints of blurry vision. Her friend has recently started wearing glasses. The entire exam is normal. The mother is very anxious that something is being missed and requires a additional 25 minutes of consultation and answering her extensive list of pre-written questions.
- 🕒 What do I use as my diagnosis if exam is normal?
- 🕒 How do I justify my time spent reassuring an anxious mother?

Coding

- ⌚ Time-based options
- ⌚ Documentation points

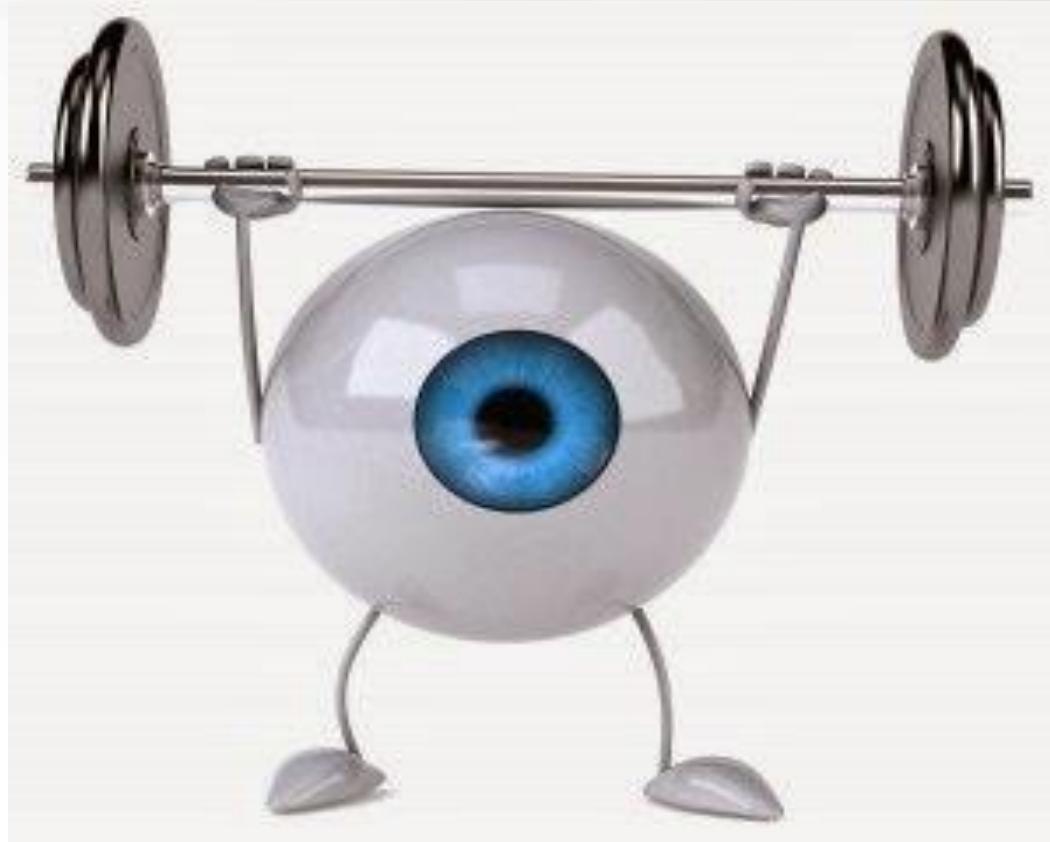


Case #5

- 🕒 A third grader with no family history of myopia presents with new decrease in vision reported by the teacher. The vision is 20/50 OU and corrects to 20/20 with -1.75 OU. The remainder of the exam is normal. The mother is hysterical that her child needs glasses and requires an additional 15 minutes discussion as to how myopia develops and what can be done to limit the progression of myopia. The mother then calls the office 2 hours later and wants to discuss the use of low dose atropine to prevent the progression of myopia. The doctor spends an additional 15 minutes on the phone that pm.
- 🕒 How can a refraction code be used in this case. Can the consultation time be billed?

Coding

- ⌚ Time based coding is face-to-face
- ⌚ Time is not a component of eye codes



Case #6

- Ⓐ A child is brought in by parents requesting a second opinion regarding vision therapy. The behavioral optometrist has written a 25 page report that the child has poor accommodative convergence. The parents paid 850.00 cash for the exam and have been asked to sign a contract for 1 year of therapy at 5,000.00. The parents and teachers deny any problems. The child has a very normal exam with no evidence of accommodative problems and cycloplegic refraction of +0.50 OU. The parents ask multiple questions regarding the previous optometric evaluation.
- Ⓐ How to code for a normal exam?

Coding

- ⌚ Who requested initial consult
- ⌚ Why?
- ⌚ Insurance?



Case #7

- 🕒 A 75 year old presents with a dense cataract and a sensory exotropia OS. The decision is made to perform strabismus surgery (Lateral Rectus Recession) on an adjustable suture at the same time as a complex cataract surgery. The patient has uncomplicated surgery under general anesthesia and presents the next day. His vision is 20/30 and he is orthophoric and no adjustment is needed.
- 🕒 How is the combined surgery billed? What modifiers are needed. Is any special documentation required POD#1?

Coding

- ⌚ Global modifier on E/M?
- ⌚ Surgical modifiers
- ⌚ Potential issues?

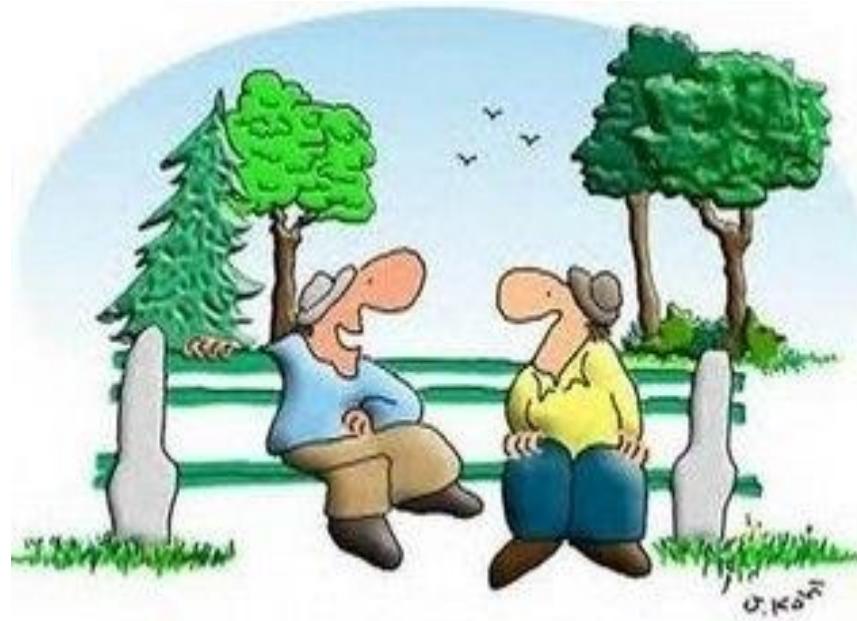


Case #8

- 🕒 A 2 year old toddler with multiple behavior issues is impossible to exam in the office on 2 separate occasions. There is a serious concern that the child has a significant retinal pathology. An exam under anesthesia is recommended and the parents require 25 min of pre-operative discussion.
- 🕒 How should the 2 incomplete outpatient exams be billed? How should the operation be billed?

Coding

- ⌚ Medical necessity
- ⌚ Time based coding
- ⌚ Diagnostic issues



"My doctor told me to avoid any unnecessary
stress, so I didn't open his bill."

© Randy Glasbergen
www.glasbergen.com



“Because a large font makes profits look bigger.”

Thank You!

 Questions....