

A handy reference to improve coding accuracy

Speed-Up Your Coding

ALL YOU NEED AT A SINGLE GLANCE

Coding. What a nuisance! If you feel like you spend too much time flicking through reference materials and working out which codes to use, then you should consider investing in the **2008 Ophthalmic Coding Coach**. Published by the American Academy of Ophthalmic Executives, this reference provides all the data you need for each ophthalmic CPT code.

QUICKER CODING. With detailed content on each CPT code that relates to ophthalmology, *Coding Coach* is the most comprehensive reference available. The 2008 edition will be available as both a book and a CD-ROM.

EVERYTHING AT A GLANCE. To illustrate how *Coding Coach* will help your practice to code more accurately and efficiently, consider CPT codes 68760 and 68761 (see sample page). On one page, you have eight key sets of information at your fingertips:

1 RVUs For each procedure, *Coding Coach* lists two numbers in the relative value units (RVU) column—one for when the procedure is performed in the office; the other for when it is performed in a facility. This enables you to verify whether there is a site-of-service differential where you may be paid a higher amount in your office than when the procedure is performed in the hospital. And when you perform multiple procedures in the same operative setting, the code with the higher RVU should be listed first—and *Coding Coach* provides an easy way to see which code that would be.

(Note: the RVUs listed here are reprinted from the 2007 *Coding Coach*. Those values may change in 2008.)

2 Global Surgical Period *Coding Coach* lists the global surgical period for both Medicare and private payers. Note that while Medicare recognizes a minor surgical period of one or 10 days, private payers recognize a 0-, 10- or 15-day global period. For major surgeries, Medicare recognizes a 90-day global period, while private payers recognize a 45-, 90- or 120-day global period.

3 Assistant at Surgery The final column under each code indicates whether or not an assistant at surgery may be a covered benefit.

4 CCI Edits The Correct Coding Initiative (CCI) edits are codes that have been deemed not separately payable when performed in the same operative session. If you overlook these bundling edits and submit two claims that are mutually exclusive, the carrier will pay the primary code. In the case of comprehensive codes, the insurance company will pay for the lesser dollar amount of the two billed codes. By listing the CCI edits for each procedure, *Coding Coach* helps you to avoid making these mistakes.

5 Defining the Code For each code, *Coding Coach* pro-

68760-68761

Eye and Ocular Adnexa

	RVU OFFICE	RVU FACILITY	MEDICARE	PRIVATE PAYER	ASSIST
68760	3.56	2.04	15	15	NO
68761	3.61	2.12	15	15	NO

7 CPT Modifiers

- 25 Significant, separate E&M service same day as minor procedure
- 50 Bilateral procedure

HCPCS Modifiers

- RT Right eye
- LT Left eye
- E1 Left upper lid
- E2 Left lower lid
- E3 Right upper lid
- E4 Right lower lid

8 Diagnosis Codes

- 370.20 Superficial keratitis, unspecified
- 370.21 Punctate keratitis (Thygeson's superficial punctate)
- 370.33 Keratoconjunctivitis sicca, not specified as Sjogren's
- 370.34 Exposure keratoconjunctivitis
- 372.53
- 375.15
- 375.52
- 375.56
- 710.2

68760
Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery


68761
by plug, each

Definition
Punctal plugs are devices placed in the punctum to prevent normal tear drainage and to preserve tears in order to keep the cornea and conjunctiva moist.

6 Coding Clues

- Payment is per eye for CPT code 68760.
- Payment is per lid/puncta for CPT code 68761.
- CPT codes 68760 and 68761 are not ASC approved procedures.
- The same CPT code 68761 is used when coding temporary (collagen) and permanent (silicone) plugs. It is not necessary to distinguish the difference to the payer.
- In 2002, Medicare bundled the supply of the plug with the insertion.
- Non-Medicare payers may pay separately for the supply of the plug with
 - HCPCS codes
 - A462 for collagen
 - A463 for silicone

2007 OPHTHALMIC CODING COACH



vides the AMA's official description, together with a layperson's definition.

6 Coding Clues Each of the coding experts who contributed to *Coding Coach* has at least 18 years of experience in the field. The "Coding Clues" section allows you to tap their distilled wisdom.

7 Modifiers For such petite codes—just two digits long—modifiers can cause big problems. The trouble is that there are dozens to choose from, and the wrong choice can lead to denied claims, lost reimbursement and, in the worst cases, an audit. By listing which modifiers apply to a particular procedure, *Coding Coach* allows you to apply them with confidence.

8 Diagnosis Codes To ensure that you are paid for a procedure, you must record a symptom, diagnosis or complaint that provides justification for performance of that procedure.

For each CPT code, *Coding Coach* lists the ICD-9 codes that would establish this "medical necessity."

HOW TO BUY IT. Visit the Academy Resource Center (Hall G, Booth #2939) to place an advance order for next year's *Coding Coach*. It is being published as both a book (Product #012266) and a CD-ROM (#012267). In either format it costs \$195 for members; \$263 for nonmembers. This product is expected to ship by Jan. 20. Ask about special deals for *2008 Coding Coach*.

Surgical Coding

Code This Case features examples of surgical cases—some common; others far from routine—and provides the appropriate CPT, ICD-9 and HCPCS coding for surgeons, as well as coding for ambulatory surgical centers. This book also provides excellent examples of operative reports that will be instructive for the young ophthalmologist. **Code This Case** (Product #012180) costs \$145 for members and \$175 for nonmembers.

