

Tips for Frequently Coded Services: From A-Scans to YAGs, Part Two

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Who is ultimately responsible for selecting the appropriate codes: the coder/biller, the administrator/office manager, the assistant/technician or the physician? While it is true that the physician is ultimately responsible, it takes a team effort to make sure your practice's documentation and coding is all in order. Use this four-part review of exams, tests, and minor and major surgical procedures to ensure that you and your staff avoid some of the more common mistakes.

Cataract extraction. Use CPT code 66984, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)*. The best documentation indicates how the patient's reduced vision is impacting his or her daily activities. Contrary to what many physicians and coders think, there is no national policy that sets out a visual acuity requirement for cataract surgery—different states have different requirements. Your payer will have its policy online. To get its URL, go to www.aao.org/aaosite/coding, click on "Coding Tools" and then "Medicare Carrier Web Site Addresses."

Complex cataract extraction. Use CPT code 66982, *Extracapsular cataract removal with insertion of intraocu-*

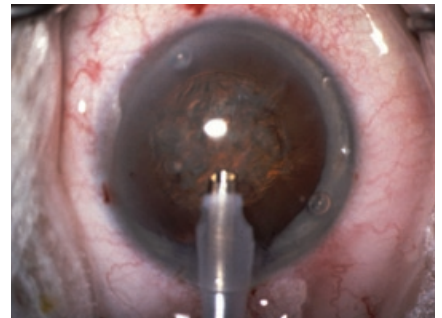
lar lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage.

It is important to note that this CPT code is:

- *not* for complications that occur during surgery,
- *not* for vitrectomy performed at the time of surgery,
- *not* for piggyback or multifocal IOLs,
- *not* for the use of a specific viscoelastic like Healon 5 or Healon GV,
- *not* for a really tough case that takes longer than normal,
- *not* necessarily for the diagnosis of floppy iris syndrome or the use of Shugarcaine intraoperatively, and
- *not* because you did something that is outside the norm for routine cataract surgery.

You should note that when a payer has a coverage policy for complex cataract extraction, this includes a mature white cataract requiring dye for capsulorhexis.

Fluorescein angiography. Use CPT code 92235, *Fluorescein angiography (includes multiframe imaging) with interpretation and report*. This test has unilateral payment, which means 100



CATARACT SURGERY. This is the most frequently performed procedure in ambulatory surgical centers.

percent of the allowable is payable per eye when medically indicated. It is inappropriate to submit a claim for an eye that does not have pathology. You can submit your claim as either a single-line item (92235–50) or a two-line item (92235–RT and 92235–LT). Cost of the dye is not separately payable.

Foreign body removal. Use CPT code 65222, *Removal of foreign body, external eye; corneal, with slit lamp*. This code has a zero-day global period, which means that when the physician sees the patient a few days later, it is a billable exam. The procedure is payable per eye, not per foreign body. And in the event that the patient develops a rust ring, 65222 is the appropriate code to use again.

NEXT ISSUE: From fundus photography to lacrimal punctal plugs.