

## What's New: 2010—A Coding Odyssey

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**W**hile 2010 is not a big year for changes to CPT, ophthalmologists and their staff need to be aware of the hot topics for documentation, coding and reimbursement. This quick summary will help ensure your office hasn't overlooked any new developments.

### Chart Signature Requirements

Recent audits conducted by the Centers for Medicare & Medicaid Services' Comprehensive Error Rate Testing (CERT) program specify the importance of the physician signature. The signature indicates that the physician agrees with all chart documentation and that it is complete. According to CERT, ideally the signature will contain the rendering provider's first and last names together with his or her credentials (MD, DO, NP, PA, etc.). This should be accompanied by the date of the service. Stamped signatures, scrawled initials or illegible signatures do not constitute valid "legible signatures" and may subject a claim to denial upon review. Remember that these rules apply even when the ophthalmologist is the only one writing in the chart.

### New Category III Codes

Category III codes were developed to help the CPT Editorial Panel collect data on new or emerging technol-

ogy. This information is then used to determine whether new Category I codes are needed. The two new Category III codes, indicated by a solid dot (●), below, have no payment assigned to them. For Medicare patients, you should obtain an Advance Beneficiary Notice and append modifier –GA to the claim.

- 0198T *Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report*
- 0207T *Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral*

### Avastin Payment Correction

Shortly after the Oct. 1, 2009, release of HCPCS code Q2024 *injection bevacizumab (Avastin)*, the Centers for Medicare & Medicaid Services—in response to a vocal campaign by organized medicine—recalled the coverage policy. CMS instructed ophthalmology practices to return to the previous coverage policy for small intraocular doses of bevacizumab, using HCPCS code J3590 *unclassified biologics* in conjunction with CPT code 67028 *Intravitreal injection of a pharmacologic agent*.

For facility-based services, Q2024 remained in effect until Dec. 31, 2009. Beginning Jan. 1, 2010, facilities should have started submitting HCPCS code C9257 when coding for the ophthalmic use of Avastin.

### New Diagnosis Codes

On Oct. 1, 2009, seven new ICD-9 codes went into effect that will be of particular interest to ophthalmologists.

These new codes are listed with a solid dot (●), below. They are all sub-categories of existing diagnosis codes, which also are listed below.

- 209 *Neuroendocrine tumors*
  - 209.31 *Merkel cell carcinoma of the face*
  - 239.8 *Neoplasms of unspecified nature, other specified sites*
    - 239.81 *Retina and choroid*
    - 239.89 *Other specified sites*
  - 372 *Disorders of conjunctiva*
    - 372.06 *Acute chemical conjunctivitis*
    - V10 *Personal history of malignant neoplasm*
      - V10.90 *Personal history of unspecified malignant neoplasm*
    - V87 *Other specified personal exposures and history presenting hazards to health*
      - V87.44 *Personal history of inhaled steroid therapy*
      - V87.45 *Personal history of systemic steroid therapy*

### Medicare Patient Deductible

The Medicare beneficiary deductible for 2010 is \$155.

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**NEXT MONTH.** *Elimination of consultation codes, part one: How to bill for consults.*