

Put On Your Audit Armor, Part 2: Create Payer-Specific Checklists

The best way to audit-proof your practice is to adhere to payer-specific checklists. This month's Savvy Coder gets you started on a checklist for cataract surgery.

Note: According to a 2014 Office of Inspector General report, when the only diagnosis is cataract(s), Medicare does not cover testing other than one comprehensive eye examination (or a combination of brief/intermediate examinations not to exceed the charge of a comprehensive examination) plus an appropriate ultrasound scan.

Know Your MAC's Policies

Under Medicare Part B, the United States is divided into several jurisdictions, with a Medicare Administrative Contractor (MAC) assigned to each one. These MACs can develop their own coverage policies, known as Local Coverage Determinations (LCDs).

Important! Go to aao.org/lcds, read the LCDs that affect your state, and incorporate their requirements into your payer-specific checklists.

Medicare Cataract Surgery

Make sure that your payer-specific checklist addresses the issues below, and advise physicians not to close out a chart until *all* of the checklist's requirements have been met.

Ensure that you have documented:

- the patient's chief complaint;
- the impact that decreased vision

has on activities of daily living (ADL) unique (never cloned) to each patient;

- best-corrected visual acuity (note that most MACs don't have a visual acuity requirement—the exceptions are CIGNA for Kentucky and Ohio, which requires “20/50 or worse,” and First Coast for Florida and Puerto Rico, which requires “worse than 20/40”);
- physical findings of the cataract;
- that the patient has been educated by the surgeon about the risks and benefits of surgery and the alternative to surgery, and has provided informed consent; and
- that the patient desires surgery.

Verify the diagnosis code. Also, be sure the surgery code is linked to a covered ICD-10 code.

Check the indication(s) for lens removal. These may include the following:

- Monocular diplopia due to a cataract in the affected eye.
- Worsening angle closure due to increase in size of the crystalline lens.
- A significant cataract in a patient who will be undergoing concurrent surgery in the same eye, such as a trabeculectomy or a corneal transplant when the surgeon deems that the decreased morbidity of single-stage surgery is of significant benefit compared with surgery on separate dates.
- Intolerable anisometropia or aniseikonia uncorrectable with glasses or contact lenses that exists as a result of lens extraction in the first eye (despite

satisfactorily corrected monocular visual acuity).

Your MAC might cover lens removal in the following situations:

- When an unimpeded view of the fundus is mandatory for proper management of patients with diseases of the posterior segment of the eye(s).
- During vitrectomy procedures if it is determined that the lens interferes with vitreoretinal dissection at the far periphery and excision of the vitreous base, as in cases of proliferative vitreoretinopathy, complicated retinal detachments, and severe proliferative diabetic retinopathy.

Unique to Novitas. If your MAC is Novitas, your documentation must also show the following:

- The patient has undergone the Pre-Cataract Surgery Visual Functioning Index (VF-8R) questionnaire. The questionnaire must be maintained in the patient's medical records and be available upon request. (VF-8R is available at aao.org/practice-management/coding/updates-resources.)
- The length of time between the exam to determine the need for surgery and the surgical date isn't more than 90 days.

Is Novitas your MAC? Novitas is the MAC for the District of Columbia and for the following states: Arkansas, Colorado, Delaware, Louisiana, Maryland, Mississippi, New Jersey, New Mexico, Oklahoma, Pennsylvania, and Texas.

