

What Eye M.D.s Should Know About CPT 2014

BY MICHAEL X. REPKA, MD, MBA, MEDICAL DIRECTOR OF GOVERNMENTAL AFFAIRS,
CHERIE MCNETT, DIRECTOR OF HEALTH POLICY,
AND SUE VICCHRILLI, COT, CCS, ACADEMY CODING EXECUTIVE

Each year, the AMA makes changes to its Current Procedural Terminology (CPT). New codes are added, while some of the old codes are revised or deleted. Among this year's changes, the ones most likely to impact ophthalmology include a new CPT Category I code and changes to the Category III codes.

CPT Category I Codes

New aqueous shunt code—66183.

Nestled between 66180 *Aqueous shunt to extraocular reservoir* and 66185 *Revision of aqueous shunt to extraocular reservoir* is a new code—66183 *Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach*.

This latest addition to the aqueous shunt family of CPT I codes replaces a Category III code, 0192T. The change was needed because the procedure has become more commonly performed. While Medicare Part B will cover the procedure, commercial coverage will continue to vary. NCCI edits for the new code weren't available at time of press, but you can get them from the AAOE's website (see "Further Resources").

CPT Category III Codes

Category III codes are used to collect data on new services, infrequent services, and services employing emerg-

ing technology. Based on this data, the CPT Editorial Panel may decide that a new Category I code is required, in which case the corresponding Category III code will be deleted—for example, as mentioned above, with code 66183 replacing code 0192T.

New Category III codes. Eye M.D.s and their billers should be aware of three new codes:

0329T *Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report*

0330T *Tear film imaging, unilateral or bilateral, with interpretation and report*

0333T *Visual evoked potential; screening of visual acuity, automated.* (This code change was developed to differentiate this form of VEP screening from the standard VEP. The latter is still reported for many visual pathway problems.)

Use an Advance Beneficiary Notice (ABN). Unless or until a payer develops a coverage/payment policy for a particular Category III code, patients are responsible for the fee. It is always best to have a Medicare Part B patient sign an ABN and submit the claim appended with modifier –GA, indicating that you have the patient's ABN on file in the office.

Deleted Category III codes. Two ophthalmic codes have been deleted:

0124T *Conjunctival incision with*

Further Resources

Make sure you're up to date for 2014. Go online to learn about:

- E-prescribing—go to www.aao.org/e-rx
- National Correct Coding Initiative (NCCI) edits and Medically Unlikely Edits (MUEs)—go to www.aao.org/coding, select "Coding Tools," and "Correct Coding Initiative (CCI) Edits"
- Physician Quality Reporting System (PQRS)—go to www.aao.org/pqrs
- Provider Enrollment, Chain, and Ownership System (PECOS)—go to www.aao.org/pecos
- ICD-10—the AAOE is scheduling four-hour courses on ICD-10 around the country; find out when the course will be taking place in your state at www.aao.org/codequest

posterior extrascleral placement of pharmacological agent (does not include supply of medication)

0192T *Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach.* ■

NEXT MONTH: Get ready for ICD-10. Starting in February, each installment of "Savvy Coder" will address one aspect of the new code set. The first three articles will address ICD-10's similarities to ICD-9, its terminology, and general guidelines for its use. In later articles, "Savvy Coder" will provide a primer for each of ophthalmology's subspecialties.