Coding for Eye Injuries, Part 2: A Bad Day at Work

Despite ophthalmology's best efforts to educate the public about eye safety, you won't have to wait long for the next ocular injury. Get prepared with *EyeNet*'s two-part series on coding for eye injuries featuring a list of CPT codes that only commercial payers use (see Part 1, June), three case studies (one in Part 1, one below, and one online), and web extras (see "More Online").

Case #2: A Bad Day at Work

During his first day on the job at a home improvement store, 18-year-old Blake* cut the metal band around layers of stacked wood. The metal band sprang toward his face, lacerating it from cheek to forehead, including his left eye. Blake's manager drove him to the closest hospital ER. The ER physician closed the skin laceration, packed the left eye with antibiotic ointment, and applied a pressure patch to that eye. Blake was told to see an ophthalmologist "first thing in the morning for severe corneal abrasion."

The next morning, when staff arrived at the practice, Blake and his mother were already at the office door. Blake, who is an established patient at the practice, was in terrible pain and felt nauseated.

Staff action. The technician took Blake to the exam room and, per HIPAA requirements, she asked him if his mother could join them. The technician obtained the name of Blake's employer and manager and gave that information to the front-office staff so they could call for an injury report, as this was a workers' compensation claim. The front-office staff notified scheduled patients that there was an emergency and, if they were unable to wait, offered to reschedule their appointments.

Exam and history. Blake's uncorrected visual acuity (VA) in the right eye was 20/25. In order to obtain the VA of the left eye, she needed to remove the patch. But when she did so, she saw that the eye looked "flat," which made her wonder why a pressure patch had been applied (it was unknown whether the ER doctor had requested an ophthalmology consult). She reclined Blake's chair, instructed him not to touch his face, and immediately got a physician. Seven exam elements were performed, but—because of the trauma—the physician was unable to obtain the other five elements. In such circumstances, credit is still given for those elements (but only if they were considered medically necessary). A mental assessment was performed as the 13th element of the exam. An exam that includes that 13th element is considered comprehensive. The technician had obtained a comprehensive history from Blake. The level of medical decision-making reached the high-complexity threshold.

CPT codes. The practice submitted CPT code 99215–57 for the exam, with modifier –57 indicating that this office visit was used to determine the need for surgery. The practice can also bill CPT code 99058 *Emergency disrupting office hours* (99058 is from a family of codes that can't be used for Medicare or Medicaid, as discussed in Part 1 of this series).

Diagnoses. ICD-10 codes: S05.22XA *Ocular laceration with prolapse or loss of intraocular tissue, left eye, initial encounter* and W22.8XXA *Striking against or struck by other objects, initial encounter.*

Post-op. During the postoperative period, Blake was fitted for a bandage contact lens. The practice billed for this using CPT code 92071 *Fitting of bandage lens* and HCPCS code V2599 *Supply of bandage lens.*

After the eye had healed, Blake was referred to a cornea specialist, as a corneal transplant would eventually be needed. In order to bill a workers' compensation claim for the transplant, that specialist would need a corneal transplant diagnosis plus S05.32XS *Corneal laceration without prolapse or loss of intraocular tissue, left eye*, indicating sequela.

* Patient name is fictitious.

MORE ONLINE. For case study #3, tips on ICD-10 codes for eye injuries, and a practice checklist, see this article at aao.org/eyenet. Part 1, which discusses CPT codes 99050-99060, is available at aao.org/eyenet/archive.

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