

Coding Is Not for Amateurs Anymore

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With the increase in audits from federal and commercial payers, as well as the decrease in reimbursement for cataract surgery, your practice can ill afford to bill incorrectly. This puts a premium on coding expertise.

How your practice can ensure coding competency. Use the Ophthalmic Coding Specialist (OCS) exam to confirm that coders at your practice are up to date and to pinpoint areas that they may need to read up on. The exam was developed by a task force of physicians, administrators, technicians, and coders. They designed it to test total competency, with questions that address 19 content areas, including E&M and Eye codes, testing services, minor and major surgical procedures, ICD-9, modifiers, and a range of subspecialties.

Take the OCS exam. The test is offered by the American Academy of Ophthalmic Executives in partnership with the Joint Commission of Allied Health Personnel in Ophthalmology. To learn more, visit www.aao.org/ocs.

Test Yourself

These sample questions are typical of the OCS exam.

Q1. According to medically unlikely

edits (MUEs), which of the following statements is true regarding coding CPT code 67825 *Correction of trichiasis; epilation by other than forceps (e.g., by electrosurgery, cryotherapy, laser surgery)*?

- a) Payment is per lash.
- b) Payment is per lid.
- c) Payment is per eye.
- d) Payment is per session.

Q2. Following cataract surgery, the surgeon removed fluid from the anterior chamber to relieve increased IOP. How should this be coded?

- a) Do not bill. This is part of postoperative care.
- b) 65800–78.
- c) 65800–58.
- d) 66999, which is used for unlisted procedures in the anterior segment.

Q3. A postoperative exam revealed inflammation due to retained lens material. The surgeon performed a pars plana vitrectomy (CPT code 67036), removed fragments via phaco (66850), and performed a nonsutured repositioning of the IOL (66825). What is the correct way to code for this?

- a) Submit all three codes.
- b) 67036–78 and 66850–78.
- c) 67036–79 and 66825–79.
- d) Since the procedures were performed within the global period of cataract extraction, no additional

claims related to the surgery should be submitted for payment.

Q4. When a YAG capsulotomy is performed during the postoperative period of cataract surgery on the same eye in the physician's office, what is the correct coding?

- a) 66821–78–eye modifier.
- b) 66821–58–eye modifier.
- c) 66821–79–eye modifier.
- d) No separate billing, as the procedure is not performed in a hospital or ambulatory surgical center.

Q5. Which statement is true concerning modifiers?

- a) All payers recognize all modifiers.
- b) Modifier –25 is always appended to the exam when a testing service is performed the same day.
- c) Modifier –57 should be appended to the exam when the decision is made for any surgical procedure.
- d) The 50 percent reduction rule for multiple and/or bilateral surgeries applies to either modifier –50 or –51.

Q6. All ophthalmic tests:

- a) Require a separate page for the dictation of the interpretation and report.
- b) Require direct supervision by Medicare Part B payers.
- c) Are payable within the global period of a surgery when medically indicated.
- d) Must be performed by a physician.