

## From Bundled Codes to Foiled Surgeries: Test Your Coding Competency, Part 2

**E**arlier this year, Savvy Coder challenged you to tackle 9 questions (see “Test Your Coding Competency,” May, which is available at [aao.org/eyenet?may-2017](http://aao.org/eyenet?may-2017)).

In Part 2, you get another chance to demonstrate your coding savvy.

### 9 More Questions to Tackle

**Q10.** *The CPT codes for glaucoma OCT (92133) and retina OCT (92134) are bundled together under the National Correct Coding Initiative (NCCI, usually shortened to CCI). Typically, 2 bundled codes—also known as a CCI edit—can’t both be billed when the 2 services were performed by the same physician on the same eye on the same day. But under certain circumstances, some CCI edits can be unbundled, which means that the 2 codes in the CCI edit can both be billed. Is it appropriate to unbundle CPT codes 92133 and 92134 as long as you have 2 separate diagnosis codes?*

**A.** No. They are bundled together with a CCI mutually exclusive edit, which means they can never be unbundled.

**Q11.** *The retina specialist refers a patient to the glaucoma specialist in the same office. When the patient sees the glaucoma specialist, should it be billed as a service involving a “new” or an “established” patient?*

**A.** The latter. Whether you are selecting from the Evaluation and Management (E&M) codes or the Eye visit codes—and whether or not you’re using the new taxonomy designation—you must select an established patient code.

**Q12.** *A hospital inpatient requires an ophthalmologic evaluation. The patient is transported to your office for the exam. Which of the following statements is true: a) place of service is office, b) place of service is hospital, or c) the patient himself is responsible for payment of this noncovered exam.*

**A.** Place of service is hospital. When patients are in your records as inpatients, they can’t have an outpatient exam until they are released from the hospital.

**Q13.** *Payers think it is acceptable to document an exam by copying and pasting from, or pulling forward from, a previous exam—true or false?*

**A.** Absolutely false! While you may think this is a time-saving benefit of your electronic health record (EHR) system, it is the payer’s No. 1 area of review. From the payer perspective, payment is made from the information obtained today and pertinent to today’s exam. For this reason, some audits request a series of exams rather than a single exam note.

**Q14.** *How often must we have the patient fill out new paperwork for the Review of Systems (ROS) and Past, Family, and Social History (PFSH)?*

**A.** Prior documentation can be referenced at each exam (if medically necessary and pertinent to today’s visit), but new paperwork is only needed if/when the rules change or if the patient is “new” again.

**Q15.** *Sometimes a physician is forced to terminate a surgical procedures. Such procedures have a global period—true or false?*

**A.** False. Surgical procedures appended with modifier –53, indicating that the procedure was discontinued, do not have a global period.

**Q16.** *What component of the bill isn’t paid by Medicare Part B while the patient is in a skilled nursing facility?*

**A.** Medicare Part B will not pay for the technical component of any test, any drug injected, or postoperative cataract glasses.

**Q17.** *Regarding CPT code 92226 (extended ophthalmoscopy, subsequent), payment is made whether there is a change or not, as long as a picture is drawn—true or false?*

**A.** False. Payment is for drawing and labeling the change in pathology from the past visit.

**Q18.** *Before hiring a new physician, it’s best to check the Medicare exclusion list maintained by the Office of Inspector (OIG)—true or false?*

**A.** True. If action has been taken against a physician, no payments can be made to that physician by Medicare.

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BY SUE VICCHIRILLI, COT, OCS, ACADEMY DIRECTOR OF CODING; JENNY EDGAR, CPC, CPCO, OCS, ACADEMY CODING SPECIALIST; ELIZABETH COTTLE, CPC, OCS; JOY WOODKE, COE, OCS; AND MATTHEW BAUGH, MHP, COT, OCS.