

Auditproof Your Evaluations for Cataract Surgery

Cataract surgery is one of the most common surgeries in ophthalmology. Consequently, it is a top audit target for all payers.

Would your charts stand up to audit scrutiny? Noridian, the Medicare Administrative Contractor (MAC) for 13 states, recently shared results of its postpayment audits for cataract surgery. From 21% to 71% of claims would warrant denial of payment because documentation did not meet the requirements of local coverage determinations (LCDs; aao.org/lcds).¹

Make your charts auditproof. If your practice performs cataract surgery, it is only a question of time before you get audited. You can start preparing for this eventuality by reviewing the following documentation requirements.

A Unique Chief Complaint Must Impact an ADL

When you establish the need for cataract surgery, documentation of a chief complaint that impacts an activity of daily living (ADL) is a fundamental requirement for all payers. Ask all potential cataract patients about their visual symptoms and the activities they have difficulty performing. Make sure to document which eye(s) are impacted. Your documentation should be *unique* to the patient, so do not copy text from one patient's record to another.

Example. Documentation might include, “New patient referred for cataract evaluation. Blurred vision in the left eye for the past year. Activity affected: difficulty driving and watching TV.”

Use a VF-8R form. When completed, the nationally recognized Pre-Cataract Surgery VF-8R Patient Questionnaire (see “Use These Resources,” next page) fulfills—for most carriers—the requirement that you document how the chief complaint impacts a patient's ADL.

Visual Acuity

All Medicare payers require that best-corrected VA (BCVA) be documented. Therefore, all cataract surgery patients should have a manifest refraction performed during the visit at which the recommendation for surgery is made. Near vision and glare testing, both with uncorrected VA and BCVA, should be performed when indicated by the chief complaint and/or the impacted activity of daily living. Some commercial carriers expect you to document the method of glare testing.

Example. This documentation sample shows a chart note that might meet MAC's requirements:

- VA: OD—SC: 20/30, CC: 20/25; OS—SC: 20/50, CC: 20/40
- Refraction: OD—Sph: -0.50, BCVA: 20/20; OS—Sph: -1.00, Cyl: +.5, Axis: 120, BCVA: 20/40.

- Glare (BCVA): OD: 20/40; OS: 20/80
Note: OD = left eye; OS = right eye; SC = without correction; CC = with correction; Sph = sphere power; Cyl = cylinder power.

Glasses aren't an option. For all surgical cataract patients, include this key fact: a tolerable change in glasses or other visual aids does not provide satisfactory functioning vision and the patient's lifestyle is compromised.

Physical Examination

Most payers require that you perform a comprehensive examination prior to cataract surgery. Comprehensive examinations include performing and documenting all 12 elements of the eye exam and documentation of the type and grade of cataract (i.e., 1-4+). Special consideration should be made to document the status of any concomitant ocular diseases that are present and that could possibly affect the patient's vision. You should also include a statement that the “cataract is believed to be significantly contributing to the patient's visual impairment.”

Example. Document all 12 exam elements, including:

- Lens: 2+ NS OS
- Retina: Attenuated vessels, normal macula

Note: NS = nuclear sclerosis.

The Assessment and Plan

In addition to a cataract diagnosis and the recommendation and decision for cataract surgery, payers also expect you to document these two statements:

- The patient has been educated by

BY MATTHEW BAUGH, MHA, COT, OCS, OCSR, ACADEMY MANAGER OF CODING AND REIMBURSEMENT; DAVID B. GLASSER, MD, ACADEMY SECRETARY FOR FEDERAL AFFAIRS; AND JOY WOODKE, COE, OCS, OCSR, ACADEMY DIRECTOR OF CODING AND REIMBURSEMENT.

Coming in the next

EyeNet®

Feature

OSSN What's new in the field of ocular surface squamous neoplasia? Imaging, genetics, and more.

Clinical Update

Cornea A new consensus statement on dry eye is designed to help simplify management.

Retina Two new approaches to sealing retinal breaks.

Pearls

Low Vision Approaching low vision in glaucoma patients as a multidisciplinary effort may have a tremendous impact on quality of life.

Savvy Coder

Coding for Beginners The top five real-world coding competencies for young ophthalmologists.

Blink

Take a guess at the next issue's mystery image. Then find the article at aao.org/eyenet and report your diagnosis.

For Your Convenience

These stories also will be available online at aao.org/eyenet.

FOR ADVERTISING INFORMATION

Mark Mrvica or Kelly Miller
M. J. Mrvica Associates Inc.
856-768-9360
mjmrvica@mrvica.com

the surgeon about the risks, benefits, and alternatives to cataract surgery, has provided consent, and desires to proceed with surgery.

- There is a reasonable expectation that cataract surgery will improve the patient's visual function.

Note: If surgery is being performed to improve visualization of the posterior segment or if comorbidities have the potential to limit visual recovery, this should be clearly stated. In addition, the risks, benefits, and alternatives documentation should include a statement that the patient is aware of the potential for limited visual recovery and still wishes to proceed with surgery.

Example. Documentation could include, "Nuclear Sclerosis OS. Cataract surgery recommended and expected to improve vision. Vision is not correctable by glasses or other nonsurgical measures. R/B/A were discussed with the patient. These included, but are not limited to: bleeding, infection, loss of vision, loss of the eye, need for more surgery, glaucoma, retinal detachment, need for glasses, corneal edema. The patient voiced understanding and wishes to proceed. All lens options were

discussed with the patient including monofocal lenses, multifocal lenses, and toric lenses. The risks and benefits of each were discussed, including halos, glare, and possible need for glasses. No guarantees about vision after surgery were given. The patient voiced understanding and wishes to proceed."

Note: R = risks; B = benefits; A = alternatives.

Under Scrutiny

Whether it is a prior authorization, a Medicare Targeted Probe and Educate (TPE) audit, or a commercial payer audit, insurance payers are increasing their scrutiny of chart documentation that supports the medical necessity of cataract surgery. Deficiencies in documentation will prompt additional reviews. Ensure that you are in compliance by performing internal chart audits, which can be done using the pre-op documentation checklist (see the fact sheet, listed below) along with the payer's policy as your guides.

1 aao.org/practice-management/news-detail/noridian-reports-cataract-documentation-failure. Accessed Aug. 11, 2022.

Use These Resources

The American Academy of Ophthalmic Executives (AAOE) offers many tools, reference materials, and services, such as the following:

- Audit resources, including guides to audit types (aao.org/audits)
- Coding and reimbursement resources, including the latest news (aao.org/coding)
- Consulting services to assist you in conducting a target external audit to confirm your documentation meets payer guidelines (aao.org/consulting)
- "Fact Sheet for Documenting the Need for Cataract Surgery" (Savvy Coder, January 2021), which includes a pre-op documentation checklist (aao.org/practice-management/coding/savvy-coder)
- Pre-Cataract Surgery–Visual Functioning Index (VF-8R) Patient Questionnaire (aao.org/practice-management/coding/updates-resources)
- Cataract Documentation Checklist (7-minute video; aao.org/practice-management/multimedia-detail/cataract-documentation-checklist)
- Survive and Thrive: How the Academy Helped Us Successfully Pass a Cataract TPE Audit—An Interview With Julia Lee, JD (21-minute video; aao.org/practice-management/multimedia-detail/successfully-pass-cataract-tpe-audit)
- Ultimate Documentation Compliance Training for Scribes and Technicians (aao.org/techs)
- Coding Assistant: Cataract and Anterior Segment (aao.org/codingtools)
- AAOE-Talk (aao.org/practice-management/aaoe-talk-overview)