Reality

• Third-party payer audits have returned.
• If a payer has a policy on the documentation requirements for the exam to determine the need for surgery, it is published on their website.
• For convenience, Academy staff has linked Medicare’s local coverage determinations and articles to aao.org/lcds.
  • Not password protected.
  • Your staff has access.
  • Visit the site often as policies are updated frequently.
TPE Palmetto

- Extracapsular Cataract Removal with Insertion of IOL for April through June 2021

  - Outcome: Denial rate of 25.67%

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.26%</td>
<td>Payer Deems the Information Submitted Does Not Support the Medical Necessity of the Services Billed</td>
</tr>
<tr>
<td>7.53%</td>
<td>Documentation Requested for this Date of Service Was Not Received or Was Incomplete</td>
</tr>
<tr>
<td>5.38%</td>
<td>Documentation Lacks the Necessary Provider Signature</td>
</tr>
<tr>
<td>2.69%</td>
<td>Claim Billed in Error Per Provider</td>
</tr>
<tr>
<td>1.08%</td>
<td>Auto Deny — Requested Records Not Submitted Timely</td>
</tr>
</tbody>
</table>

Documentation Checklist:
Exam to Determine the Need for Surgery

- Patient's unique chief complaint of impairment of visual function that includes how ADL is impacted
- Visual acuity and
- Best corrected visual acuity documented
- If complaint is near vision, document BCVA at near too
- If patient complains of glare, appropriate to perform a glare test
- Confirmation that a change in glasses or contact lenses or lighting will not improve visual function
Documentation Checklist:
Exam to Determine the Need for Surgery

✓ Surgeon’s examination confirms diagnosis of cataract
✓ The degree of lens opacity should correlate with the impairment of corrected visual acuity

✓ Removal of the natural lens will improve patient's visual function, or any of these indications:
  ✓ Concomitant intraocular disease, such as diabetic retinopathy or intraocular tumor.
  ✓ Lens-induced disease threatening vision or ocular health such as phacomorphic or phacolytic glaucoma.
  ✓ High probability of accelerating cataract development as a result of a concomitant or subsequent procedure such as pars plana vitrectomy, iridocyclectomy, procedure for ocular trauma.
  ✓ Cataract is interfering with vitreoretinal surgery.
  ✓ Intolerable anisometropia or aniseikonia uncorrectable with glasses or contact lenses exists as a result of lens extraction in the first eye.
Documentation Checklist:
Exam to Determine the Need for Surgery

- Risks and benefits have been discussed by the surgeon with reasonable expectation that both the patient’s visual and functional status will improve.
- If vision is specifically not expected to improve, the statement must include the patient's understanding of that fact.
- A statement that the patient desires to proceed with surgery.
- An identifiable physician signature.
  - Signature log
  - EHR signature protocol

Testing

- Documentation for the A-scan/ultrasound must include a delegated order:
  - Which test
  - Which eye(s)
  - Surgeon's interpretation/report
    - Selected lens power
  - If performed by a physician, document personally performed so that auditor will not look for a delegating order.
TPE Process

• Typically, pre-payment
• Once request received, 45-days to respond
• Include all documents requested
• Three rounds of review
• Each round examines 20 to 40 claims
• After each round a letter with results will be mailed and may require a one-to-one review. If you fail the first round, you will face a second review. If a physician fails all three rounds, further action will be taken.

Begin Internal Review Today! Now!

- Identify areas of vulnerability.
- Take immediate corrective action.
Coding is a Team Sport

• Websites
  o aao.org/coding
  o aao.org/lcds
  o aao.org/em

• Products aao.org/store
  o Coding Assistant: Cataract/Anterior Segment

• Coding Courses
  o Codequest aao.org/codequest
  o Annual meeting live and virtual