

Optometry Coding & Billing Alert

Breeze Through Allergy Season With Specific Eye Irritation Dx

Use these tips to get the most specific diagnosis you can for your eye irritation patients.

Fall allergy season is not quite over, and the spring allergic snap will be here before you know it. Be prepared to treat and code eye irritations to recoup all your deserved reimbursement with this advice from the field.

3 Key Conditions to Watch

For your claims to succeed, you must use the most specific diagnosis code you can for your patient's eye irritation. Most patients you see with eye irritations will have one of three major conditions, notes **Mark Richard Wright, OD, FCOVD**,

clinical assistant professor with The Ohio State University College of Optometry:

Blepharitis (373.0x): This is an inflammation of the eyelids, particularly at the lid margins, typically associated with a low-grade bacterial infection or a generalized skin condition, according to www.allaboutvision.com.

Blepharitis occurs in two forms: anterior and posterior blepharitis. The anterior kind affects the outside front of the eyelid where the eyelashes are attached. The two most common causes are scalp dandruff and bacteria. Posterior blepharitis

affects the inner eyelid and is caused by problems with the oil (meibomian) glands in the eyelid. Two skin disorders are the cause: acne rosacea and scalp dandruff, relates the All About Vision Web site.

Tip: Seventy percent of dry eye patients also have blepharitis, adds Wright. So don't overlook coding for both if both are present -- a complete diagnostic picture will help the payer understand the medical necessity of the treatments you choose,

which in turn will help get your claims paid.

Dry eye (375.15): This is caused by decreased production of fluids from tear glands, which destabilizes the natural tear film, allowing it to break down rapidly and create dry spots on the eye surface, according to www.mayoclinic.com. An

imbalance in the substances that make up the tear film also causes dry eyes. Treatment of dry eyes aims to restore a more normal tear film to minimize dryness, blurred vision, and discomfort.

Conjunctivitis (372.xx): Otherwise referred to as allergic disease or "pink eye," this ailment is characterized by redness and inflammation of the membranes (conjunctiva) covering the whites of the eyes and the membranes on the inner part of the

eyelids, according to www.medicinenet.com. These membranes react to a wide range of bacteria, viruses, allergy-provoking agents, irritants, and toxic agents, as well as to underlying diseases within the body. Viral and bacterial forms of

conjunctivitis are common in childhood, but they can occur in people of any age, relates the Medicine Net Web site.

Consider Visit's Primary Reason

One Florida office describes its approach to billing for patients with eye irritations as such: If the primary diagnosis is a routine check-up and the blepharitis or conjunctivitis is secondary, the practice still codes for a routine visit.

Example: A new patient comes in for a routine eye exam. You perform a comprehensive exam and discover tear film insufficiency. Report 92004 (Ophthalmological services: medical examination and evaluation with initiation of diagnostic and

treatment program; comprehensive, new patient, one or more visits), and link it to V72.0 (Examination of eyes and vision). As a secondary diagnosis, report the dry eye with 375.15 (Tear film insufficiency, unspecified).

If the primary reason for the next visit is medical, then the office crosswalks to the minor evaluation and management codes -- 99201-99215 - leaving the 92000 codes behind, says **Sylvia Conrad**, insurance coordinator with Your Eye Solution

in Jacksonville, Fla.

Important: Of course, you must focus on taking a more complete history to support submitting codes in the 99201-99215 range, Conrad says. You must also document the extent of your examination and the complexity of your medical decision

making.

Example: A patient with chronic blepharitis (373.00, Blepharitis, unspecified) comes in due to a recent foreign-body sensation. During the case history, the patient mentions a recurring headache (784.0, Headache). The patient had an unremarkable comprehensive exam four months ago, and you don't think it's necessary to do another dilated exam. A slit-lamp exam reveals a lash rubbing the cornea on the painful eye (930.0, Corneal foreign body). Refraction indicates a significant increase in hyperopia (367.0, Hypermetropia), which may explain the headache.

You can report an E/M code -- as long as you meet the higher standard of documentation for the E/M codes. Be sure to document the date of onset, frequency and duration of symptoms, level of discomfort, whether the condition is improving,

and other details defined in the E/M codes that are not specified in the eye codes. Many carriers will look for an E/M code if there is a medical diagnosis.

Another option is to code this with comprehensive eye exam code 92004 or 92014 (Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established

patient, one or more visits). Documentation standards for these codes are not as strict.

Resource: For more information, you can download "Care of the Patient with Conjunctivitis" from the American Optometric Association Web site at <http://www.aoa.org/documents/CPG-11.pdf>.