

# Optometry Coding & Billing Alert

## Know the Ins and Outs of Foreign-Body Removal

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### Follow our expert advice and translate FBR coding and billing questions into reimbursement

Foreign-body removals (FBR) are some of the most common procedures optometrists perform. Yet confusion persists about proper billing and coding under different circumstances such as multiple foreign bodies in one eye or an exam performed with an FBR - confusion that could be costing you as much as \$200 per visit.

Use our expert answers to these frequently asked questions about FBR to keep you on the path to coding and billing success.

### What are the CPT codes for foreign-body removal?

Optometrists generally limit their foreign-body removals to the external eye and eyelids, says **Heather Kingery**, insurance supervisor for the Pontiac Eye Clinic in Farmington Hills, Mich. Use these codes to report the procedures:

65205 - Removal of foreign body, external eye; conjunctival superficial

65220 - ... corneal, without slit lamp

65222 - ... corneal, with slit lamp

67938 - Removal of embedded foreign body, eyelid.

### Can I bill an E/M code along with the removal code?

Unless you find it necessary to do a history, exam and decision-making with the performance of the FBR, you should not code for and bill the office visit, says **David Gibson, OD, FAAO**, a practicing optometrist in Lubbock, Texas. But if you think the patient requires a full workup to rule out other problems and you consider this to be medically necessary, you should code and bill both services.

Whether or not to bill an E/M code depends on what the patient tells you, Gibson says. If the patient says "My eye hurts" then an office visit is needed to determine why," he says. Document the exact complaint the patient has if you want to defend using an office visit and an FBR procedure together Gibson says.

You may not get reimbursed for both services however if you don't follow the documentation modifier and diagnosis coding requirements for reporting an E/M service and a foreign-body removal on the same day.

**Trap:** If you document the FBR in the slit lamp portion of the examination the carrier may assume that the office visit

service was an integral part of the minor procedure and therefore included in the payment for the procedure.

**Solution:** Be sure to document the history exam and decision-making components of the E/M service in a separate dated entry for the FBR. Choose an appropriate examination code depending on the documentation and append modifier -25 (Significant separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service).

### **Do I need separate diagnoses for the E/M and the FBR? What are the acceptable diagnosis codes?**

If you are billing an exam with an FBR it may not be strictly necessary to document two ICD-9 codes - but some carriers may prefer if you do. The ICD-9 code for the exam should reflect the reason you performed the exam - the patient's complaint of eye pain or a foreign-body sensation. For the FBR use an ICD-9 code that documents what you found in the examination - the foreign body itself.

**Example:** An established patient presents with generalized pain in his eye and you perform a level-two E/M service 99212 (Office or other outpatient visit ...). You find a foreign body in the patient's conjunctiva and decide to remove it. The correct coding for this scenario is 65205 linked to a diagnosis of 930.1 (Foreign body in conjunctival sac) and 99212-25 linked to a diagnosis of 379.91 (Pain in or around eye).

### **What if the patient presents knowing he has something in his eye?**

In this case you would probably not need an exam to arrive at the correct diagnosis.

"If the patient says 'I have something in my eye ' " Gibson says "then the FB diagnosis is already made assuming you find something." If a patient presents with the specific complaint of a foreign body - one that he knows he got at work for example - you are also not likely to need to know such elements of evaluation and management as personal family and social history. Therefore it may not be appropriate to bill an office visit in addition to the FBR procedure.

However if you suspect other problems besides or instead of the foreign body (such as abrasions or trichiasis) an exam would be warranted.

"Most FBRs should be billed as FBR only with no office visit " Gibson says. "In my experience the patient generally knows exactly what the problem is " making an exam superfluous.

Kingery agrees. With every carrier she has dealt with "it's not payable " she says. "Even if you were to bill with two separate diagnoses [the FBR and the E/M] cannot be billed and paid on the same date of service."

### **If there's more than one foreign body can I code for each one I remove?**

That depends on where the foreign bodies are. If a patient has multiple foreign bodies in the same part of the eye - either the conjunctiva the cornea or the eyelid - you should only report the CPT code once says **Sonya Bartron** billing supervisor at Hampton Roads Eye Associates in Newport News Va. However if you remove foreign bodies from both eyes or from different parts of the same eye you should be able to bill each separately Bartron says.

**Example:** A patient presents with iron filings in his eyes. Some are superficially embedded in the conjunctiva of his right eye and others are in the cornea of his left eye. You remove the foreign bodies using a slit lamp. Bill 65205-RT and 65222-LT appending the right and left modifiers to indicate which procedure was done in which eye.

Note: For more information on FBRs see "Know When Objects Really Are 'Foreign'".

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