

Optometry Coding & Billing Alert

NCCI 12.0 Update: Include Eye Exams in Nursing Home Visit Codes

The E/M codes may have changed, but the bundles remain the same for optometrists servicing rest homes

When an optometrist visits a patient in a nursing home, he can report an eye exam code, or--with the proper documentation--a -Nursing Facility Service- E/M code. But Medicare has specific rules regarding reporting both.

Last year, reporting 99311-99313 (Subsequent nursing facility care-) and 99321-99333 (Domiciliary or rest home visit for evaluation and management-) ran you afoul of Medicare's rules. And this is still the case in 2006, even though CPT has deleted these codes and replaced them with new ones.

The first set of National Correct Coding Initiative (NCCI) edits for 2006 bundles eye exam codes 92004-92014 (Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program-) into these new E/M codes, which appear under the -Nursing Facility Services- and -Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services- headings in CPT 2006:

- 99307-99310--Subsequent nursing facility care, per day, for the evaluation and management of a patient-
- 99324-99328--Domiciliary or rest home visit for the evaluation and management of a new patient-
- 99334-99337--Domiciliary or rest home visit for the evaluation and management of an established patient-

Like the previous bundles with the deleted nursing facility and rest home codes, NCCI marks these new bundles with modifier indicator -0,- meaning you cannot report the bundled codes separately under any circumstances, says **Paula Okano, CPC**, medical coder and biller for Retina Associates of Hawaii in Honolulu.

Report 92002 for Routine Visits, E/M Code for Medical Problems

Experts recommend coding an intermediate eye exam (92002 for new patients or 92012 for established patients) for routine visits, since less documentation is required to substantiate this code. To report a subsequent nursing facility care code (99307-99310), you would need to meet CPT's requirement to review the medical record and review the results of diagnostic studies, as well as changes in the patient's status.

However, if you are seeing the patient for a medical problem (such as glaucoma), or are evaluating a more far-reaching systemic disease process--and can meet the documentation requirements for history, examination and medical decision making--you may report an E/M code.

Select the E/M code based on the type of facility. The nursing-facility codes (99307-99310) are for services provided within a facility in which 24-hour medical services are available. Domiciliary, rest home and custodial-care codes (99234-99337) are for nursing homes that provide room and board, as well as personal assistance. Domiciliary codes are used only when the nursing facility does not provide medical assistance to its residents.

The new sets of codes give you more levels of service to choose from, provided you have the proper documentation.

Don't Dwell on IV Infusion Bundles

You will also see some bundles affecting optometric procedure codes, but the new component services--IV infusions and diagnostic injections--are not procedures optometrists are likely to need to code for in the first place.

NCCI 12.0 bundles 90760-90765 (Intravenous infusion-) and 90772-90775 (Therapeutic, prophylactic or diagnostic injection-) into several procedures optometrists frequently perform, including 65205 (Removal of foreign body...), 67820 (Correction of trichiasis...) and 68761 (Closure of the lacrimal punctum...)

Why? The IV and injection codes are all new in 2006. NCCI 12.0 is bundling them into over 5000 CPT surgery codes to clarify that those services are an inherent part of the surgical procedures.