

Optometry Coding & Billing Alert

News You Can Use: Is Your E/M Coding Measuring Up? Check CMS' Checklist

After 3 years, faces familiar to your optometry practice are new again

If a patient you last saw in 2002 for an eye exam returns to your practice, do you code him as a -new- or -established- patient? What if it wasn't you who saw him, but another OD in your office?

New Medicare guidelines might make the answers to those questions a little clearer. The Centers for Medicare & Medicaid Services (CMS) tweaked some of the rules for evaluation and management coding in a new transmittal (731), dated Oct. 28.

To start, CMS clarified the definition of -new patient- for E/M purposes. Experts say the policy hasn't really changed, but CMS is explaining it differently, and it can provide a useful refresher course. According to CMS, someone is a new patient if none of your physicians have seen him face-to-face in the past three years, says **Elena Vargas, OCS**, coding specialist for Rashid and Rice Eye Associates in San Antonio.

In other words, if one of your physicians interpreted a patient's test results or did some other non-face-to-face service in the past three years, you can still consider that person a new patient the next time she comes into the office, according to consultant **Devona Slater** with Auditing for Compliance & Education in Leawood, Kan.

-Many times, our physicians don't realize they can use a new patient code if they haven't seen the patient in 36 months,- says **Robyn Brooks** with Lee-Brooks Consulting in Chicago.

Also, CMS says it won't pay for any E/M services on the same day by physicians in the same practice and same specialty- unless you document that the visits were for unrelated problems.

Sometimes carriers won't pay for same-day E/Ms even when they're for unrelated problems, but CMS is telling the carriers to pay for repeat visits.

Read it: Download the transmittal at http://www.cms.hhs.gov/manuals/pm_trans/R731CP.pdf.