

Optometry Coding & Billing Alert

Ocular Surface Disease: 3 Tips Help You Collect When Treating Dry Eyes in Contact Lens Patients

Hint: Treating OSD is completely separate from training patients on lens care.

Most contact lens patients expect to pop their new corrective lenses into their eyes and immediately enjoy a life of 20/20 bliss free from glasses — but for some patients, that bliss is interrupted by the irritation that can result from pairing dry eyes with contact lenses.

If you treat patients with this dual issue, check out the following three tips from **Jerry Godwin**, president of eye care consulting firm OMS in San Antonio, Tex.

1. Know What You're Up Against

When you treat a contact lens patient with dry eyes (DE) or another ocular surface disease (OSD), your biggest challenge will be achieving the best corrected vision meeting the patient's expectations, especially when the patient does not know or understand that they have OSD and/or DE, Godwin says.

In this situation, your opportunity is to properly treat the patient's medical condition, appropriately bill for the care provided, collect the proper reimbursements, and educate the patient on what an optometric physician can do for her medical condition, he adds.

2. Differentiate Training From Treatment

You cannot effectively correct the patient's vision until the doctor treats the underlying OSD or DE, so you may see the patient for multiple visits to treat the OSD before she can successfully wear contact lenses.

"Any treatment of OSD/DE that is medically necessary can be billed as a medical visit," Godwin says. "A 'teaching' should be part of the fitting fee. The treatment of the OSD/DE should be billed as a medical visit as long as it meets the requirements to do so."

3. Don't Deliberately Avoid Codes

Report the appropriate E/M or ophthalmic code based on your documentation, Godwin advises. "There must first be medical necessity to treat the patient," he says. "The patient's severity will drive the exam or E/M code used, and the documentation must support the level chosen. When the documentation properly supports the code chosen and all of the code's requirements, there should be minimal concern. The key is a full understanding of the coding requirements and proper use of the codes."

Optometrists can use codes from either the 92002-92014 range when treating medical ocular conditions or the 99211-99215 E/M codes when appropriate for the patient's condition based on complexity of problems/diagnosis and systemic issues.

"It is a requirement that the doctor should audit records to determine their level of compliance with coding and billing,"

Godwin advises. "The doctor must understand the requirements of each set of codes, document the proper care and treat the patient accordingly. An independent review of charts and billing practices provide a documented source to establish training and education based on their compliance."

Keep in mind: "The responsibility rests with the physician to understand what the requirements are, their level of compliance with the requirements, and implementing plans to correct where needed," Godwin says.