

Optometry Coding & Billing Alert

Optometry News You Can Use: Take the Money and Run

CMS has a Change of Heart on Proposed 'Mass Adjustment'

Good news for your practice: Optometrists won't have to cough up overpayments resulting from the delayed implementation of the 2003 Medicare Physician Fee Schedule.

CMS had planned to require carriers to collect overpayments from optometrists relating to certain claims for services provided in January and February of this year. The problem arose from the delay in the effective date of the fee schedule - which was March 1, 2003, rather than Jan. 1. Carriers were supposed to pay claims with dates of service in January or February at 2002 rates - but due to claims processing limitations, if they were submitted after March 1, carriers paid them at the higher 2003 rates.

CMS had planned to go after those so-called overpayments in a "mass adjustment" in July, and has been warning about this move for months. But much to the relief of optometrists and other physicians, the agency has had an 11th-hour change of heart. "If an overpayment exists, you will not be receiving any 'Demand' letters related to an incorrect payment based on the delay of the 2003 MPFS," CMS tells physicians. "This also means that Medicare beneficiaries will not be receiving copies of those 'Demand' letters that would have potentially caused unnecessary confusion to them."

To see CMS' notice on the mass adjustments, go to <http://cms.hhs.gov/physicians/goodnews.pdf>.

Note: CMS adds an important caveat to its notice: "You should be aware ... that if you bring to the attention of the Medicare carrier that an incorrect payment for January or February 2003 was received, the carrier will still process such an adjustment." Mum's the word.

Patient on Steroids? Check Out the New ICD-9 Codes

Long-term use of steroids or other common medications can have a dramatic effect on eye health, so identifying patients using them is essential - and recent ICD-9 additions are going to make that identification easier than before.

Monitoring patients' drug regimens and associating the use of certain medications with eye health issues are easier to code now with the addition of three new ICD-9 diagnosis codes that have expanded V58.6x (Long-term [current] drug use).

The U. S. Department of Health and Human Services has released the following updates, establishing three new drug subcategories for V58.6, which distinguishes them from their previous spot in the code's "other" category (V58.69, Long-term [current] use of other medications).

The following additions to the V codes, effective Oct. 1, will help you track patient care with more precision:

1. V58.63 - Long-term (current) use of antiplatelet/antithrombotic
2. V58.64 - Long-term (current) use of nonsteroidal anti-inflammatories
3. V58.65 - Long-term (current) use of steroids.

