

Optometry Coding & Billing Alert

Quick Quiz: Understand the Requirements For Accurate Tech Billing

COT and COA services can boost the E/M level--if they abide by incident-to rules

Certified ophthalmic technicians or certified ophthalmic assistants can be godsend to any vision practice, but reporting their services can sometimes cause headaches for coders. Coding technicians' services--and recapturing potentially lost revenue--is as easy as knowing a few Medicare rules.

Make sure you're getting the reimbursement you deserve by testing your technician billing know-how.

Question 1: True or false: A tech often performs visual acuity and intraocular pressure tests during a patient exam. Even though the optometrist is not performing those tests, he can include them in the exam level list to determine an E/M level.

Question 2: True or false: If the optometrist doesn't see the patient on the day that the technician performs a service, you cannot code an incident-to service.

Question 3: True or false: Since fundus photography requires only general supervision, coders can report the technician's services even if the optometrist is not in the office.

Question 1: True. As long as your tech is meeting the -incident-to- requirements, the optometrist can count the tech's services toward determining an E/M level. Technicians differ from regular nonphysician practitioners (such as PAs, NPs, and NAs) because they are not licensed by the state. They can receive certifications, such as a certified ophthalmic assistant (COA) and certified ophthalmic technician (COT), but they do not have their own provider identification numbers (PIN), says **Pat Day**, financial adviser for the Family Eye Clinic in Ellensburg, Wash. Therefore, you always have to bill incident-to a physician's service when reporting technician services.

The technician must be an employee of the practice, and the physician must either be involved in the service that day or have initiated care of the patient, made a plan of care and remained involved in the patient's care. The technician must also meet the supervision requirements.

The Medicare Carriers Manual limits incident-to coverage to -situations in which there is direct personal physician supervision.- The optometrist must be present in the office suite and immediately available to provide assistance and direction, Day says.

Question 2: False. The optometrist does not have to render a professional service on the same day for the technician's service to count as incident-to. As long as the technician renders his services -during a course of treatment in which the physician performs an initial service and subsequent services,- the services are incident-to.

To meet the supervision requirements for incident-to billing, however, the optometrist must be present in the office suite and immediately available, whether or not he sees the patient that day, Day says.

Question 3: True. Diagnostic tests have their own set of rules. You would code these tests under the optometrist's name and UPIN, but not as an incident-to service. Look for the requirements for supervision in column -Z- of the Physician Fee Schedule Database (-Level of Physician Supervision-). A -1- in that column means, according to Medicare, that it -must be performed under the general supervision of a physician.-

The physician must order the diagnostic test but need not be in the office when it's performed.

