Optometry Coding & Billing Alert

Reader Question: Don't Fall Into the Level-3 E/M Coding Rut

Question: I think my optometrists frequently perform evaluation and management visits that warrant coding at level four or higher, but I-m concerned about raising red flags for upcoding. How can I determine when I-m justified in billing a level-four service?

Tennessee Subscriber

Answer: Your first step in choosing the correct code is looking at the differences in the code descriptors for 99213 and 99214:

- 99213 -- Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused history; an expanded problem-focused examination; medical decision-making of low complexity.   Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity.

- 99214 -- - a detailed history; a detailed examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity.

To report 99214, your optometrist must document at least two of the following: a detailed history, a detailed exam, and medical decision-making (MDM) of at least moderate complexity.

You also need to be sure that the nature of the presenting problem and medical necessity support coding a level four.

Many coding consultants recommend not selecting an established patient E/M code level above that supported by the MDM level.

Caution: Automated systems set up to document every possible piece of history and examination for every patient will certainly attract auditors- attention, particularly if the history and exam are at the high end of documentation but MDM is low or straightforward.

Potential problem: Some insurers put up red flags when a practice only reports 99213 for established patient E/M services. Payers wonder what type of patient care a practice is providing when it never codes anything higher or lower than that level.

Bottom line: Choose your E/M code based on the optometrist's documentation every time, and your coding will naturally reflect the optometrist's range of services.