

Optometry Coding & Billing Alert

READER QUESTIONS: Bill Part B for Certain SNF Services

Question: Can an optometrist bill Medicare for services performed at an assisted-living facility?

Alabama Subscriber

Answer: Yes, but whether or not the optometrist can bill Medicare for all of his services depends on exactly what kind of facility the patient is in.

If the patient is in a skilled nursing facility (SNF)--or in an SNF bed in a mixed facility--Medicare Part A is paying the nursing facility for all of that patient's care, including any services you might provide. Therefore, at least part of the optometrist's payment will come from the SNF, not Medicare.

Exceptions: Medicare sees physicians- services and the professional components of certain diagnostic services as outside the SNF bundle. Bill Part B for all of the E/M codes (99201-99350) and eye exam codes (92002-92014) as physician services, as well as several procedure and test codes. For a complete list of codes exempt from consolidated billing, visit www.cms.hhs.gov/medlearn/snfcode.asp?link=2005.

For diagnostic tests that have both a professional component and a technical component--fundus photography (92250), for example--Medicare wants you to split the bill. The SNF is responsible for the technical component, while you can report the professional component to your Part B carrier with modifier 26 (Professional component) appended to the CPT code for the service. To get paid for the technical component, submit a bill to the SNF with modifier TC (Technical component) appended to the code.

Don't miss: Include the SNF's Medicare provider number and the correct place-of-service code (31) in your bill if you visit the patient in the SNF. Prior to seeing the patient, there must be a written request for your services in the patient's medical record.

Note: For more information on optometry billing for SNFs, see -Split the Bill for Full Payment for OD-s SNF Visits- in the July 2005 Optometry Coding & Billing Alert.