

Optometry Coding & Billing Alert

READER QUESTIONS: Can You Code E/M for New-Patient FBR?

Question: A new patient came in today complaining of a foreign body sensation in the right eye. I know that if an established patient complains of a foreign body, then the 99xxx code is considered included in the removal and should not be billed to insurance. However, I have never had this happen with a new patient before. Does the same rule apply?

Florida Subscriber

Answer: You would probably not need an exam to arrive at the correct diagnosis. Stick with a foreign body removal (FBR) code: 65205 (Removal of foreign body, external eye; conjunctival superficial), 65220 (& corneal, without slit lamp), or 65222 (& corneal, with slit lamp).

You will need a case history to determine the type of foreign body (if the patient even knows) and other pertinent details related to the FB. Don't forget to ask about drug allergies also before instilling any drops for the pain. If the patient says, I have something in my eye, then the FB diagnosis is already made, assuming you find something. If a patient presents with the specific complaint of a foreign body -- one that he knows he got at work, for example -- you are also not likely to need to know such elements of evaluation and management as personal, family, and social history. Therefore, it may not be appropriate to bill an office visit in addition to the FBR procedure.

However, if you suspect other problems besides or instead of the foreign body (such as abrasions or trichiasis), or if a foreign body is not located, an exam would be warranted.

Bottom line: Most FBRs should be billed as FBR only, with no office visit. The patient generally knows exactly what the problem is, making an exam superfluous. Insurers assume a small amount of case history when determining the relative value units (RVUs) of an FBR.