

Optometry Coding & Billing Alert

READER QUESTIONS: Document Chief Complaint for Glaucoma Follow-Up

Question: How should I code an office visit for a wheelchair-bound nursing home patient who comes in for a follow-up for glaucoma?

Texas Subscriber

Answer: Optometrists often have to follow up with glaucoma patients because of medications or postsurgical concerns. Many practices differ in their coding method for follow-up visits, using either E/M (99201-99215) or eye codes (92002-92014). Both sets are acceptable as long as they accurately depict the service.

The decision usually depends on the physician's preference. Some practices choose the eye codes because they require less documentation. However, the optometrist must perform the required exam elements, and he must consider those elements medically necessary for the patient's presenting problem, to bill the appropriate eye code level.

In documenting follow-up glaucoma visits, be sure always to document a chief complaint even if it is simply "follow-up glaucoma."

Hidden trap: Billing can be complicated if the nursing home resident is a skilled nursing facility (SNF) patient. In that case, the nursing home is receiving a monthly payment from the Medicare program and is responsible for the payment for all the services the patient requires. The SNF, however, may deny payment, claiming they did not know your optometrist was going to see his or her patient.

Disaster averted: Calling the nursing home before you see the patient to make sure the patient is not at SNF level -- and that you can bill Medicare -- will save you time and money in the future. These patients can be easy to miss if their families do the transportation, however -- you may not be aware that a patient was in an SNF.

Note that even though the patient is from a nursing home, the place of service is always where she is seen -- in this case, your office.