

From Slit Lamp to Superbill: Anterior Segment Cases in Focus

2 hours

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Description

We live in a very rural area with not one OMD in our county. We serve on staff at the local hospital and get lots of referrals from local MDs. We even take call for the ER on the weekends. We get to see lots of interesting cases, and these are some of them! But we also need to get paid! We will cover how we billed for each of these cases.

Learning Objectives

- Differentiate between 92 codes and 99 codes for ophthalmological services and select the appropriate billing code based on patient status, examination complexity, and medical decision-making criteria.
- Demonstrate competency in the systematic evaluation and initial management of anterior segment trauma, including LASIK flap complications, corneal abrasions, and penetrating injuries
- Differentiate between viral, bacterial, and fungal causes of anterior segment infections and select evidence-based treatment regimens while understanding medication availability constraints
- Gain proficiency in managing pediatric ocular emergencies, including understanding legal reporting requirements and coordinating multidisciplinary care
- Develop systematic approaches to challenging diagnostic cases, including unusual cataract presentations and cases that have been previously misdiagnosed by multiple providers
- Understand indications for advanced treatment options including amniotic membrane placement, steroid therapy protocols, and cycloplegia in various clinical scenarios

Outline

I. Billing and Coding Overview: Understanding 92 vs 99 Codes

A. 92 Codes (Ophthalmological Services)

New Patient Examinations:

- 92004 - New comprehensive examination for patients who have not been seen by the clinic for three years or more. This includes medical examination and evaluation with initiation of diagnostic or treatment program.
- 92002 - Intermediate examination for new patients (not seen by clinic in last 3 years). Ophthalmological services include medical examination and evaluation with initiation of diagnostic and treatment program.

Established Patient Examinations:

- 92014 - Established comprehensive examination for patients seen by the practice within the last 3 years. Medical examination and evaluation with initiation or continuation of diagnostic and treatment program.
- 92012 - Intermediate examination for established patients. Ophthalmological services include medical examination and evaluation with initiation or continuation of diagnostic and treatment program.

What Qualifies for 92 Code Decision Making:

1. Prescription of medications, glasses, or contact lenses
2. Arranging for special diagnostic testing or treatment

3. Arranging for consultation with specialists
 4. Ordering laboratory or radiology testing
 5. Recommendation or decision for scheduling procedures or surgery
- B. 99 Codes (Evaluation and Management)
 New Patient Codes: 99202-99205 Established Patient Codes: 99212-99215
 The level of service is now determined by either Medical Decision Making (MDM) or Time spent with the patient. MDM is assessed based on:
1. Problems - Number and complexity of problems addressed
 2. Risk - Risk of complications and/or morbidity or mortality
 3. Data - Amount and complexity of data reviewed (rarely used; typically problems and risk are sufficient)

II. Nature's Follow-Up Appointment: Post-LASIK Trauma

This case involved a previous LASIK patient who sustained significant ocular trauma when struck in the eye by a tree limb while traveling at approximately 30 mph. The impact resulted in the LASIK flap being peeled back, creating an immediate surgical emergency.

Clinical Findings:

- Displaced LASIK flap with irregular edges
- Superficial punctate keratopathy (SPK) in the affected area
- Scattered debris and possible foreign material

Key Learning Points:

- Understanding the difference between sands (larger, more irregular corneal disruptions) and SPK (smaller, more uniform epithelial defects)
- The ironic outcome: "monovision by tree limb" - the trauma inadvertently created a monovision effect
- Importance of immediate flap repositioning and securing
- Post-traumatic follow-up protocols for LASIK patients

III. Speaking of Branches: A Corneal Love Story Gone Wrong

This case presented a patient with suspected viral keratitis following corneal trauma from organic matter. The emergency room had initiated treatment with Gentamicin, which required reassessment and modification of the treatment plan.

Available Treatment Options:

- Valacyclovir 500 mg three times daily (TID)
- Acyclovir 400 mg five times daily
- Prednisolone Forte for inflammatory control

Unavailable/Restricted Medications:

- Zirgan (ganciclovir ophthalmic gel) - often insurance restricted
- Trifluridine - limited availability and cost considerations

Clinical Decision Making: The case highlighted the importance of distinguishing between bacterial and viral etiologies, especially when organic matter is involved. Treatment decisions must balance antiviral coverage with anti-inflammatory therapy while monitoring for potential complications.

IV. Blood, Sweat, and Tears (But Mainly Blood): Iris Bleeding and Pupillary Abnormalities (15 min)

This complex case involved active bleeding from the iris and pupillary margin, requiring careful evaluation for underlying bleeding disorders and appropriate hyphema management.

Clinical Presentation:

- Video documentation of iris/pupillary margin bleeding
- Presence of pupillary cysts requiring differentiation from other iris pathology
- Assessment for potential bleeding disorders or coagulopathy

Management Considerations:

- Hyphema treatment protocols including patient positioning
- Activity restrictions and follow-up scheduling
- Evaluation for underlying systemic bleeding disorders
- Monitoring intraocular pressure changes
- Assessment of visual field defects from blood obscuring the visual axis

V. Worst Ulcer Case: Contact Lens Overwear Complications

This case represented one of the most severe contact lens-related corneal ulcers encountered, resulting from contact lens overwear and poor hygiene practices.

Treatment Approach:

- Amniotic membrane placement for corneal healing enhancement
- Ofloxacin broad-spectrum antibiotic coverage
- Aggressive supportive care and frequent monitoring

Clinical Outcomes and Learning Points:

- Differentiation between fungal and bacterial etiologies
- Criteria for specialist referral and when to escalate care
- Importance of culture-directed therapy in severe cases
- Role of amniotic membranes in promoting corneal healing

Billing Considerations: Extended consultation time with corneal specialist required careful documentation for appropriate coding. The complexity of the case and time spent in consultation supported higher-level billing codes.

VI. The Pellet Gun Paradox: Pediatric Ocular Trauma (15 min)

This emergency case involved a child who sustained ocular trauma from a pellet gun, requiring immediate assessment and coordinated care with multiple services.

Emergency Room Protocol:

- Order CT scan imaging (MRI contraindicated due to metallic foreign body risk)
- Schedule urgent morning appointment for comprehensive evaluation
- Coordinate with emergency services and appropriate authorities

Clinical Findings:

- Significant corneal abrasion with associated edema
- Presence of hyphema requiring close monitoring
- Assessment for intraocular foreign body penetration

Treatment Protocol:

- Steroid therapy for inflammatory control
- Cycloplegia for comfort and to prevent posterior synechiae formation
- Antibiotic drops for corneal abrasion prophylaxis

Additional Considerations:

- Mandatory reporting to Child Protective Services due to nature of injury
- Police notification requirements for potential criminal investigation
- Family counseling regarding safety measures and follow-up care
- Long-term monitoring for potential complications including traumatic cataract, glaucoma, or retinal detachment

VII. Divine Intervention: Elderly Patient with Unusual Presentation

This case involved a 93-year-old white female presenting with non-traumatic ocular inflammation with distinctive clinical findings.

Clinical Presentation:

- Non-traumatic onset in elderly patient
- Unusual 45-degree angle finding on examination
- No clear precipitating factors identified

Treatment Approach:

- Steroid therapy for anti-inflammatory effect
- Cycloplegia for comfort and to prevent complications
- Close monitoring for treatment response and potential complications

Learning Points:

- Age-related considerations in treatment selection
- Importance of ruling out infectious etiologies before steroid initiation
- Monitoring for steroid-related complications in elderly patients

VIII. Got Milk?: The Case That Stumped Specialists

This challenging case involved an unusual cataract presentation that had been missed by several specialists before accurate diagnosis and treatment.

Clinical Challenge:

- Multiple specialist consultations without definitive diagnosis
- Unusual cataract appearance resembling a "milky" consistency
- Atypical presentation that didn't fit standard cataract classifications

Key Learning Points:

- Importance of thorough history-taking and examination
- Recognition that unusual presentations may require multiple opinions
- Value of systematic approach to cataract evaluation
- When standard approaches fail, consider rare or atypical etiologies

Diagnostic Process: The case emphasized the importance of maintaining clinical suspicion for unusual presentations and the value of persistence in achieving accurate diagnosis. The "milky cataract" appearance required differentiation from other causes of lens opacity and careful surgical planning.

IX. Q&A / Discussion