

Back of the Eye, Bottom Line: Posterior Cases and Billing Pearls

2 hours

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Description

Being in a small town with no OMD in the county, we get a lot of referrals and get to see a lot of interesting cases. We have fought hard for the "medical model" and we need to make sure we are compensated accordingly. This course will cover some very interesting cases and how we billed and coded them.

Objectives

- Differentiate between benign and sight-threatening causes of apparent neurological symptoms, including pseudotumor cerebri, temporal arteritis, and true intracranial pathology, and implement appropriate emergency protocols.
- Demonstrate proficiency in diagnosing and managing complex binocular vision disorders, including divergence/convergence abnormalities, vertical phorias, and diplopia of various etiologies
- Recognize and manage ocular manifestations of drug toxicity, medication misuse, and systemic steroid complications affecting visual function
- Evaluate and manage patients experiencing visual hallucinations, particularly Charles Bonnet syndrome, and differentiate these from psychiatric conditions
- Demonstrate competency in the comprehensive evaluation, staging, and management of diabetic retinopathy and hypertensive retinopathy, including appropriate referral protocols and coordination with systemic care providers
- Integrate complex clinical decision-making with appropriate documentation and billing practices while maintaining focus on optimal patient outcomes and multidisciplinary care coordination

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.
 - Ophthalmological services include
 - medical examination
 - 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
 - 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.
 - Ophthalmological services include
 - Medical examination
 - evaluation with initiation or continuation of diagnostic and treatment program
- 92012 –
 - Intermediate examination for established patients.
 - Ophthalmological services include
 - medical examination
 - evaluation with initiation or continuation of diagnostic and treatment program

B. What Qualifies for 92 Code Decision Making:

1. Prescription of
 1. Medications
 2. Glasses
 3. (or) contact lenses
2. Arranging for
 1. special diagnostic testing
 2. special treatment
 3. consultations with specialists
3. Ordering
 1. laboratory testing
 2. radiology testing
4. Recommendation or decision
 1. scheduling procedures
 2. surgery

C. 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)
 - Time spent with the patient
- MDM is assessed based on:
 - **Problems** - Number and complexity of problems addressed
 - **Risk** - Risk of complications and/or morbidity or mortality
 - **Data** - Amount and complexity of data reviewed
 - rarely used
 - typically, problems and risk are sufficient

CASES

I. Is or Is Not a Tumor

- **It Is Not a Tumor**
 - Importance of thorough medical history
 - Photographic documentation and visual fields
 - **Pseudotumor cerebri:**
 - Common causes
 - Treatment options
 - Comprehensive case history review
 - Key examination findings
 - Importance of asking the right questions
 - **Temporal arteritis evaluation:**
 - ESR testing
 - CRP levels
 - Pale optic nerve findings
 - Vision loss patterns
- **It IS a Tumor**
 - Critical examination results
 - Papilledema documentation
 - Right homonymous hemianopsia
 - Confirmed tumor diagnosis

II. I Can See for Miles and Miles

- Double vision without glasses (prism correction needed)
- Divergence excess case study
- Divergence and convergence excess/insufficiency
- HTS treatment approach
- Follow-up care and contact lens fitting
- Fixed dilated pupils presentation
- Patient admission: using mother's drops for "torn cornea"
- Red cap identification
- Atropine toxicity

III. You Can Save a Life

- Essential tests and referral protocols
- Critical questions to ask:

Home Environment Assessment:

- **Living Conditions:**
 - Are there any factors in the patient's home that could affect their vision or eye health? For example, poor lighting, exposure to allergens, or hazardous materials.
- **Daily Activities:**
 - What are the patient's daily visual demands? This includes activities such as reading, computer use, and hobbies that require fine visual skills.
- **Support System:**

- Does the patient have a support system at home to help manage their eye care needs, such as administering eye drops or assisting with mobility?

School Bullying Evaluation:

- **Visual Performance:**
 - How is the patient's vision affecting their performance in school?
 - Are there any signs of visual stress or difficulty with tasks such as reading the board or completing assignments?
- **Social Interactions:**
 - Are there any indications that the patient is being bullied or socially isolated due to their vision problems?
- **Intervention Strategies:**
 - What steps can be taken to support the patient in the school environment?
- **Streff syndrome vs. malingering:**
 - Psychological causes of Streff syndrome
 - Treatment options available
 - Making a real difference
- Teenage male case presentation
- Additional Streff syndrome case

IV. You Know, I See Two of Those

- Differential diagnosis considerations
- Vertical phoria recognition
- Signs and symptoms of vertical deviation
- Treatment modalities
- Follow-up protocols

V. I See Dead People

- Examination findings
- Critical importance of case history
- Steroid overdose complications

VI. Shoot Low Boys, They're Riding Shetland Ponies

- Family concerns about patient "shooting at imaginary people"
- **Charles Bonnet syndrome:**
 - Clinical presentation
 - Management strategies

VII. Vision Therapy Success Story

- Not a myopia case
- Convergence/divergence excess/insufficiency
- Home vision therapy effectiveness

VIII. Additional topics

- Dry eye management
- Age-related macular degeneration
- Diabetic eye disease

IX. Q&A / Discussion