The Ophthalmic Coding Series

Neuro-Ophthalmology Coding Module

2011

AMERICAN ACADEMY OF OPHTHALMIC EXECUTIVES®
Solutions for Practice Management

Neuro-Ophthalmology Coding Module

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Target Audience

The primary target audience for this activity is practicing ophthalmologists, practice administrators, technicians and billing staff working in an Ophthalmology practice across a variety of settings.

NOTE: BEFORE BEGINNING THIS ACTIVITY
Pre- and Post-Test Requirements for Claiming CME and CEU Credit

- All participants must complete an on-line pre-test before beginning this module to assess baseline knowledge for this activity.
- All participants must complete an on-line post-test and the course evaluation form to receive the appropriate CME or CEU credit for this activity.
- A score of 80% or greater must be achieved to be eligible for CME and CEU credit.

To access the on-line pre and post test visit: www.aao.org/aaoesite/ocs14.cfm

CME Credit Reporting Statement

The American Academy of Ophthalmology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Academy of Ophthalmology designates this educational activity for a maximum of 1.0 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

JCAHPO CE Credit Reporting

This course has been approved for 1.0 JCAPHO "Group A" CE credits.

AAPC — American Academy of Professional Coders Continuing Education Information

The AAPC will accept a certificate reporting *AMA PRA Category 1 Credits*™. The certificate will give the total CMEs possible for the offering. Coders are advised to claim only the actual hours they were present during the education.

From your AAPC home page open up your CEU Tracker; select "ADD CEU"; select "No" indicating you do not have an Index number and then enter in the requested information. You will need to submit supporting documents **ONLY** if you are requested to for verification purposes. Keep your supporting documents for six months as the AAPC may randomly select you for CEU verification.

Please keep any certificate earned in your own personal file.
JCAHPO, AAPC, and AAOE do not retain records of CE credits earned.

Learning Objectives — Neuro-Ophthalmology Coding Module

Upon completion of this self study course, the participant will be able to:

1. Identify and implement Medicare rules and regulations that apply to their practice.
2. Identify and discuss the appropriate billing for Botox injections.
3. Discuss the appropriate coding for a biopsy of an extraocular muscle.
4. Discuss the appropriate documentation for neuro-ophthalmology and neurological exams.

Updates to this coding module made throughout the year may be found at www.aao.org/aaoesite/ocs14.cfm
Questions or comment about this module should be sent to coding@aao.org.

CME and CEU credit for this module is valid from January 1, 2011 through December 31, 2011

Introduction

The evaluation of patients who have neuro-ophthalmology problems is usually one of the most time-consuming examinations an ophthalmologist faces. The patient's medical history is typically very complex and more involved than the general ophthalmology patient and needs careful detailing. The examination requires more time for careful evaluation of sensorimotor problems, visual fields, and the optic nerves. Commonly, additional time and testing, including Tensilon testing and a partial neurological examination, are necessary to try to come to a reasonable differential diagnosis. After the ophthalmologist has completed the examination, more time is usually necessary to determine if additional tests are needed (such as CT, MRI, carotid duplex), to arrange for those tests, and to discuss the findings with the patient and the patient's family.

Proper coding is required for the ophthalmologist to receive appropriate reimbursement for the additional testing and time spent on these complex cases. The aim of this module is to direct the ophthalmologist or neuro-ophthalmologist to the applicable billing codes so that such claims will be adequately compensated and less likely to be denied.

Office Examinations

When providing Evaluation & Management (E&M) services (99XXX), consider using the exam elements for the neurological examination instead of the eye examination. They may be a closer "fit" to the actual exam performed by the neuro-ophthalmologist.

Neurology and eye examination documentation require all the elements of the E&M history and medical decision making.

Elements of Examination: Neurological Examination

Body System	Elements of Examination
Constitutional	Measurement of any three of the following seven vital signs: 1. sitting or standing blood pressure 2. supine blood pressure 3. pulse and rate regularity 4. respiration 5. temperature 6. height 7. weight
Eyes	General appearance of patient Ophthalmoscopic examination of optic discs (e.g., size, C/D ratio, appearance) and posterior segments (e.g., vessel changes, exudates, hemorrhages)
Musculoskeletal	Examination of gait and station Assessment of motor function including muscle strength in upper and lower extremities (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements (e.g., fasciculation, tardive dyskinesia)
Neurological	Orientation to time, place, and person Recent and remote memory Attention span and concentration Language (e.g., naming objects, repeating phrases, spontaneous speech) Fund of knowledge (e.g., awareness of current events, past history, vocabulary)
	Test the following cranial nerves 2nd cranial nerve: visual acuity, visual fields, fundi 3rd, 4th, and 6th cranial nerves: pupils, eye movements 5th cranial nerve: facial sensation, corneal reflexes 7th cranial nerve: facial symmetry, strength 8th cranial nerve: hearing with tuning fork, whispered voice and/or finger rub 9th cranial nerve: spontaneous or reflex palate movement 11th cranial nerve: shoulder shrug strength 12th cranial nerve: tongue protrusion
	Examination of sensation by touch, pin, vibration, proprioception Examination of deep tendon reflexes in upper and lower extremities with notation of pathological reflexes Test coordination: finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in younger children

Elements of Examination: Ocular Examination

Visual Acuity	Gross Visual Fields
EOMs Motility Alignment	Conjunctiva Bulbar Palpebral
Ocular adnexa Lids Lacrimal gland Lacrimal drainage Orbits Preauricular nodes	Pupils and iris Size Shape Direct and consensual reactions Morphology
Cornea (slit lamp) Tear firm Epithelium Stroma Endothelium	Anterior chamber (slit lamp) Depth Cells Flare
Lens Clarity Anterior capsule Posterior capsule Cortex Nucleus	Intraocular pressure Credit is given if it is noted that IOP measurement was deferred due to trauma, infection, or poor concentration
Optic nerve discs C/D ratio Appearance Nerve fiber layer	Retina and vessels
Orientation Time Place Person And/or mood and affect	

Time

When counseling and/or coordination of care constitutes more than 50 percent of the physician-patient or family encounter, then time may be considered the key or controlling factor to qualify for a particular level of E&M service. This must be time spent with a physician, not allied health personnel. Documentation of time must be recorded in the medical record.

The chart notation might read:

I spent ___ minutes with the patient. More than half of that time was spent providing counseling and coordination of care.

I spent ___ minutes with the patient. More than half of that time was spent discussing her diagnosis and treatment.

I spent ___ minutes with the patient. I spent half of that time counseling her about her diagnosis and the importance of taking her medication.

Typical Total Physician Face -to-Face Time With New Patient	
10 minutes	99201
20 minutes	99202
30 minutes	99203
45 minutes	99204
60 minutes	99205
Typical Total Physician Face -to-Face Time With Established Patient	
5 minutes	99211
10 minutes	99212
15 minutes	99213
25 minutes	99214
40 minutes	99215

Special Ophthalmological Services

Medical necessity often requires ordering specific tests in addition to office visits. The chart included in this module provides details on coding testing services.

No modifier should be appended to the level of exam because testing services do not have a global period the way minor and major surgical procedures do.

CPT Code	Unilateral or Bilateral	Requires Interpretation and Report	Technical and Professional Component	Supervision	Correct Coding Initiative (CCI)
92060 Sensorimotor exam	• Bilateral • Is not bundled with E&M or Eye codes	Requires documentation of multiple (more than two) measurements of ocular alignment and one of sensory function	N/A	General	99211
92081/92082/92083 Visual fields	Bilateral	Yes	TC/26	General	36000, 36200, 36215, 36216, 36217, 36218, 36245, 36246, 36247, 36248, 36410, 76000, 76001, 90760, 90765, 90772, 90774, 90775, 92230, 93000, 93005, 93010, 93040, 93041, 93042, 96376, +96379, 99211
92235 Fluorescein angiography	Unilateral Append modifier –50 when performing the test on both eyes or append the RT (right) and LT (left) modifiers when billing for only one eye	Yes	TC/26	Direct	99211
92250 Fundus photography The dye, injection, and film are inherent parts of this procedure and not payable separately.	Bilateral	Yes	TC/26	General	99211
92270 Electro-oculography with interpretation and report	Bilateral	Yes	TC/26	Direct	92544, 92545, 92546, 99211
92275 Electroretinography Covered diagnosis codes include, but are not limited to: 360.52, 361.05, 362.16, 362.35, 362.73, 362.74, 363.71, 366.17, 368.62, 377.16, 377.30	Bilateral	Yes	TC/26	Direct	99211
92499 Unlisted code may be used for Flicker fusion Many state Medicare carriers have payment policies for testing the optic nerve function.	Unilateral	Yes	N/A	N/A	N/A

Minor Surgical Procedures

CPT Code	Description
95857	Tensilon test for myasthenia gravis Abnormality of the nerve-muscle junction leading to excessive muscle fatigability. Eye signs include ptosis (droopy eyelids) and diplopia (double vision) which appear or worsen as the day progresses. There is not a HCPCS J code for edrophonium chloride. May try coding J3490, unclassified drugs, or 99070, supplies and materials, provided by the physician. The cost of the drug, plus a handling fee may need to accompany the claim for proper payment. Covered diagnosis codes are: 358.00 Myasthenia gravis without (acute) exacerbation 358.01 Myasthenia gravis with (acute) exacertabion
95867	Needle electromyography; cranial nerve supplied muscles, unilateral
95868	Needle electromyography; cranial nerve supplied muscles, bilateral Generally performed in conjunction with botox or paralytic strabismus
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash

Tip: When minor procedures are performed on the same day as a separately identifiable office visit, modifier -25 must be appended to the appropriate level of E&M or Eye code.

Tip: While Medicare does not require a separate diagnosis code for the office visit from the minor procedures, many non-Medicare payers require two separate diagnosis codes.

Giant Cell Arteritis

- CPT code 37609, ligation or biopsy, temporal artery

Surgical Codes for Strabismus Surgery

CPT Code	Description	Tips	Global Period
67311	Strabismus surgery, recession or resection procedure; one horizontal muscle	The operation is performed for patients with horizontal deviations whose eyes turn in (esotropia) or turn out (exotropia). This code specifies that one muscle is operated upon in that eye. If the same procedure is repeated in the contralateral eye, the -50 modifier should be employed to indicate the bilateral nature of the surgery.	Generally 90 days. Some payers 45 days. Confirm postop or global period when pre-authorizing this procedure.
67312	two horizontal muscles	If the surgeon performs an operation on the two horizontally acting muscles in one eye, he or she reports this code. This code is not used when one horizontal muscle is operated upon in each eye. The appropriate coding for that situation would be 67311 and 67311-50 as a two-line entry, or much less frequently, 67311-50.	Generally 90 days. Some payers 45 days. Confirm postop or global period when pre-authorizing this procedure.
67314	one vertical muscle (excluding superior oblique)	CPT allows reporting of vertical muscle surgery separately from horizontal surgery because of the increased difficulty of operating on vertical rectus muscles. There are four vertically acting muscles. An operation on any of these (inferior oblique, superior rectus, and inferior rectus) is reported with this code. (Superior oblique surgery is reported with code 67318.) It is possible that the surgeon will operate on one of these vertically acting muscles as well as on the superior oblique muscle in the same eye. If that is the case, 67314 should be reported as well as that for superior oblique surgery 67318. The multiple procedure modifier -51 is appended to 67314 as the lesser procedure.	Generally 90 days. Some payers 45 days. Confirm postop or global period when pre-authorizing this procedure.

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CPT Code	Description	Tips	Global Period
67316	two or more vertical muscles (excluding superior oblique)	If the surgeon operates on two or three vertical muscles (excluding the superior oblique) in one eye, he or she would report code 67316. On the other hand, if the surgeon operates on one vertical muscle in each eye, the correct code would be 67314 with the modifier -50 in a one- or two-line entry, as indicated by individual payers.	Generally 90 days. Some payers 45 days. Confirm postop or global period when pre-authorizing this procedure.
67318	Strabismus surgery, any procedure, superior oblique muscle	Superior oblique operations are considered one of the most difficult and least predictable vertical muscle surgeries. If this surgery is performed in one eye, 67318 is reported. If it is performed in both eyes, 67318 with the -50 modifier is reported.	Generally 90 days. Some payers 45 days. Confirm postop or global period when pre-authorizing this procedure.
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	After trauma, orbital, retinal, or strabismus operations, fibrous adhesions may form between the extraocular muscle(s) and the orbital contents or the walls. Severing those adhesions allows restoration of mobility of the eye, which, in turn, allows normal ocular alignment. The surgeon does not perform recession or resection surgery on those muscles with this code. If an operation is performed on the affected muscle, dissection of adhesions and scars is part of the operative procedure, and is coded with 67311-67318.	Generally 90 days. Some payers 45 days. Confirm postop or global period when pre-authorizing this procedure.
67345	Chemodenervation of extraocular muscle	Direct injection of muscle, most often with EMG guidance.	Generally 10 days. Some payers 15 days. Confirm postop or global period when pre-authorizing this procedure.

Other Muscle Procedures

CPT Code	Description	Tips	Global Period
67346	Biopsy of extraocular muscle	CPT code 67346 replaced CPT code 67350 in 2007. Payment is per eye. For repair of wound, extraocular muscle, tendon or Tenon's capsule, use 65290.	Generally zero days. Confirm postop or global period when pre-authorizing this procedure.
67399	Unlisted procedure code, ocular muscle		N/A

Add-on Codes (+)

The following codes should be added to the primary procedure codes (67311–67318) listed above when appropriate. Modifiers should not be appended to these codes.

CPT Code	Description	Tips
+ 67320	Transposition procedure (eg, for paretic, extraocular muscle), any extraocular muscle (specify)	A transposition procedure is performed when a patient has lost function in one of the extraocular muscles. Usually the patient cannot turn an eye outward or turn an eye inward. This procedure is performed to replace some of the mechanical movement of the eye in the weakened direction. Most often, the surgeon performs an operation in which two rectus muscles are detached and moved next to the paralyzed muscle. This procedure is complicated by new eye-movement abnormalities, reduced blood flow to the front portion of the eye (ischemia), and inadequate surgical effect. This "add-on" code is not used for minor transpositions of a muscle coincidental to a recession or resection of a single muscle. If the transposition was performed for a horizontal paresis (two vertical rectus muscles are detached and transposed), 67316 is coded as well as 67320. Additional muscle procedures are coded with the -51 modifier. For instance, an operation will also be performed on the antagonist muscle to the paretic muscle. Weakening of the horizontal agonist is reported with 67311, or chemodenervation with 67345. The second procedure is coded using the -51 modifier. No modifier is appended to code 67320 since it is an add-on code and cannot stand alone. If additional surgery was performed on the opposite eye, those CPT codes should be listed as well with the appropriate bilateral- or multiple-surgery modifier. Careful attention to the correct use of the bilateral- and multiple-procedure modifiers is necessary.
+ 67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles	There is increased difficulty planning and performing strabismus surgery on eyes that have had previous surgery or injury. Code 67331 is reported with the definitive strabismus surgery now being performed. If both eyes have had prior eye surgery or injury, the -50 modifier is appended to 67331. If the same strabismus surgery code is reported for the strabismus surgery on both eyes, the -50 modifier is also reported with the code for the actual muscles operated upon.
+ 67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus, or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy)	This code describes the enhanced work (preoperative, intraoperative, post-operative) necessary in patients undergoing surgery who have had previous eye muscle surgery or who have severe abnormalities of the extraocular muscles. Thyroid disease is one of the conditions that produces abnormalities of the extraocular muscles. The eye muscles are greatly thickened and difficult to operate on as a result of dysthyroid ophthalmopathy. This code is used frequently in a strabismus practice.
+ 67334	Strabismus surgery by posterior-fixation suture technique, with or without muscle recession	Posterior-fixation sutures are an operative modification to further decrease the function of the muscle as it pulls more. This technique involves placing a suture through the muscle and through partial thickness of the eye wall behind the equator of the eye. This is a difficult area to reach, requiring technical expertise. In general, this operation is done on one muscle in one or both eyes. The muscles operated on are identifiable by codes 67311-67318. If the patient has other muscles operated on, those operations should be coded in addition to the codes for the posterior-fixation muscle operation.

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CPT Code	Description	Tips
+ 67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s)	The surgeon performs the standard incisional recession or resection operation on horizontal or vertical muscles. However, after placing the sutures through the sclera, instead of tying a permanent knot, a temporary knot is placed. Either the day of the surgery or the following day, the patient's alignment is examined. At this point, the patient is no longer under the same anesthesia as for the initial surgery. Intraoperative adjustment is not reported with this code. Based on the exam, the surgeon repositions the slipknot to achieve the best postoperative alignment for the patient. This procedure can take approximately 20 minutes to one hour. It is possible that the surgeon may place one or as many as five adjustable sutures during an operation. A specific procedure note is needed in the record.
+ 67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)	This is an infrequently used code, used when one of the extraocular muscles becomes detached, usually as a complication of surgery. Such surgery involves meticulous dissection of tissues in the area of the lost muscle to try to recover the muscle. It is very difficult to discern the muscle from the fibrous tissue around the muscle or the other orbital contents. This operation requires more intraoperative effort than an operation on a single rectus muscle.

Update to CMS Bilateral Indicator List

CMS issued a transmittal regarding changes to the 2005 physician fee schedule payment file. The transmittal changes the bilateral indicators to zero for several ophthalmology codes. Payment is per session, not per eye. The changes were implemented October 3, 2005, retroactive to January 1, 2005.

CPT/HCPCS	Description
+67320	Transposition procedure any extraocular muscle
+67331	Strabismus surgery with previous eye surgery/injury
+67332	Strabismus surgery on patient with scarring of extraocular muscles
+67334	Strabismus surgery by posterior fixation suture technique
+67335	Adjustable suture
+67340	Exploration and/or repair of detached extraocular muscles
0016T	Destruction of localized lesion of choroid (TTT)
0017T	Destruction of macular drusen, photocoagulation

Correct Application of Modifier –50

Modifier –50 indicates a bilateral procedure:

- If the physician operates on the same type of muscle in both eyes, appending the –50 modifier to the code is appropriate.
  - For example, if the physician operates on two horizontal muscles in each eye (four muscles) for the first time, you would report CPT code 67312–50.
  - Some insurers prefer that you use the procedure code only on the first line of a claim form and repeat the CPT code with modifier –50 on the second line, as shown below:

    67312

    67312–50
  - Check with the third-party payers in your area to determine their preferences concerning the use of modifier –50.
- If one horizontal muscle of the right eye is operated on and the superior oblique muscle of the left eye is also operated on, the –50 modifier is not used. The individual codes for these specific services are reported

  67318

  67311–51

Botulinum Toxin Injections for the Correction of Strabismus

In 1989 the Food and Drug Administration (FDA) approved the use of botulinum toxin as an alternative to surgery to correct strabismus and treat extraocular muscle disorders.

Of the variety of toxins, this module will address coding for botulinum and myoblock.

Drug	HCPCS Code	Unit
Onabotulinumtoxina NDC: Botox	J0585	Per unit
Rimabotulinumtoxinb NDC: Myobloc	J0587	Per 100 units

The CPT code should be submitted with the appropriate HCPCS drug code. Reimbursement for the injection code will be per operative session, regardless of the number of injections performed.

The cost of syringes, electrodes, and needles is not separately payable. They are considered part of the surgical package.

Most state Medicare carriers provide a local coverage determination policy (LCD) outlining documentation requirements and payment coverage.

Documentation requirements in the medical record include:

- Support for the medical necessity of the toxin injection
- Validation that traditional methods of treatment have been tried and proven unsuccessful and/or resulted in undesirable complications or side effects
- The exact dosage of the drug given
- The exact dosage of the discarded portion of the drug
- Frequency and site(s) injected

Because of the expense of the drug and because it is available only in 100-unit vials, physicians are encouraged to schedule multiple patients for treatment on the same day. However, if a physician must discard the remainder of a vial, insurance companies will cover the amount of the drug discarded along with the amount administered.

Botulinum toxin treatment is not indicated for patients:

- With chronic paralytic strabismus, except to reduce antagonist contractor in conjunction with surgical repair
- With angles of more than 50 prism diopters
- With restrictive strabismus
- With Duane's syndrome with lateral rectus weakness; or for diagnosis codes that support medical necessity for botulinum toxin as determined by typical LCDs

Please check the specific payment policy for your local state carrier.

Warning: It is illegal to list a portion of the drug as wastage and then use the medication for cosmetic indications.

Diagnosis Code	Description
378.0	Esotropia (concomitant)
378.00	Esotropia, unspecified
378.01	Monocular esotropia
378.02	Monocular esotropia with A pattern
378.03	Monocular esotropia with V pattern
378.04	Monocular esotropia with other noncomitancies
378.05	Alternating esotropia
378.06	Alternating esotropia with A pattern
378.07	Alternating esotropia with V pattern
378.08	Alternating esotropia with other noncomitancies
378.1	Exotropia (concomitant)
378.10	Exotropia, unspecified
378.11	Monocular exotropia
378.12	Monocular exotropia with A pattern
378.13	Monocular exotropia with V pattern
378.14	Monocular exotropia with other noncomitancies
378.15	Alternating exotropia
378.16	Alternating exotropia with A pattern
378.17	Alternating exotropia with V pattern
378.18	Alternating exotropia with other noncomitancies
378.2	Intermittent heterotropia
378.20	Intermittent heterotropia, unspecified
378.21	Intermittent esotropia, monocular
378.22	Intermittent esotropia, alternating
378.23	Intermittent exotropia, monocular
378.24	Intermittent exotropia, alternating
378.30	Heterotropia, unspecified
378.31	Hypertropia
378.32	Hypotropia
378.33	Cyclotropia
378.34	Monofixation syndrome (microtropia)
378.35	Accommodative component in esotropia
378.40	Heterophoria, unspecified
378.41	Esophoria
378.42	Exophoria
378.43	Vertical heterophoria
378.44	Cyclophoria
378.45	Alternating hyperphoria
378.50	Paralytic strabismus, unspecified
378.51	Third or oculomotor nerve palsy, partial
378.52	Third or oculomotor nerve palsy, total
378.53	Fourth or trochlear nerve palsy
378.54	Sixth or abducens nerve palsy
378.60	Mechanical strabismus, unspecified
378.61	Brown's (tendon) sheath syndrome
378.62	Mechanical strabismus from other musculofacial disorders
378.63	Limited duction associated with other conditions
378.7	Other specified strabismus
378.71	Duane's syndrome
378.81	Palsy of conjugate gaze
378.82	Spasm of conjugate gaze
378.83	Convergence insufficiency or palsy
378.84	Convergence excess or spasm
378.85	Anomalies of divergence
378.87	Other dissociated deviation of eye movements (skew deviation)
378.9	Unspecified disorder of eye movements

The table below lists the diagnosis codes that support medical necessity for botulinum toxin as determined by typical LCDs. Please check with your local state carrier for specific covered indications.

Diagnosis Code	Description
333.81	Uncontrolled winking or blinking due to orbicularis oculi muscle spasm (blepharospasm)
333.82	Uncontrolled movement of mouth or facial muscle
333.83	Spasmodic torticollis

For coverage of treatment of blepharospasm and other tic disorders, see the *Oculoplastic Coding Module*.

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