Code-a-Palooza: Money Talks, But Can You Make It Sing?

With a game show format, prizes, and a soundtrack of golden oldies, Code-a-Palooza lives up to its name! At each year's annual meeting, two teams of volunteers compete against each other *and* against the crowd, which is equipped with audience-response units.

How would you do at Code-a-Palooza? Try tackling some of the most challenging questions from last year's event. (Answers on page 57.)

Turn Up the Music and See How You Do!

Q1: "I Heard It Through the Grapevine." The No. 1 question currently submitted to aao.org/coding is: "Does Medicare reimburse us for both services if we perform GDx imaging (CPT code 92133) and an extended visual field exam (92083) on the same patient on the same day?"

A. Yes.
B. No.

Q2: "Happy Together?" "We submitted the Eye visit code for an intermediate established patient (92012), along with codes for fundus photography (92250), serial tonometry (92100), and corneal pachymetry (76514). The commercial BlueShield plan paid all but serial tonometry. Why was serial tonometry denied?"

A. It is bundled with the other tests.
B. Its CPT description states "separate procedure."
C. It is payable with an E&M code, not an Eye visit code.

Q3: "Do Wah DiddY DiddY" (DiddY). You are researching a surgical code in the Medicare database, and you notice that its global period is listed as "YYY." Why the "YYY"?

A. Why, why, why does it matter?
B. Because the surgical code is an add-on code, as in strabismus surgery (e.g., +67320).
C. Because it is a code for an unlisted procedure, such as 66999 *Unlisted procedure, anterior segment of the eye.*
D. Because it is a Category III CPT code, such as 0191T, which is used for iStent and Hydrus inserts.

Q4: "Yesterday." One day before a patient is due to have surgery (which could be major or minor), she presents for a problem unrelated to that surgery. Which of the following statements is true?

A. No issues; the exam is payable.
B. The exam will be denied because it is a preoperative service that is included in the global surgical payment.
C. The exam requires a modifier.

Q5: "For What It's Worth." A physician spent 25 minutes talking to the patient and his daughter. No elements of the exam were performed. Which code should you submit to insurance?

A. 99212.
B. 99214.
C. 92002.
D. Submit nothing.

Q6: "Every Breath You Take" (They'll Be Watching You). You perform an exam (99205) and find that the patient has a retinal tear in the left eye and a detachment in the right. Later that morning, you perform extended ophthalmoscopy (92225) and laser (67105) in the office; in the afternoon, you take the patient to the operating room to repair the retinal detachment with vitrectomy (67108). The payer is Medicare Part B.

Q6a: What modifier(s) should be appended to the exam code?

A. 99205–25.
B. 99205–57.
C. 99205–25–57.

Q6b: What modifier(s) should be appended to the surgical codes?

A. 67105–LT, 67108–RT.
B. 67105–LT, 67108–79–RT.
C. 67105–LT, 67108–59–79–RT.

Q7: "Help!" "A hospital inpatient is seen in our office. An exam and test were performed. I billed from the inpatient family of E&M codes with hospital as the place of service. I got paid for the exam but not the test. Why?"

A. The test may have been bundled with the exam.
B. The practice should have submitted only the technical component since the equipment is owned by the practice.
C. The practice should have submitted only the professional component.

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