

Why Your Ophthalmology Colleagues Were in the Auditors' Crosshairs

What do auditors zero in on? Visit aao.org/audits for a list of target areas, plus resources for each of them. Recently, ophthalmology practices have been audited on the following issues.

Intravitreal injections. In 2019, Novitas, a Medicare Administrative Contractor (MAC), started targeting practices that use a high volume of aflibercept (Eylea) and/or ranibizumab (Lucentis) and subjecting them to a prepayment Target, Probe, and Educate (TPE) audit on up to 40 records. The Academy sent an alert to all members within Novitas' jurisdiction; this alerted them to the issue and reminded them to use the Academy's checklist of documentation requirements (see this article online at aao.org/eyenet). Most physicians passed the audits. Of those who didn't initially pass, documentation problems included no record of visual acuity (VA), nothing to support why a particular drug was used, no mention of how the patient is doing on the drug, and no notation of residual medication wasted. (Novitas is the MAC for the District of Columbia, Arkansas, Colorado, Delaware, Louisiana, Maryland, Mississippi, New Jersey, New Mexico, Oklahoma, Pennsylvania, and Texas.)

Eye visit codes. The Academy also heard from some practices that had been submitting a high volume of Eye visit codes; upon audit, they were down-coded from comprehensive new

and established patient exams (CPT codes 92004 and 92014, respectively) to intermediate new and established patient exams (92002 and 92012). Why? The auditor had erroneously applied the documentation requirements for the E&M codes. Once the auditors were educated about this, either the audit result was dismissed or only a small percentage of submissions were down-coded. Why were a few still down-coded? In those instances, the practice hadn't performed and documented all 12 elements of the exam.

Upper lid blepharoplasty. Blepharoplasty audits don't happen as often as they used to, but auditors do still sometimes target CPT code 15823 *Blepharoplasty, upper eyelid; with excessive skin weighting down lid*. Why is payment denied? In some cases, practices had cloned the chief complaint verbatim from one patient's record to the next; in others, the auditors said that the chief complaint was more cosmetic than functional in nature.

Blepharospasm Botox injections. If you are billing for a drug that came in a single-use vial, Medicare requires that you use modifier -JW to report wastage. However, payers that don't follow Medicare's rules might not require it. Indeed, some practices have found that use of -JW for non-Medicare patients triggered audits. In several of these cases, the audits revealed that practices were using

Botox vials packaged for cosmetic—not functional—treatment.

Cataract surgery. Why have cataract surgeons failed audits of their documentation? Common reasons include: No documentation of best-corrected VA; cutting and pasting the same activity-of-daily-living complaints into the records of multiple patients; and no notation that the patient desires to proceed with surgery.

Complex cataract surgery. You may trigger an audit if 10% or more of your cataract surgeries are billed as complex (CPT code 66982). And you will fail that audit if you don't meet the MAC's documentation requirements for code 66982, even if the surgeries were in fact complex. To find those documentation guidelines, see your MAC's local coverage determination(s) for cataract surgery at aao.org/lcds. (Note: 66982 is on the list of prepayment TPE audits.)

What about the commercial audits? While Medicare Part B MACs consider the use of dye for the mature cataract a qualification of complex cataract surgery, many commercial payers may not. You must not take one payer's rule and apply it to all payers.

Extended and subsequent ophthalmoscopy. Claims for extended ophthalmoscopy (CPT code 92225) have been denied because the documentation didn't note scleral depression or the diopter of lens that was used, or the drawings lacked sufficient labeling or detail. Claims for subsequent ophthalmoscopy (92226) have been denied when no change was noted from the last exam.