May 2021

PSS NEWS

To my colleagues,

Welcome to the May edition of PSS NEWS. Here are my thoughts for the month:

1. I find it refreshing to see advances in our therapeutic laws in some states. In particular, it was so nice to have Massachusetts finally allow optometrists to independently treat glaucoma.

2. I am disgruntled at the trend of private equity companies and their acquisition of OD practices. Although there are some notable exceptions, the vast majority of them are taking privately owned optometric practices and turning them into retail centers where the OD does nothing more than routine eye care (very little or no ocular disease).

3. There will be a continued decrease in profit margins on contact lenses due to the increasing number of internet sites offering contact lenses at prices barely above the cost at which we can get them. This process is facilitated by the new contact lens law. We have to keep adapting or we will lose this part of revenue from our practices.

4. I see many more ODs hesitant to invest in equipment which will allow them to manage ocular disease. While this investment can be substantial in some cases, it is required if we plan to take advantage of the therapeutic privileges. The way I see it – when you have already spent 4 years of your life and over $100,000 in tuition, lost wages, etc what's another $50,000 or so if it will actually allow you to enjoy your profession more?

DID YOU KNOW? You can email me your comments, editorials or a 2-3 sentence job posting for FREE! If you wish to post something, please email me at deegup4919@hotmail.com or Sonia at education@psseyecare.com

Deepak

Deepak Gupta, OD

PSS EYECARE 2021 MEETINGS

June 12 -13 Niagara Falls NY

September 11-12 Mystic CT

September 25-26 Tysons Corner VA

October 23-24 Orlando FL

November 13-14 Atlanta GA

TBD Pasadena CA

PSS EYECARE 2021 SPEAKERS

Pinakin Davey

Tim Earley

Steven Ferrucci

Susan Gromacki

Ron Melton

Jerome Sherman

Jeffrey Sonsino

Randall Thomas

and more

Deepak Gupta
Course Director, PSS EyeCare

For more info, visit our website

www.psseyecare.com

Lessons

I often get asked about proper coding for glaucoma. Although I am not a billing and coding expert, I have been in private practice for over 20 years so I am happy to share my glaucoma protocol with billing tips.

THE TYPICAL PROTOCOL FOR A GLAUCOMA SUSPECT

- Comprehensive dilated exam, corneal pachymetry, gonioscopy, fundus photography
- 3 month follow up with IOP check and nerve fiber layer analysis
- 3 month follow up with IOP check and visual field examination
- The protocol for a glaucoma patient is the same except for one additional 3 month follow up during which you check IOP

COMPREHENSIVE EXAM

Perform this on every glaucoma or glaucoma suspect patient at least once each year. When coding for the exam, you have two options: evaluation and management (E/M) codes and eye codes. Most of us use the ophthalmology codes (92004 new OR 92014 established) because it's easier to meet the documentation requirements. For follow up visits, most of code intermediate exam (92012). If you are going to use the E/M codes, the most common ones we use for glaucoma are Level 4 New Patient (99204) and Level 4 Established Patient (99214).

Keep in mind that the definition of a new patient is one who hasn't received any professional services from any doctor of the same specialty in the same group practice within the past three years. Therefore, you may code a patient you last saw four years ago as a new patient.

ANCILLARY TESTING

These are the most common items required for reimbursement:

- Indications for testing, which may include patient complaints, suspected disease or continued care of chronic disease
- An order for the test (generally included in the physician's plan.)
- Test results (photos, visual field printouts, nerve fiber analysis, notes)
- Interpretation of the test

Ordering a test for a patient is easily done by a short phrase such as "order visual field in three months" or "gonioscopy/fundus photos performed today."

The interpretation may merely be a brief phrase indicating if a test is "normal," "stable from a previous test" or "mild superior arcuate defect." The interpretation should generally include a comment about the reliability of the test results (i.e., whether the patient was compliant and the quality of the photos), as well the impact the test results will have on the course of treatment (no treatment necessary, continue current medications, or add new medications).

The most diligent way of doing this is to put this interpretation on a separate page from the examination. The most important factor is that you must use the results of any diagnostic procedure you order to help you diagnose and manage the disease.

Gonioscopy Code
CPT Code: 92020

What we all loosely call glaucoma is actually open angle glaucoma. How can you call it that if you have never visualized the angle? The initial evaluation of any glaucoma or glaucoma suspect patient should include gonioscopic examination. Not only that, but proper long-term management of glaucoma requires gonioscopy at appropriate intervals because the configuration of the angle can change over time.

Visual field evaluation is the most common auxiliary test doctors order for glaucoma patients. In terms of coding, three levels of visual field testing exist: 92081, 92082 and 92083. In virtually all glaucoma and glaucoma suspect patients, you'll bill the 92083 code for a full threshold visual field examination. You can perform VF on the same day as gonioscopy and a complete eye examination.

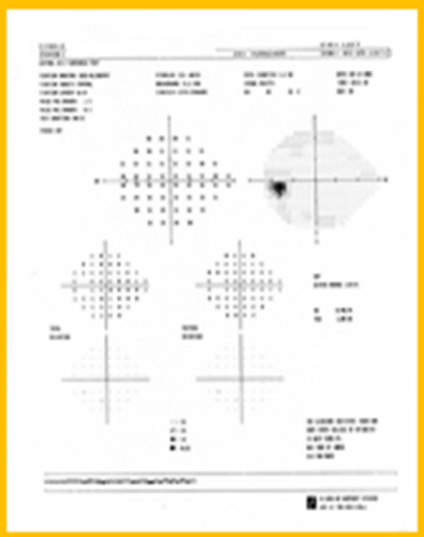
Typical practice. The most common scenario is to order a VF once a year on any glaucoma or glaucoma suspect patient. However, VF testing is permitted more than once a year if the situation dictates. For example, it's commonplace for the VF test to be repeated if the first field demonstrates glaucomatous defects or significant changes from previous tests. The purpose of the 2nd test is to verify the test results and to check for repeatable defects. In this case, bill both as 92083.

Also, in advanced glaucoma or in patients who have poor IOP control, it may be necessary to perform this test every six months, or, rarely, every three months.

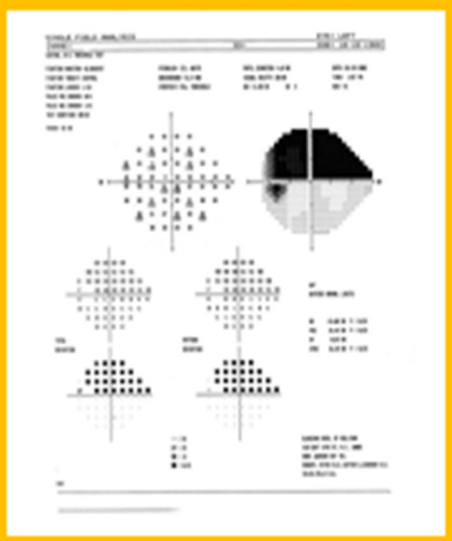
VISUAL FIELD TESTING: CPT CODE 92083

VISUAL FIELD PRINTOUT

Normal Result



Glaucoma



RISK FACTORS FOR GLAUCOMA

Increasing Age

Race

Positive Family History

Being Nearsighted

Diabetes Mellitus

Hypertension

Long term steroid use

History of migraines

Elevated IOP

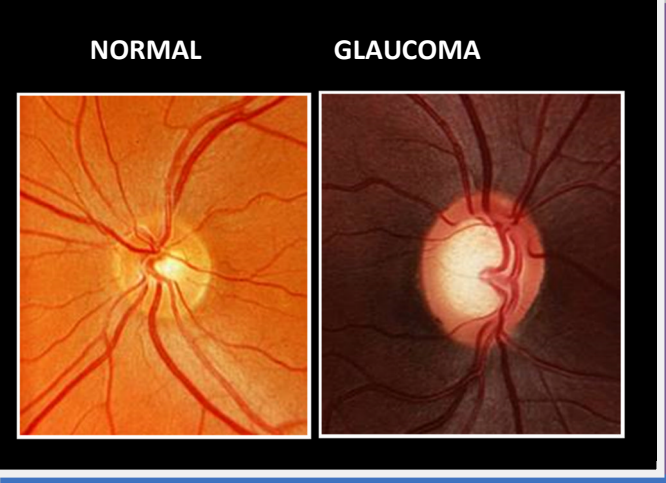
Large fluctuations in IOP

Having a thin cornea

Increased C/D ratio

Assymetric IOP or C/D ratio

H/O Head or Eye trauma



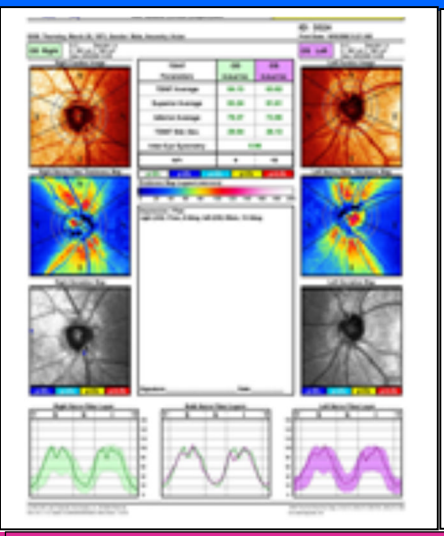
Fundus photography Code: 92250.

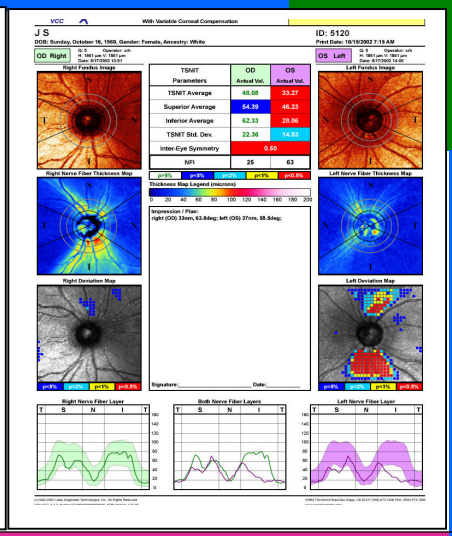
This photography can take place in the form of actual photographs, which are kept in the patient chart or digital images stored on a computer. In most cases, you'll perform fundus photography at the end of the comprehensive eye examination with the pupils dilated. Usually you can't perform it on the same day as scanning computerized diagnostic imaging but you can do it on the same day as VF testing. Realize, however, that when you do multiple testing on the same day, the second procedure is often subject to a 50% reduction in reimbursement.

NERVE FIBER LAYER ANALYSIS CPT CODE 92133

These instruments provide quantitative information about the retinal nerve fiber layer, which is lost early in the glaucoma pathogenesis. They should be used in conjunction with other tests, not in place of them.

Generally, you can perform this once each year except for advanced glaucoma, where this test is no longer covered.





IOP MEASUREMENT

The measurement of IOP is an essential part of diagnosing and managing the glaucoma patient. When done as part of a comprehensive or intermediate eye exam, it is considered a normal component of an eye exam with no additional reimbursement. The one exception is serial tonometry, which provides information about the diurnal fluctuation of IOP. This procedure requires at least three separate measurements in the course of a clinic day. You can bill it with the CPT code 92100.

Typical practice. The most common scenario for IOP measurement is when you're following a patient who needs her IOP checked after three or four months. In such a case, the most common thing to do is to bill this visit as an intermediate exam (92012). The doctor typically checks for any changes in health and vision, updates medications and checks IOP along with a slit lamp examination. The indication for the visit can be as simple as "follow up primary open-angle glaucoma (POAG)" or "follow up glaucoma suspect."

DON'T BE AFRAID

Some optometrists choose not to handle glaucoma for a variety of reasons. In my opinion, there is no valid reason for us to do that. From a financial point of view, diagnosing and managing glaucoma yields an excellent return on investment. From a medical point of view, it is another avenue where we can fill our roles as primary eyecare providers. For those who don't want the "liability", the vast majority of us don't get sued. If anything, you are more likely to get sued for failure to work these patients up so it's in our best interest to work up patients based on risk.

NEWS: IN CASE YOU DIDN'T HEAR

- Optometrists in Wyoming expanded their scope of practice to include some surgical procedures. They will now be able to perform YAG laser capsulotomy, selective laser trabeculoplasty and laser iridotomy and lesions removal. Wyoming is the second state this year to obtain minor surgical privileges. Optometrists in Mississippi expanded their scope of practice on March 17.

- Prevent Blindness declares May as UV Awareness Month. The goal is to educate patients on the dangers of UV exposure to the eyes.

- Canada approved Johnson & Johnson's Acuvue Theravision with Ketotifen, the first drug released contact lens that corrects refractive error in patients with itchy, allergy eyes.

- 8 states are allowing optometrists to give COVID vaccinations: California, Colorado, Kentucky, New Jersey, Ohio, South Carolina, Utah, and Virginia.

The Basics of the New Contact Lens Rule (went into effect April 1, 2021):

After a contact lens fitting, prescribers will be required to do one of the following to confirm that a patient received their prescription:

- Have a patient acknowledge receipt of the contact lens prescription by signing a separate confirmation statement
- Have a patient sign a prescriber-retained copy of the prescription which contains a statement confirming the patient has received it
- Have a patient sign a prescriber-retained copy of the sales receipt for the examination that contains a statement confirming the patient received the prescription
- Provide the patient with a digital copy of the contact lens prescription, and retain evidence that it was sent, received, or made accessible, downloadable, and printable by the patient
- If the patient refuses to sign a confirmation statement or other receipt, the prescriber must document this refusal in the patient's medical record
- This confirmation must be kept in a patient's medical record for a minimum of three years

On the seller's side, automated telephone messages for verification must following these rules:

- The entire call must be recorded which must be preserved
- The call should start by identifying it as a prescription verification request made in accordance with the Contact Lens Rule
- The message must be delivered in a slow and deliberate manner and at a volume that the prescriber can understand
- The message must be repeatable at the prescriber's option

The Final Rule also clarifies that the only permissible substitution for a contact lens prescriber by a seller involves private label lenses; private label and brand name lenses can be substituted for each other when they are identical lenses made by the same manufacturer.

CASE STUDIES FROM THE TRENCHES

I recently had a mother and father who I have been seeing for almost 10 years come in for a comprehensive eye exam. The father has a prescription of -5.50 OU and the mother -7.00. Both have worn eyeglasses and/or contact lenses for almost 25 years. They started bringing their daughter in for an eye exam when she was 5 years old. The child has been 20/20 uncorrected at each visit. All other ocular health findings have been negative.

At her most recent exam, their daughter HH (now 11 years old) had VA of 20/40 OD and 20/30-OS. Manifest and cycloplegic refraction revealed a prescription of -.75 OD and OS getting to 20/20 vision. Both parents are extremely concerned and want to know what they can do to prevent her from having vision as bad as they have.

How would you handle this? What is your management plan?

Find out what I did in the next issue

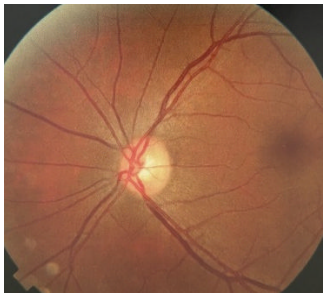
MARKET PLACE

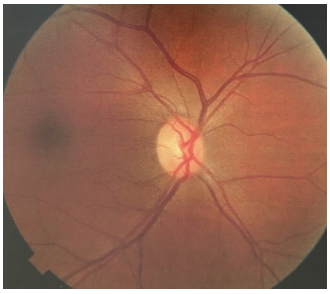
Editorials **Advertisements** **Job Openings**

There are currently no job openings to list. Please check with us again in the next issue. Please remember that job listings are free. You can email us a short 2-3 sentence ad and we will place it here for free!

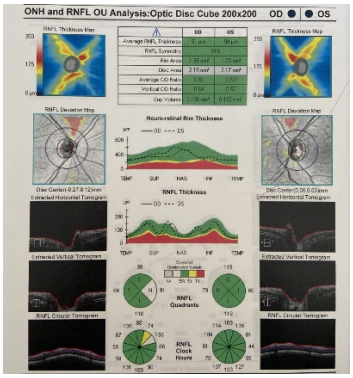
LAST MONTH'S CASE STUDY

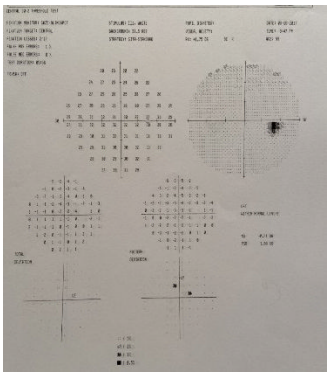
A 38 year old female patients with a strong family history of glaucoma comes in for a routine eye exam with no visual complaints. Her medical history is positive for diabetes, well controlled by oral meds. Her mother went blind from glaucoma and both of her siblings take eyedrops for glaucoma. No other issues.

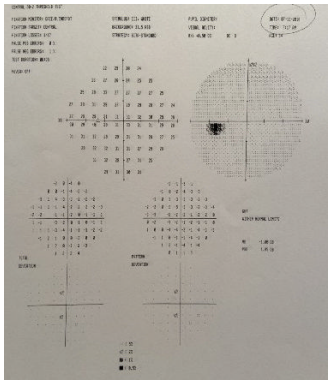




Her corneas are 520 and 525. Her IOPs range from 18 to 21 OD and 20 to 22 OS. Her ONH, VF, and OCT is below. Her question at the end of the exam is if she has glaucoma and what can be done to prevent her from developing glaucoma.







WHAT I DID FOR THIS PATIENT

1. Based on her ONH, OCT, and HVF I kept her diagnosis as a glaucoma suspect. I did not think the testing showed enough evidence to change her diagnosis to glaucoma. If there were no other considerations, I would have monitored her periodically as I do all of my glaucoma suspect patients
2. The unique situation in her case is that she wanted to know what to do to prevent glaucoma. Some doctors say "we will monitor you more closely." I find that unacceptable. Monitoring closely would only allow you to diagnose her earlier, not actually prevent glaucoma.
3. So, the question becomes are there things we can do to prevent glaucoma? The answer is absolutely yes. First, there are lifestyle changes. Eating food high in antioxidants and/or taking vitamins, exercise, and sleeping on your back with 1-2 pillows have all been shown to be beneficial. The most obvious thing you can do as a doctor is to lower her IOP by prescribing an IOP lowering agent. There are many well documented studies such as the OHTS which clearly demonstrate that treating "prophylactically" can help delay or prevent patients from getting glaucoma.

SEE YOU NEXT MONTH. BE SURE TO CHECK OUT THIS MONTH'S CASE STUDY

PSS EYECARE 2021 LIVE MEETINGS

All meetings include breakfast and lunch

CONFERENCE ON COMPREHENSIVE EYECARE
June 12 & 13 – Niagara Falls NY
18 COPE/FL Board Hours

All new courses centered around helping optometrists to build a medical practice. Courses will include clinical updates plus information on how to integrate new technologies into clinical practice.

Glaucoma Diagnosis & Management
Role of Nutrition in Ocular Disease
Building a Dry Eye Center of Excellence
A Primer on Refractive Surgery
Anterior Segment Disease
Keratoconus Diagnosis & Management
Contact Lens Update
Hi Tech Procedures to Help Patients


Jeffrey Sonsino


Susan Gromacki


Pinakin Davey


Deepak Gupta


Jerome Sherman

All new courses centered around helping optometrists to build a medical practice. Courses will include clinical updates plus information on how to integrate new technologies into clinical practice.

Previous attendees pay only $459 for the entire weekend which includes all 18 COPE and FL board approved hours. Price includes a hot breakfast and lunch

All will be conducted in a safe, socially distant environment

September 11 & 12 – Mystic CT
20 COPE/FL Board Hours

September 25 & 26 – Atlanta GA
20 COPE/FL Board Hours

October 23 & 24 – Orlando FL
18 COPE/FL Board Hours

November 13 & 14 – Atlanta GA
18 COPE/FL Board Hours

To view agendas or to download registration form, please visit our website

www.psseyecare.com

The premier company for optometric CE