

Medicare Eye Q
A Membership Service of the
Wyoming Optometric Association
By
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Please share with your staff

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Changes in 2021 regarding how you choose E & M codes

CMS has announced that in 2021 they will be making modifications about how to determine the specific level of code. What is important to understand is that it should significantly simplify the way you determine the level of service that you provide.

Currently, the determination for coding level is determined by 3 areas (with sub areas):

- ◆ History
 - History of Present illness
 - Review of Systems
 - Past, Family and Social History
- ◆ Examination
- ◆ Medical Decision Making
 - Number of Diagnosis and Management Options
 - Complexity of Data
 - Risk

Time can also be a way to bill in the current system but most will simply count elements of history and examination and determine the level of medical decision making.

To simplify this process (although it will not reduce ambiguity commonly encountered in your profession), in 2021, CMS will change to determination of the level of 992XX code to be based on either:

- ◆ Time
- ◆ Medical Decision Making

To be clear, for a specific encounter you would **NOT** use **BOTH** time **AND** medical decision making. You would use one or the other.

What does this mean for you? It means that you need to understand the specific requirement for each code and get better at knowing the medical decision making required for the different levels of code.

TIME-BASED requirements for the different levels.

First, it is important to know that time requires a face-to-face encounter with the optometrist. You will also note that there is no longer a code for 99201, and for established patients, if the face-to-face time is spent with techs who are supervised by the optometrist, then you would code a 99211.

Second, optometrist time includes the following activities:

- ◆ preparing to see the patient – for example, reviewing prior testing and charts
- ◆ obtaining and/or reviewing separately obtained history

- ♦ performing a medically appropriate examination and/or evaluation
- ♦ counseling and educating the patient/family/caregiver
- ♦ ordering medications, tests, or procedures
- ♦ referring and communicating with other health care professionals – when this is not reported with other procedures
- ♦ documenting clinical information in the electronic or other health record independently interpreting results – that are not reported with another reimbursable code (like visual fields or OCT)
- ♦ communicating results to the patient/family/caregiver care coordination – that is not separately reported with another reimbursable code

Third, if you are going to use time, pay attention to the grid below:

		Code						
		New			Established			
		99202	99203	99304	99205	99212	99213	99214
Time (Minutes)	15-29	30-44	45-59	60-74	10-19	20-29	30-39	40-54

New changes that will occur in 2021 for the requirements for the Evaluation and Management (E&M) codes.

Medical Decision Making (MDM) OR Time will be how you will determine what level code we provided for a patient. Additionally, recall that History and Examination elements are based on medical necessity but not “counted” in the overall level of the code. Some clinical examples that allow us to apply each element of MDM:

- Number of Diagnostic and Treatment options
- Complexity
- Risk

To allow you to see all the levels at once and to qualify for a specific level 2 of the 3 elements for that level of MDM must be met or exceeded:

CASE #1:

An established patient presents with a new onset of a red, light sensitive right eye that has been going on for about 1 week. They tried to use artificial tears but it has not helped. They have a history of posterior blepharitis. Consider the following:

- ♦ **Diagnosis:** peripheral corneal infiltrate secondary to uncontrolled posterior blepharitis
 - Number and Complexity of Problems: 1 undiagnosed new problem with uncertain prognosis – **Moderate**
- ♦ **Orders:** anterior segment photo to evaluate and monitor the patient’s response to treatment
 - Complexity of Data: 1 test → **Minimal**
- ♦ **Treatment:** Maxitrol OD QID x 7 days, monitor in 2 days
 - Risk: Prescription medication → **Moderate**

So if we look at our table we would see that (achieved levels highlighted in gray): Again, to allow you to see all the levels at once and to qualify for a specific level 2 of the 3 elements for that level of MDM must be met or exceeded:

		Code				
		New/Established				
		99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High	
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive	

Risk	N/A	Minimal	Low	Moderate	High
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Since we had 2 elements of MDM under the 99214, that is the code we would choose.

CASE #2:

A new patient presents with an itchy left eye that has been going on for 2 weeks. They tried to use artificial tears but it has not helped. They report a history of seasonal allergies for which they take Allegra PO PRN. Consider the following:

- ◆ **Diagnosis:** allergic conjunctivitis
 - **Number and Complexity of Problems:** 1 acute uncomplicated illness – **Low**
- ◆ **Orders:** none
 - Complexity of Data: 1 test —> **Minimal/none**
- ◆ **Treatment:** Alrex OU BID during allergy season, monitor in 2 weeks
 - **Risk:** OTC drug management —> **Low**

So if we look at the table we would see that (achieved levels highlighted in gray)

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

Since we had 2 elements of MDM under the 99203, that is the code we would choose.

CASE #3:

A new patient presents with an itchy left eye that has been going on for 2 weeks. They tried to use artificial tears but it has not helped. They report a history of seasonal allergies for which they take Allegra PO PRN. Consider the following:

- ◆ **Diagnosis:** allergic conjunctivitis
 - Number and Complexity of Problems: 1 acute uncomplicated illness – **Low**
- ◆ **Orders:** none
 - Complexity of Data: 1 test —> **Minimal/none**
- ◆ **Treatment:** Alrex OU QID during allergy season, monitor in 2 weeks
 - **Risk:** OTC drug management —> **Moderate**

So if we look at our table we would see that (achieved levels highlighted in gray):

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

In this case, I want to make a very slight change to the Case #2 treatment to illustrate a point. Since we had 1 elements of MDM under the 99202 and 2 elements at the 99203 (**OR GREATER**), 99203 is the code we would choose.

Risk of Complications and/or Morbidity or Mortality of Patient Management, occasionally simplified as Risk.

Just like the number of diagnosis and treatment options and complexity, Risk can also be broken down into 4 levels. In general, the more tests ordered/interpreted or conversations had with other providers about a patient

(that is relevant to the care at that visit), the higher the level. Consider the following levels and their requirements:

- ◆ **Minimal/None**
 - One or No orders, tests performed, or additional documents analyzed
- ◆ **Limited (Must meet the requirements of at least 1 of the 2 categories)**
 - Category 1: Tests and documents
 - Any combination of 2 from the following:
 - Review of prior external note(s) from each unique source*;
 - Review of the result(s) of each unique test*;
 - Ordering of each unique test* or
 - Category 2: Assessment requiring an independent historian(s)
 - According to the AMA, an independent historian is an individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary.
- ◆ **Moderate (Must meet the requirements of at least 1 out of 3 categories)**
 - Category 1: Tests, documents, or independent historian(s)
 - Any combination of 3 from the following: ,
 - Review of prior external note(s) from each unique source*;
 - Review of the result(s) of each unique test*;
 - Ordering of each unique test*;
 - Assessment requiring an independent historian(s) or
 - Category 2: Independent interpretation of tests
 - Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or
 - Category 3: Discussion of management or test interpretation
 - Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)
- ◆ **Extensive (Must meet the requirements of at least 2 out of 3 categories) – Editorial note, these categories are the same as from Moderate.**
 - Category 1: Tests, documents, or independent historian(s) - Any combination of 3 from the following:
 - Review of prior external note(s) from each unique source*;
 - Review of the result(s) of each unique test*;
 - Ordering of each unique test*;
 - Assessment requiring an independent historian(s) or
 - Category 2: Independent interpretation of tests - Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or
 - Category 3: Discussion of management or test interpretation
 - Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)

***Each unique test, order, or document contributes to the combination of 2 or combination of 3 in the Categories above.**

While this may seem confusing at first glance, but consider the following:
If you have a patient with glaucoma and order:

1. ONH OCT and 24-2 were ordered — that would be **limited** complexity
2. If you also ordered pachymetry — that would be **moderate** complexity
3. If you also called a colleague to discuss the case — that would be **extensive** complexity

To assign each of these levels to its corresponding code look at the table below:

	Code								
	New				Established				
	99202	99203	99304	99205	99211	99212	99213	99214	99215
Complexity of Data	Minimal	Limited	Moderate	Extensive	NA	Minimal	Limited	Moderate	Extensive

Risk.

It is important to know that Risk can be broken down into 4 levels. In general, the greater the risk of diagnostic or treatment options, the higher the level. Consider the following levels and their requirements:

- ◆ **Minimal**
 - Minimal risk of morbidity from additional diagnostic testing or treatment
- ◆ **Low**
 - Low risk of morbidity from additional diagnostic testing or treatment
 - Example:
 - ,OTC drug management
- ◆ **Moderate**
 - Moderate risk of morbidity from additional diagnostic testing or treatment
 - Examples:
 - Prescription drug management ,
 - Decision regarding minor surgery with identified patient or procedure risk factors
 - Decision regarding elective major surgery without identified patient or procedure risk factors
 - Diagnosis or treatment significantly limited by social determinants of health
- ◆ **High**
 - High risk of morbidity from additional diagnostic testing or treatment
 - Examples: ,
 - Drug therapy requiring intensive monitoring for toxicity
 - Decision regarding elective major surgery with identified patient or procedure risk factors
 - Decision regarding emergency major surgery
 - Decision regarding hospitalization
 - Decision not to resuscitate or to deescalate care because of poor prognosis

To assign each of these levels to its corresponding code look at the table below:

	Code								
	New				Established				
	99202	99203	99304	99205	99211	99212	99213	99214	99215
Complexity of Data	Minimal	Low	Moderate	High	NA	Minimal	Low	Moderate	High

Medical Decision Making (MDM) OR Time will be how we will determine what level code we provided for a patient.

Additionally, recall that History and Examination elements are based on medical necessity but **not “counted”** in the overall level of the code. Here are some clinical examples that allow you to apply each element of MDM:

- ◆ Number of Diagnostic and Treatment options
- ◆ Complexity

◆ Risk

To allow you to see all the levels at once and to qualify for a specific level 2 of the 3 elements for that level of MDM must be met or exceeded:

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

CASE #1:

An established patient presents with a new onset of a red, light sensitive right eye that has been going on for about 1 week. They tried to use artificial tears but it has not helped. They have a history of posterior blepharitis. Consider the following:

- ◆ Diagnosis: peripheral corneal infiltrate secondary to uncontrolled posterior blepharitis
 - Number and Complexity of Problems: 1 undiagnosed new problem with uncertain prognosis - **Moderate**
- ◆ Orders: anterior segment photo to evaluate and monitor the patient's response to treatment
 - Complexity of Data: 1 test → **Minimal**
- ◆ Treatment: Maxitrol OD QID x 7 days, monitor in 2 days
 - Risk: Prescription medication → **Moderate**

So if we look at our table we would see that (achieved levels highlighted in gray):

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

Since we had 2 elements of MDM under the 99214, that is the code we would choose

CASE #2:

A new patient presents with an itchy left eye that has been going on for 2 weeks. They tried to use artificial tears but it has not helped. They report a history of seasonal allergies for which they take Allegra PO PRN. Consider the following

- ◆ Diagnosis: allergic conjunctivitis
 - Number and Complexity of Problems: 1 acute uncomplicated illness – **Low**
- ◆ Orders: none
 - Complexity of Data: 1 test → **Minimal/none**
- ◆ Treatment: Alaway OU BID during allergy season, monitor in 2 weeks
 - Risk: OTC drug management → **Low**

So if we look at our table we would see that (achieved levels highlighted in gray):

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number &	N/A	Minimal	Low	Moderate	High

Complexity of Problems					
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

Since we had 2 elements of MDM under the 99203, that is the code we would choose.

CASE #3:

A new patient presents with an itchy left eye that has been going on for 2 weeks. They tried to use artificial tears but it has not helped. They report a history of seasonal allergies for which they take Allegra PO PRN. Consider the following:

- ◆ Diagnosis: allergic conjunctivitis
 - Number and Complexity of Problems: 1 acute uncomplicated illness – **Low**
- ◆ Orders: none
 - Complexity of Data: 1 test → **Minimal/none**
- ◆ Treatment: Alrex OU QID during allergy season, monitor in 2 weeks
 - Risk: OTC drug management → **Moderate**

So if we look at our table we would see that (achieved levels highlighted in gray):

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

In this case, I want to make a very slight change to the Case #2 treatment to illustrate a point. Since we had 1 elements of MDM under the 99202 and 2 elements at the 99203 (OR GREATER), 99203 is the code we would choose.

Additional clinical examples that allow you to apply each element of MDM:

- Number of Diagnostic and Treatment options
- Complexity
- Risk

To allow you to see all the levels at once and to qualify for a specific level 2 of the 3 elements for that level of MDM must be met or exceeded:

Case #1:

An established 65 year old white female patient presents with a new onset of dim vision in her right eye that has been going on for about 1 week. She has right optic nerve swelling and no pain on eye movement.

Consider the following:

- Diagnosis: Anterior ischemic optic neuropath
 - Number and Complexity of Problems: 1 undiagnosed new problem with a threat to vision – **High**
- Orders: ESR, CRP, CBC w/ differential and a phone call was made to her primary care physician to discuss the case
 - Complexity of Data: 3 test AND conversation with another provider Extensive
- Treatment: Monitor in 1 month or coordinate additional testing based on the results of lab work.
 - Risk: Prescription medication **Low**

So if we look at our table we would see that (achieved levels highlighted in gray)

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

Since we had 2 elements of MDM under the 99215, that is the code we would choose.

Case #2:

A new patient presents with a new bump on her left eye that has been going on for 3 days. They tried to use artificial tears but it has not helped. They report a history of seasonal allergies for which they take Allegra PO PRN. Consider the following:

- ◆ Diagnosis: internal hordeola
 - Number and Complexity of Problems: 1 acute uncomplicated illness – **Low**
- ◆ Orders: none
 - Complexity of Data: 0 tests **Minimal/none**
- ◆ Treatment: Warm compresses and lid hygiene, monitor if no resolution
 - Risk: OTC drug management **Low**

So if we look at our table we would see that (achieved levels highlighted in gray):

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of Data	N/A	Minimal	Limited	Moderate	Extensive
Risk	N/A	Minimal	Low	Moderate	High

Since we had 2 elements of MDM under the 99203, that is the code we would choose.

Case #3:

A new patient presents with dry and gritty eyes that has been going on for 1-2 years. She tried to use artificial tears but it has not helped. She reports a history of frequent “styes in the past” for which they resolved without treatment. Consider the following:

- ◆ Diagnosis: dry eye syndrome
 - Number and Complexity of Problems: 1 undiagnosed new problem with uncertain prognosis – **Moderate**
- ◆ Orders: none
 - Complexity of Data: 0 test **Minimal/none**
- ◆ Treatment: Xiidra OU BID, monitor in 3 weeks
 - Risk: Prescription drug management **Moderate**

So if we look at our table we would see that (achieved levels highlighted in gray):

	Code				
	New/Established				
	99211	99202/99212	99203/99213	99204/99214	99205/99215
Number & Complexity of Problems	N/A	Minimal	Low	Moderate	High
Complexity of	N/A	Minimal	Limited	Moderate	Extensive

Data					
Risk	N/A	Minimal	Low	Moderate	High

Since we had 2 elements of MDM under the 99204, that is the code we would choose.

New CPT Code 99072 is in effect.

99072 Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease.

This code is effective September 8, 2020 until the National Public Health Emergency (COVID-19) has ended. It covers additional costs for PPE, extra safety measures, symptom checks, etc. Providers can bill this code even if they received HHS grant money.

You must bill ALL PATIENTS/ALL PLANS (even PRIVATE PAY) ALL THE TIME/ALL THE SAME AMOUNT. AOA recommends using an ABN, but technically that isn't required.

ABN's cover services that are sometimes covered, sometimes not. ABN's are not needed for "non covered" services, like refraction. RVU is \$6.57, but regional and payer differences may apply. Be aware that payment by payers is unsure since this is so new. You are encouraged to review your payer contracts and state regulations for other variances.

<https://www.ama-assn.org/press-center/press-releases/ama-announces-new-cpt-codes-covid-19-advancements-expand>

I searched the Medicare Part B fee schedule and Code 99072 is not listed, so no payable amount is listed.

Medicare News: CMS Expands Telehealth Services

CMS recently expanded the list of telehealth services that Medicare Fee-For-Service will pay for during the corona virus disease 2019 (COVID-19) Public Health Emergency (PHE). CMS is also providing additional support to state Medicaid and Children's Health Insurance Program (CHIP) agencies in their efforts to expand access to telehealth. The actions reinforce President Trump's Executive Order on Improving Rural Health and Telehealth Access to improve the health of all Americans by increasing access to better care.

No services were added that your profession uses, however, the additions were "cardiac and pulmonary" therapy codes and it's a good trend to expand telehealth.

December 1, 2020 - Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients. See the link below for all the details. Please read it.

<https://med.noridianmedicare.com/web/jfb/article-detail/-/view/10546/mln-connects-special-edition-december-1-2020-permanent-expansion-of-medicare-telehealth-services-and-improved-payment-for-time-doctors-spend-with-patients>

See the links below for ALL covered services

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

2021 Medicare Parts A & B premiums and deductibles

<https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles>

The annual deductible for all Medicare Part B beneficiaries is \$203 in 2021, an increase of \$5 from the annual deductible of \$198 in 2020.

Repayment Times Revised for Medicare Payment Program

<https://www.cms.gov/files/document/accelerated-and-advanced-payments-fact-sheet.pdf>

On March 28, 2020, CMS expanded the Accelerated and Advance Payments Program to a broader group of Medicare Part A providers and Part B suppliers. An accelerated or advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing. CMS can also offer these payments in circumstances such as national emergencies, or natural disasters in order to accelerate cash flow to the impacted health care providers and suppliers.

Repayment and Reconciliation provisions:

A provider or supplier may repay their accelerated or advance payment at any time by contacting their Medicare Administrative Contractor (MAC). If such payment is repaid in full, the repayment terms below will not apply. If any balance remains as to an accelerated or advance payment, pursuant to the Continuing Appropriations Act, 2021 and Other Extensions Act, repayment terms are as follows:

Repayment does not begin for one year starting from the date the accelerated or advance payment was issued.

For payments beginning at one year from the date the payment was issued and continuing for the next 11 months, recouped is at a rate of 25%.

If not repaid in full, recouped of 50% will be required for the next 6 months. If there is still a repayment balance, a letter for any remaining amount of the accelerated or advance payment(s) will be issued.

For more information visit this site:

<https://www.cms.gov/files/document/accelerated-and-advanced-payments-fact-sheet.pdf>

2020 MIPS Extreme and Uncontrollable Circumstances Exception Application: Deadline February 1

To further support clinicians during the COVID-19 Public Health Emergency (PHE), CMS extended the 2020 Merit-based Incentive Payment System (MIPS) Extreme and Uncontrollable Circumstances Exception application deadline to February 1.

For the 2020 performance year, MIPS eligible clinicians, groups, and virtual groups can submit an application asking us to reweight one or more performance categories to 0% due to the current COVID-19 PHE. If you have concerns about the effect of the COVID-19 PHE on your performance data, including cost measures, submit an application and cite COVID-19 as the reason for your application.

For More Information:

- [MIPS Extreme and Uncontrollable Circumstances Exception Application user guide and fact sheet](#)
- [How to Submit an Extreme and Uncontrollable Circumstances Exception Application video](#)
- [Extreme and Uncontrollable Circumstances Exception webpage](#)
- [Quality Payment Program Exceptions Application fact sheet](#)
- Contact the Quality Payment Program at QPP@cms.hhs.gov or 866-288-8292; customers who are hearing impaired can dial 711 for a TRS Communications Assistant

If you have Medicare Questions please contact me at:

ljones2@neb.rr.com

Phone: 402-474-5717

Happy Holidays to all of you! May 2021 be a better year for all! Stay safe! Thank you for allowing me to be your Medicare consultant!