

Vision vs Medical Exams & Coordination of Benefits

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Discussing Reality

- Medical vs. Vision
 - What to do when patient has vision insurance but medical problem
 - What to do when patient has medical insurance but vision problem
 - What to do when patient has both medical and vision insurance and NO problem
- What to do.....



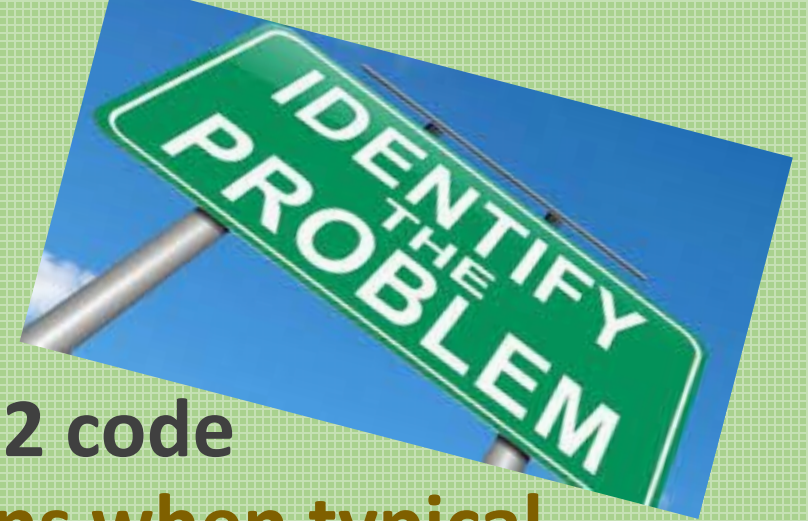
The Problem

Medical Eye Care vs. Well Vision Care

- How to code
- How to differentiate
- How to be consistent
- How to “play by the rules”
- CPT® code for Well Vision Unlikely



Well Vision Examinations



• Why the problem?

- Carriers (MAC), in the past, had LCDs for 92 code
- **PALMETTO** states that for specific situations when typical ophthalmic examination techniques are used – use 92000 code series

<https://www.palmettogba.com/palmetto/jmb.nsf/DIDC/8EELJL2417~Specialties~Optometry%20and%20Ophthalmology>

- Can require use of 92 codes for medical claims
- Can require use of 99 codes for medical claims
- **Private carriers inconsistent on code use**
 - **May include refraction reimbursement in 92000 code reimbursement**
 - Some may include refraction reimbursement in 99000 code reimbursement
 - May require S codes for well vision benefits (now more common)

BUT DO NOT

No longer 99000 codes for medical and 92000 codes for well vision benefit examinations

Well Vision Examinations



- **Well vision exams vs. Medical exams**
 - **Many approaches around the country**
 - **Many with validity**
 - **All have unacceptable aspects**

Key: Consistency in coding regardless of payment method

Medical Exams vs Well Vision Exams

- **Fundamental difference:
Medical vs. Well Vision Care**

- Chief complaint and detail needed
- Medical decision-making complex
- Risk increased – morbidity/mortality

- **Examination more detailed**

- Anterior segment
- Posterior segment
- Neurological
- Patient counseling
- Ordered tests
- Record review



92000 versus 99000 code choices

- **Both Systems Allowed BUT both are documentation dependent**
- General ophthalmologic services as opposed to E&M:
 - Intermediate and comprehensive examination types under 92000 codes
 - Do not require same components required for 99000 code choices

99000 E&M Coding

- Medical Decision Making
 - Problem
 - Data
 - Risk

OR

- Time

CPT CODE BASICS

What You Should Know

92000 Code choice is based on number of examination elements necessary to address the patient problem(s)

92000 codes:

**Do not use E&M documentation guidelines from CMS for proper code selection
Use the introductory section language in CPT® and CPT® Assistant Article**

Well Vision Examinations

Coding approaches across country

- Use medical diagnosis for all examinations
- Routine coverage - refractive diagnosis

Concern:

Diagnosis based on payment
Creative diagnosing



Well Vision Examinations

Coding approaches across country

- 92004/92014 medical only
 - No well vision under this code

Concern: Over-coding at times?

99000 codes are medical only
92002/92012 well vision only

Concern: Under-coding

Too many elements of exam performed
under 92002/92012



S-Codes

- S0620 - Routine ophthalmologic examination including refraction, new patient
- S0621 - Routine ophthalmologic examination including refraction, established patient

National Association of Vision Care Plans (NAVCP) could possibly advocate for more “S” codes with goal of simplifying their administrative coding issues



S CODES PROBLEMS

No valuation

No further definitions

Insurers free to interpret rules at will



Preventive Medicine Services Codes for Well Vision Exams?

- CPT - Preventive Medicine Services
 - 99381-99397
- Used to report the preventative medicine evaluation and management of infants, children, adolescents, and adults
- Include the management of insignificant or trivial problems which do not require additional work
- Not typically used by Eye Care Providers
- Few, if any, payors allowing



Well Vision Examinations

Coding approaches across country

- Internally use S code for all well vision
 - Internal code only
 - Converted to “plan accepted code” (92000 series?)
 - All routine patients –same exam=same fee concept
 - Payment method disregarded in coding
 - 92000 and 99000 would be used only for medical
 - Refraction separate



Concern: “Different” charge for same code when actually filed to insurance

Medical Exam vs Well Vision Exam

Patient with Medical Plan & Well Vision Plan

Case History

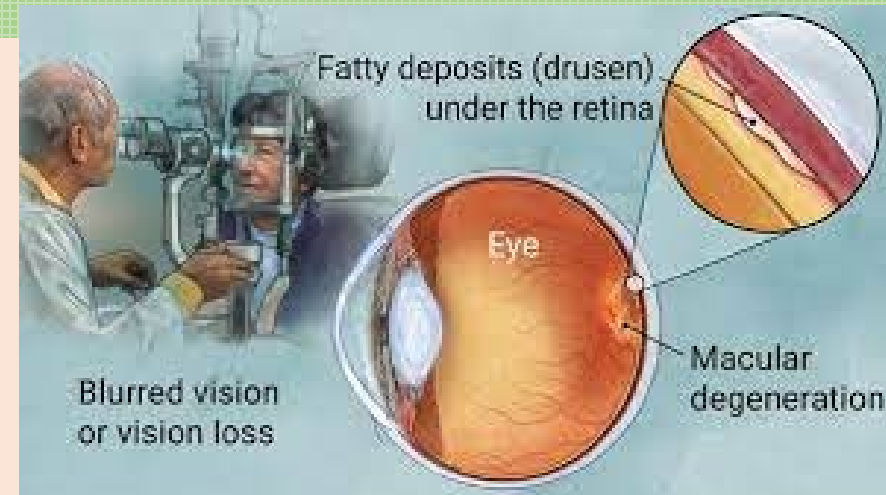
- 68 yo previous patient, not seen in 4 years
- Chief complaint: decreased vision LE
- BVA : OD 20/30 OS 20/70
- Pupils: equal, no APD
- EOM: full, balanced
- Confrontation Fields: Full to Finger Counting



Medical Exam vs Well Vision Exam

Patient with Medical Plan & Well Vision Plan

- SL : WNL except Lens → NS + cortical opacities OU
- IOP: 18 OU
- Internal exam (volk super fundus & 20D):
 - RPE changes + drusen OU
 - Optic nerve and peripheral fundus = normal
- Amsler grid: normal OU



Diagnoses: Cataract, combined OU
ARMD, dry mild OU

H25.813

H35.3131

Medical Exam vs Well Vision Exam

Patient with Medical Plan & well vision plan

- At exam completion, fees are reviewed
- Patient announces expectation for exam to be covered by his well vision plan



WHAT DO YOU DO?

Clearly exam has medical presentation, history & exam

Medical Exam vs Well Vision Exam

Patient with Medical Plan & Well Vision Plan

- Many offices are faced with this dilemma
- More and more Medical Plans are adding wellness care
- More Well Vision Plans trying to add medical



Options:

1. Perform well vision exam and reschedule for medical
2. Inquire upon patient arrive which plan intend to use
3. Bill Medical Carrier → exam
 - Bill well vision → glasses + refraction (if allowed)
4. Bill Medical carrier & cross file to well vision plan for co-pay, refraction and glasses (if allowed)

Two Examples of Plans with Coordination of Benefits VSP and EyeMed



Coordination of Benefits

Two insurance plans work together to pay claims for the same person

- Insurance companies coordinate benefits to avoid duplicate payments by making sure two plans don't pay more than the total amount of the claim
- Medical to Medical or Medical to Vision Plan

Two payers are covering same service reducing patient's out of pocket costs

Apply 2nd insurance to remaining cost sharing after 1st insurance plan covers service

Medical Plan to Vision Plan: Reduces patient out-of-pocket costs

- Patients using vision benefit for eye exam can reduce patient cost sharing when eye exam is covered by medical plan
- Vision plans may prefer not to coordinate benefits if reduces opportunities to sell glasses

**Medical Plan covering pediatric vision benefits (ACA) and family also has vision plan
Medical plan covers pediatric benefit and claim is crossed over to vision plan**

VSP Coordination of Benefits

- The purpose of coordination of benefit (COB) is to allow the patient to maximize coverage while preventing duplicate payment for the same benefit. VSP allows coordination of benefits for patients eligible for coverage by more than one vision plan
- **Coordination of benefits does not guarantee that all out-of-pocket expenses will be covered in full. Member is responsible for any remaining expenses...**
- **Eyefinity.com**

Not all VSP plans may not coordinate with all medical plans



COORDINATION OF BENEFITS



VSP Coordination of Benefits

- **PRIMARY PLAN:**

- Must pay or provide benefits as if secondary plan does not exist

- **SECONDARY PLAN:**

- When VSP administers secondary plan, member will receive specified allowance for each service (exam, lenses, frame or contacts) that will be used to pay up to, but not more than billed amount

- Only services received on primary benefit may be used for coordinating like services on secondary benefit
- Secondary allowances are applied first to the same service of the primary plan
- Any remaining amount may be used to cover additional expenses on other services

VSP Coordination of Benefits

- Explain to patient – IN EXAM ROOM – the process you will follow
- Document in chart
- Proper documentation of medical visit a MUST
- Bill exam AND refraction to medical carrier
 - Examination linked to medical diagnoses first
 - Refraction linked to refractive diagnosis second
- When Medical EOB comes, post payments and write-offs per EOB
- **Any remaining balance or co-pay, send paper copy of the claim (CMS-1500) to VSP as secondary claim (may now be able to do this in VSP portal)**
 1. Attach the primary medical EOB to this claim including all any remark codes
 2. Must have valid VSP exam authorization number
 3. In box 19 of claim, write “Coordination of Benefits. See primary EOP”.
- VSP will pay up to usual maximum on remaining balance not covered by medical insurance, (refraction and part of the patient’s co-pay, is typical)

**If receive VSP’s payment secondary, do not take any further write off on exam
Per coordination rules, only obligated to take medical carrier’s write offs
Any remaining balance after VSP pays as secondary is patient’s responsibility**

EyeMed “Coordination of Benefits



Per EyeMed:

- Refraction will not be reimbursed separately unless coordination of benefits (COB) is permitted per client (insurance company) contract
- If client contracts allows coordination of benefits, you can submit a claim for refraction only AND a copy of an EOB or claims denial
(Please refer to Coordination of Benefits for the list of participating groups)
- If plan includes benefits for Visual Display Terminal (VDT) eyewear, there is an additional eye exam benefit to cover the separate refraction

January 2022 EyeMed

We'll coordinate benefits only for the following plans as long as you follow our required submission process as detailed in the Provider Manual.

- Accenture
- AEP
- Allianz Global
- AT&T
- Bank of America (through Aetna Vision Preferred)
- Blue Cross Blue Shield of Massachusetts
- Blue Cross Blue Shield Medicare (IL, TX, MT, NM, OK)
- Devoted Health
- Dollar General (through BlueCross BlueShield of Tennessee)
- EmblemHealth
- Enterprise Holdings
- Essence Healthcare
- Exelon
- FEDVIP (through Aetna)
- Flushing Community Schools
- GEHA
- Grant Wood Area Education Agency
- Hawaii Medical Service Association (HMSA)
- Humana*
- HumanaDental*
- Humana VCP*
- Kohler Co.
- Metro Health
- Michigan Teamsters
- MPSERS
- Milwaukee Drivers Health & Welfare Fund
- MVP Health Care
- National IAM Benefits Trust
- Ohio Public Employees Retirement System (through Aetna)
- PCTEA
- Priority Health
- Quad/Graphics
- SAMBA
- SCAN Health Care
- Schneider National
- Sheet Metal Workers Local 100
- Siemens
- State of Illinois
- State of Michigan**
- State of Ohio
- T. Rowe Price
- Tufts

AS OF JANUARY 2022



Plans that allow coordination of benefits

Aetna FedVIP coordination of benefits

For civilians who are part of the Federal Employees Dental & Vision Insurance Program (FedVIP) through Aetna, the medical plan is primary.

- If you're not on the medical plan network, just file the claim with us.
- You can also coordinate benefits for Active Duty Service Members who are covered by Aetna FedVIP, but it's up to you whether to submit the claim to TRICARE first.

Medicaid and Medicare dual coverage members

When a Medicaid member has benefits through multiple plans or "dual coverage," you'll need to know what plan is primary and what plan is secondary or tertiary. Medicaid is always the payer of last resort.

*Humana Vision Insight and Humana Medicare plans don't allow refraction only claims/coordination of benefits. If you're unsure what plan the member is part of, contact us at 888.581.3648.

**State of Michigan permits coordination of benefits for exams and materials.

Note: This document is subject to change.

EyeMed Refraction Only

- Refraction – Select the ICD-10 code for either Basic Refraction (92015) or VDT Refraction (92015-TG).
- Please note that you will be reimbursed for VDT refraction only if the member's plan includes VDT benefits. Basic refraction is not reimbursed separately from the eye examination.

[Claims.eyemedvisioncare.com](https://claims.eyemedvisioncare.com)



Current Advice



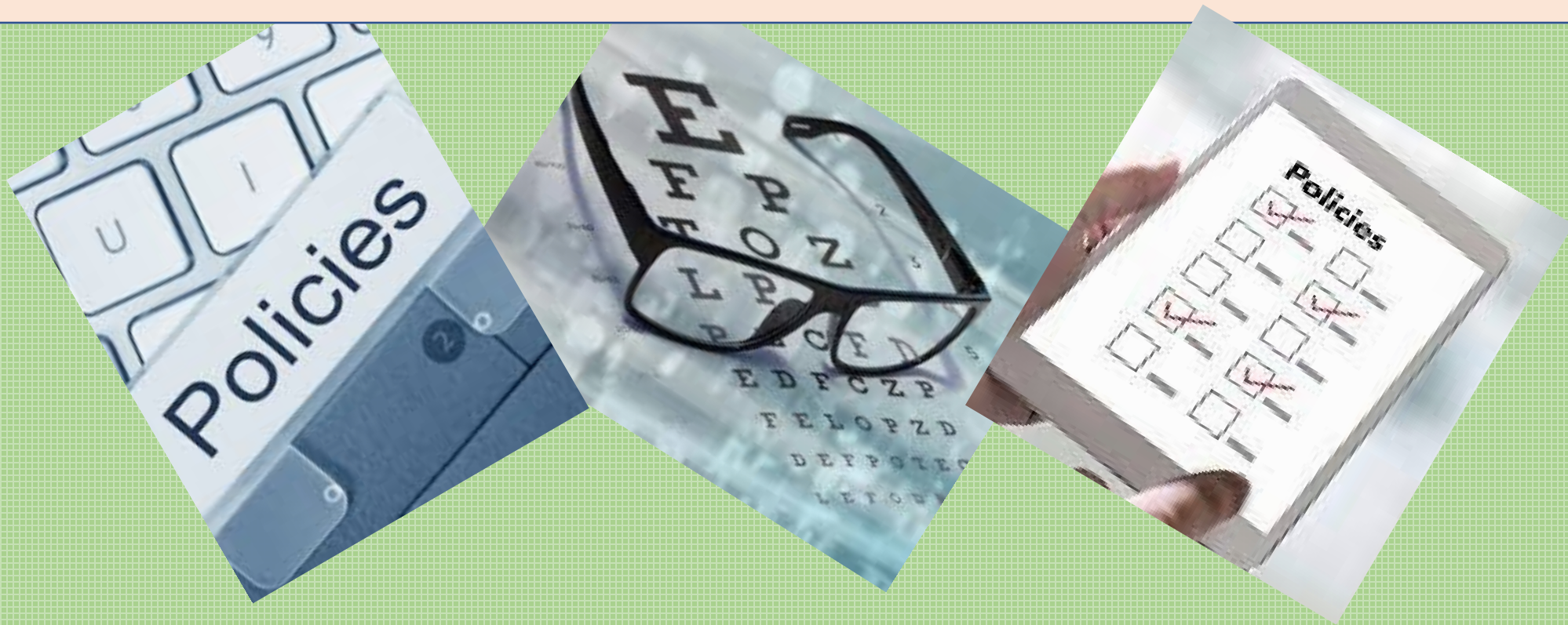
Doctors need to make hard decisions on how will handle BEFORE they occur
Doctors need to thoroughly and completely TRAIN staff on policies
Doctors need to thoroughly and completely read Well Vision Carrier policies
Doctors need to carefully consider WHICH Well Vision Plans they will accept

Current Advice

Doctors need to put policies in **WRITING** for **ALL** patients

Doctors need to educate **PATIENTS** on policies **BEFORE** service

Doctors need to educate **PATIENTS** on **WHY** policies are in place



Medical Exam vs. Well Vision Exam- Vision Plan only

- Complaint of itchy eyes for the past two weeks.
- Last eye examination over three years ago.
- Medical history includes hypertension (treated with Cozaar) and arthritis (treated with Plaquenil for the past year).
- VA: OD 20/20, OS 20/20 uncorrected



Medical Exam vs Well Vision Exam Vision Plan Only

- SL : Mild allergic conjunctivitis
- IOP: 18 OU
- Internal exam (Volk super fundus & 20D):
 - Optic nerve and peripheral fundus = normal

Diagnoses: Allergic Conjunctivitis H10.13

But what to do about Plaquenil therapy & ocular risks that occur with use?

Treat current symptoms

Explain of risks of plaquenil on ocular health

- reschedule for further required baseline testing?

No Medical Cover: consider referral to agency who might cover, if patient needs assistance
(SDOH Questionnaire Use in place???)

Medical Exam vs Well Vision Exam Vision Plan Only

Patient with Medical Problem & Well Vision Plan

- At exam completion, fees are reviewed
- Patient announces expectation for exam to be covered by well vision plan

WHAT DO YOU DO?

Clearly exam has medical presentation, history & exam



Z-Codes

Z01.0 Encounter for examination of eyes and vision

Excludes1: examination for driving license (Z02.4)

Z01.00 Encounter for examination of eyes and vision without abnormal findings

Encounter for examination of eyes and vision NOS

Z01.01 Encounter for examination of eyes and vision with abnormal findings

Use additional code to identify abnormal findings

Z01.02 Encounter for examination of eyes and vision following failed vision screening

Excludes1: encounter for examination of eyes and vision with abnormal findings (Z01.01)
encounter for examination of eyes and vision without abnormal findings (Z01.00)

Z01.020 Encounter for examination of eyes and vision following failed vision screening without abnormal findings

Z01.021 Encounter for examination of eyes and vision following failed vision screening with abnormal findings

Use additional code to identify abnormal findings



Z-Codes-Examples

- **Z01.01 Encounter for examination of eyes and vision with abnormal findings**
 - Use Additional: code to identify abnormal findings
- **H40.053 Ocular hypertension, bilateral**
- **H25.13 Age-related nuclear cataract, bilateral**
- **H52.13 Myopia, bilateral (??)**



Guiding Principles to Consider



Chief complaint & examination findings should RULE examination

1. Content AND coding

My vision has gradually gotten worse, especially at near, no known ocular disease

- Findings- presbyopic shift, no medical issues → Well vision examination
- Findings – early ARMD → Medical examination
- Examination content & technique for each examination similar but findings require more extensive examination, more knowledge and more risk
- Medical examination can often lead to other testing

Guiding Principles to Consider



2.Plans accepted MAY have contract limitations on when must use well vision plans and if coordination of benefits may occur

- Some plans allow Coordination of benefits (COB)
- Some plans are changing their guidelines to force medical care under the well vision plan service
- Some plans are rolling more medical testing under their well vision plans
- Some plans are requiring listing of medical diagnoses in addition to the refractive diagnoses applicable (particularly for diabetic patients)

PROVIDERS MUST READ AND UNDERSTAND THEIR CONTRACTS SO ARE ABIDING BY THE RULES!

Guiding Principles to Consider



- **Avoid making rules for the rare exceptions**
- **Ensure excellent education of staff and patients**
- **Understand consequences of your office policy decisions- you cannot go wrong with well thought out polices**
- **Accept the fact that you may lose a few patients**
- **Review your policies yearly to ensure these policies still meet the needs of your practice**

Develop office policies and approaches to this common issue THEN stick to them!!

Guiding Principles to Consider

Do apply the CPT® codes and coding rules correctly and across the board

*** HIPAA rules only apply to the actual definition of the codes and not to introductory information...private insurances can “interpret” their own ways**

- Remember waiving copays without clear case by case hardship documentation is considered fraud**
- Remember that waiving charges for procedures without clear case by case hardship documentation is considered fraud**
- Remember to develop policies that prevent fraud and abuse and uphold HIPAA rules**



Resources

- **Current Procedural Terminology Manual (CPT Book)**
 - Excellent educational resource covering basics

- **American Optometric Association Website**

<https://www.aoa.org/optometrists/tools-and-resources/medical-records-and-coding>

(Includes access to Ask the Coding Experts & AOACoding Today)

Resources

Scroll to bottom of page to Ask the AOA Coding Experts
Coding Questions at Ask the Coding Experts & AOACodingToday

<https://www.aoa.org/practice/practice-success-resources/coding-and-reimbursement>

AMERICAN OPTOMETRIC ASSOCIATION

COVID-19 Member Center Education Practice


Online coding resources available for AOA members

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[AOACodingToday.com](#)
point > click > code



AMERICAN OPTOMETRIC ASSOCIATION

AOA Coding Today is an online, comprehensive database that contains information in real time for CPT, ICD-10, and HCPCS coding and research. The website is tailored specifically to optometry, assisting doctors and staff in correct reimbursement and compliance, and has an easy-to-use code diagnosis ability based on region. Utilize [AOACodingToday](#) as a free, member resource to assist you immediately with your coding questions.

Ask the Coding Experts

If you have any questions regarding medical records and coding submit the form below.

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CODES

CPT

HCPCS LEVEL II

ICD-10

MODIFIERS

CPT MODIFIERS

HCPCS MODIFIERS

TOOLS

BUNDLING MATRIX

REFERENCES

NOTES

LCA

LCD

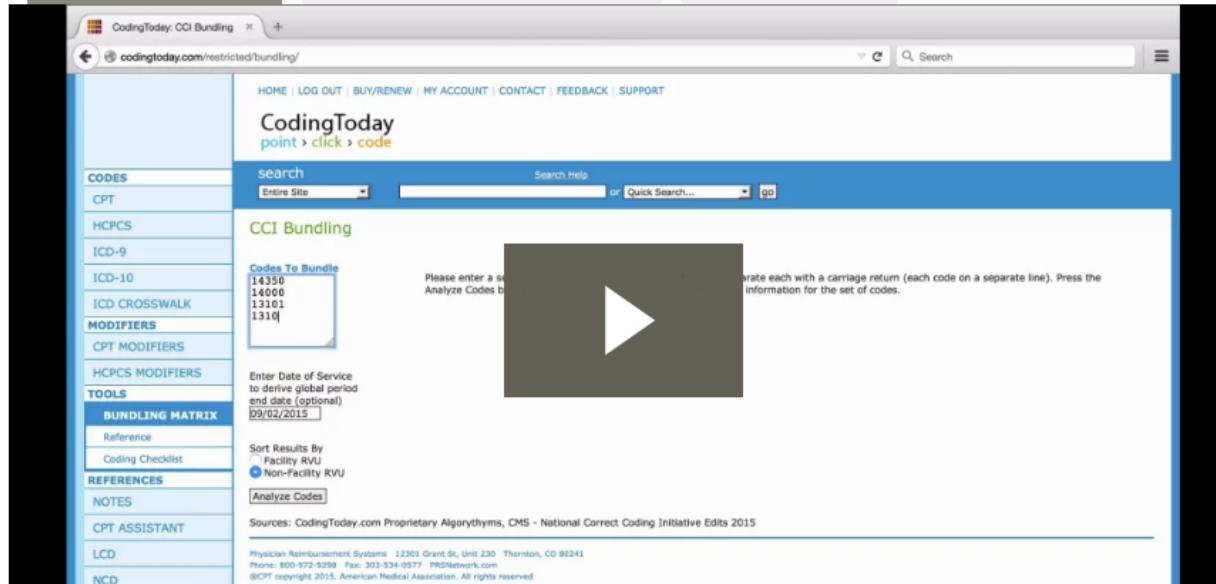
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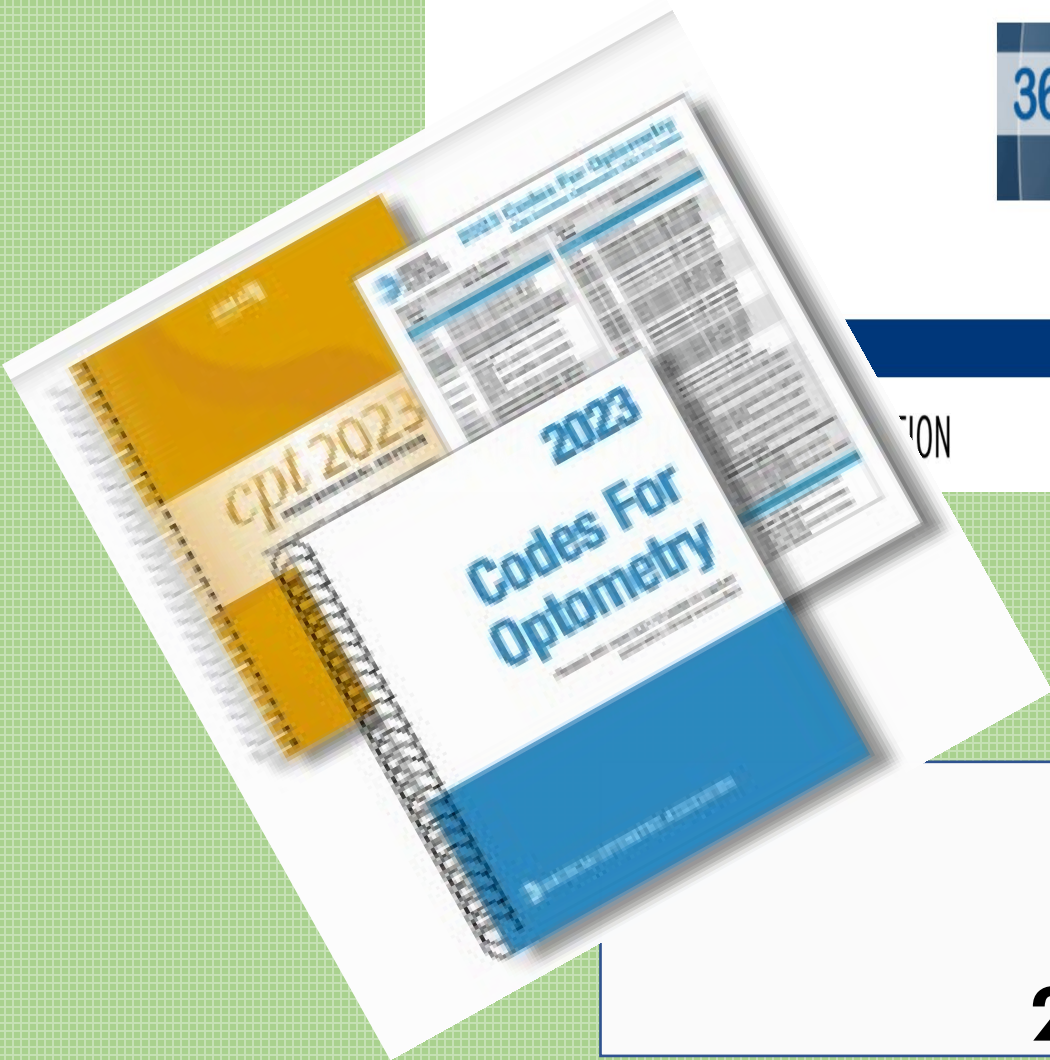
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QUESTIONS??