



Corcoran
Consulting
Group



Tune Up Your Knowledge of Diagnostic Tests

Corcoran Consulting Group



Outline

1. Reimbursement limitations
2. Physician supervision
3. Orders
4. Interpretation and Report
5. Medicare Advantage
6. Medicare utilization benchmarks



Multiple Procedure Payment Reduction MPPR

- 20% reimbursement reduction to the technical component of 2nd and subsequent diagnostic service performed on same patient, same day, same physician or group
- List of tests include ultrasounds, imaging, visual fields

Source: CMS-1590-FC, November 1, 2012



Multiple Procedure Payment Reduction MPPR

76510	76511	76512	76513	76514
76516	76519	92025	92060	92081
92082	92083	92132	92133	92134
92136	92228	92235	92240	92250
92265	92270	92275	92283	92284
92285	92286			

Source: CMS-1590-FC, November 1, 2012, Addendum X



Multiple Procedure Payment Reduction MPPR

Sample Ophthalmology Payment Reduction

	Code 92083	Code 92133	Total no MPPR Adjust	Total MPPR Adjusted	Payment Calculation
PC	28.44	23.04	51.48	\$51.48	no reduction
TC	37.08	15.48	52.56	\$49.46	$37.08 + (0.8 \times 15.48)$
Global	65.52	35.82	104.04	\$100.94	

All reimbursement rates are based on national 2018 MPFS



Multiple Procedure Payment Reduction MPPR

- Unilateral tests combined with bilateral test (e.g., B-scans and External Photography)
- B-scan of one eye paid in full
- TC of second B-scan reduced by MPPR
- TC of EP reduced by MPPR



Multiple Procedure Payment Reduction MPPR

Sample Ophthalmology Payment Reduction						
	Code 76512 RT	Code 76512 LT	Code 92285	Total no MPPR Adjust	Total MPPR Adjusted	Payment Calculation
PC	43.92	43.92	3.24	91.08	91.08	no reduction
TC	32.76	32.76	18.00	83.52	73.39	$32.76 + (0.8 \times (32.76 + 18.00))$
Global	76.68	76.68	21.24	174.60	164.47	

All reimbursement rates are based on national 2018 MPFS



Multiple Procedure Payment Reduction MPPR

- Questions:
- What can we do to avoid the reduction?
- Should we bring patients back for tests?



Multiple Procedure Payment Reduction MPPR

We agree with the commenters who noted that such an unprofessional response on the part of practitioners would be inefficient and inappropriate care for the beneficiary. We would not expect the adoption of an MPPR for the TC of diagnostic cardiovascular and ophthalmology services to result in services being furnished on separate days by one physician merely so that the physician may garner increased payment.....



Multiple Procedure Payment Reduction MPPR

We will monitor access to care and patterns of delivery for cardiovascular and ophthalmology services to beneficiaries, with particular attention focused on identifying any clinically inappropriate changes in timing of the delivery of such services.



Source: CMS-1590-FC, November 1, 2012



Medically Unlikely Edits (MUEs)

Automated prepayment edits designed to prevent inappropriate reimbursement

“An MUE is a maximum number of Units of Service (UOS) allowable under most circumstances for a single [procedure] code billed by a provider on a date of service for a single beneficiary.”

Source: <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>



Medically Unlikely Edits (MUEs)

- MUEs were inaugurated in 2007
- Date of Service (DOS) MUEs implemented April 1, 2013

“The total units of service (UOS) from all claim lines for a [procedure] code with the same date of service will be summed and compared to the MUE value.”

Source: <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>



Medically Unlikely Edits (MUEs)

- Table of MUEs published on CMS website
- Updated quarterly
- Examples:

HCPCS/CPT Code	Practitioner Services MUE Values
92285	1
76512	2

Source: <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>



Claim Example

- Photos and B-scan on both eyes
- Claim is paid; **does not violate** the MUE limits

21 XX.XXX					
24a	24b	24d	24e	24f	24g
mm/dd/yyyy	11	92285	1	\$\$\$	1
mm/dd/yyyy	11	76512-RT	1	\$\$\$	1
mm/dd/yyyy	11	76512-LT	1	\$\$\$	1



Claim Example

- Photos and B-scan on RT and LT eyes
- Claim is not paid; **violates** the MUE limit for FP

21 XX.XXX					
24a	24b	24d	24e	24f	24g
mm/dd/yyyy	11	92285-RT	1	\$\$\$	1
mm/dd/yyyy	11	92285-LT	1	\$\$\$	1
mm/dd/yyyy	11	76512-RT	1	\$\$\$	1
mm/dd/yyyy	11	76512-LT	1	\$\$\$	1



Outline

1. Reimbursement limitations
2. Physician supervision



Supervision

- General supervision
 - Physician reviews notes
- Direct supervision
 - Physician immediately available
- Personal supervision
 - Physician in the room



General Supervision

- A-scan biometry
- Dark adaptation exam
- Extended color vision testing
- External ocular photography
- Fundus photography
- Orthoptics
- Pachymetry
- Perimetry
- Scanning computerized ophthalmic diagnostic imaging (OCT)
- Specular endothelial microscopy and cell count
- Visual evoked potential (VEP) done by certified tech

Source: CMS MPFS



Direct Supervision

- A-scans (tumors)
- Contact B-scan
- Electro-oculography (EOG)
- Electroretinography (ERG)
- Fluorescein angiography
- ICG angiography
- Immersion B-scan, high resolution biomicroscopy
- Visual evoked potential (VEP) done by non-certified tech

Source: CMS MPFS



Personal Supervision

- Oculoelectromyography (OEM)

Source: CMS MPFS



Supervising Physician

- “Incident to” services
- Require direct supervision
- Supervising physician identified in box 17 CMS-1500
- Reimbursement associated with NPI of supervising physician
- Ordering physician need not be supervising physician



Outline

1. Reimbursement limitations
2. Physician supervision
3. Orders



Medicare Test Policy

42 CFR §410.32 Diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

(a) Ordering diagnostic tests. All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. **Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary.**



Diagnostic Test Order

- Tests are ordered by the physician for a medically appropriate reason, generally after the eye exam
- CMS states, “*the physician must clearly document, in the medical record, his or her intent that the test be performed.*”
- Technicians cannot order tests
- Standing orders are not typically reimbursed
- Any order(s) “*that does not specifically address an individual patient’s unique illness, injury or medical status, [are] not reasonable and necessary*”

Source: CMS MBPM Chapter 15 §80.6.1



Order Delivery

- *A written document signed by the treating physician/practitioner, which is hand-delivered, mailed, or faxed to the testing facility;*
- *A telephone call by the treating physician/practitioner or his/her office to the testing facility; and*
- *An electronic mail by the treating physician/practitioner or his/her office to the testing facility.*

If the order is communicated via telephone, both the treating physician/practitioner and the testing facility must document the telephone call in their respective copies of the beneficiary's medical records."

Source: CMS MBPM Chapter 15 §80.6.1



Would You Approve?

A glaucoma specialist instructs a technician to perform OCT of the optic nerve and perimetry for all new patients upon arrival.



Documentation of Order

“While a physician order is not required to be signed, the physician must clearly document, in the medical record, his or her intent that the test be performed and the medical record must be authenticated by signature of the treating physician.”

Source: Palmetto GBA



Orders Prior To Eye Exam

- An ophthalmologist receives a copy of the chart notes from a referring doctor who asks for a consultation and, after reviewing the chart, the ophthalmologist orders a diagnostic test to be administered upon the patient's arrival.



Orders Prior To Eye Exam

- Your technician takes a history from a new patient and finds something concerning. The technician brings the information to you, the physician scheduled to see this patient soon, and you order an immediate diagnostic test based on it.



Orders Prior To Eye Exam

- An optometrist sees a patient with visually significant cataracts and believes that cataract surgery may be warranted. The optometrist speaks to the surgeon about the findings, and the surgeon orders a diagnostic test based on them.



Orders Prior To Eye Exam

- A patient calls and speaks to the physician who orders a diagnostic test based on the phone call.



Testing During Postop Period

- Services not included in the global surgery package:
 - Diagnostic tests and procedures, including diagnostic radiological procedures
- Examples:
 - Testing unrelated to the prior surgery
 - Testing to evaluate an unfortunate outcome
 - Testing to prepare for another surgery
- Not covered: testing to confirm the expected outcome

Source: MCPM, Chapter 12, §40.1B



Outline

1. Reimbursement limitations
2. Physician supervision
3. Orders
4. Interpretation and Report



Chart Documentation

-with interpretation and report



Interpretation & Report

“Carriers generally distinguish between an ‘interpretation and report’ of an x-ray or an EKG procedure and a ‘review’ of the procedure. A professional component billing based on a review of the findings of these procedures, without a complete written report similar to that which would be prepared by a specialist in the field does not meet the conditions for separate payment of the service. This is because the review is already included in the ... E/M payment.”

Source: CMS MCPM Chapter 13, §100



Interpretation & Report

“For example, a notation in the medical records saying ‘fx tibia’ or ‘EKG-normal’ would not suffice as a separately payable interpretation and report of the procedure and should be considered a review of the findings payable through the E/M code. An ‘interpretation and report’ should address the findings, relevant clinical issues, and comparative data (when available).”

Source: CMS MCPM Chapter 13, §100



Diagnostic Test Documentation

- Physician's order
- Date performed
- Technician's initials
- Reliability of the test
- Patient understanding, cooperation
- Test findings
- Comparison
- Assessment, diagnosis
- Impact on treatment, prognosis
- Physician's signature



Diagnostic Test Documentation

- Physician's order – *Why is the test desired?*
- Date performed – *When was it performed?*
- Technician's initials – *Who did it?*
- Reliability of the test – *Was the test of any value?*
- Patient cooperation – *Was the patient at fault?*
- Test findings – *What are the results of the test?*
- Comparison – *What's changed from prior test(s)?*
- Assessment, diagnosis – *What do the results mean?*
- Impact on treatment, prognosis – *What's next?*
- Physician's signature – *Who is the physician?*



Visual Field Interpretation

- Plan: Threshold perimetry to re-evaluate POAG
- October 10, 20xx
- Mary Smith, COA
- 1 false positive
- Good patient cooperation
- Arcuate scotoma, OU
- POAG OU, shows progression since last visit
- Add another anti-glaucoma medication

I. C. Better, M.D.



Practice Management Hints

- Create a template or form for diagnostic tests
- Separate interpretation for each test



Sample Dictation for AMD

The <TEST> was ordered on <LAST VISIT> for <INDICATION> in <One eye/Both Eyes>.

The <TEST> in the right eye shows < DESCRIBE FINDINGS e.g. Edema, CNVM, Cyst, SRF>. The <FINDING> has <COMPARE TO PREVIOUS TEST(S)>.

The <TEST> in the left eye shows < DESCRIBE FINDINGS e.g. Edema, CNVM, Cyst, SRF>. The <FINDING> has <COMPARE TO PREVIOUS TEST(S)>.



Sample Dictation for AMD (cont)

At this time I will <TREATMENT/TREAT WITH DRUG/
CONTINUE TO MONITOR> the <FINDINGS e.g.
Edema, CNVM, SRF>. Return to clinic <AS
SCHEDULED IN CHART>.

<SIGNATURE>

Dr. I.C. Better



Noncovered Diagnostic Tests

- Statutory exclusion (e.g., refractions within Medicare)
- Screening or preventive medicine
- Standing orders irrespective of test outcome
- Limitation of coverage (e.g., LCD omits ICD-10 code)
- Result of the test is normal (i.e., absence of disease)



Financial Waivers

- Consent: beneficiary accepts financial responsibility
- Respect patient's wishes
 - No – patient declines to proceed
 - Yes – patient understands and wishes to proceed
- Timing: prior to providing service
 - Advance Beneficiary Notice of Noncoverage (Part B Medicare but not Part C Medicare)
 - Notice of Exclusion from Healthcare Benefits
- Claims: use appropriate modifier (GA, GX, GY)



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5. Medicare Advantage



Medicare Advantage Organizations

- Do not use an ABN
- MAO must determine benefits pre-service
 - Upon request of provider or beneficiary
- Notice of denial of coverage issued by MAO
- Check with MAO plans on process

Source: www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Improper_ABN_Use.pdf



Medicare Advantage Organizations

Key considerations:

- May require itemized list of services with CPT codes and ICD-10 codes
- May require submission of codes for noncovered services on claim with modifiers GA and GY on same claim with covered services
- Without denial notification prior to service, MAO could require physician to refund patient for noncovered items / services



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6. Medicare utilization benchmarks



2014 Medicare Payments For Eye Care

Ophthalmology (billions)

Eye exams	\$2.3B
Tests	1.0B
Surgery	2.4B
Supplies	2.7B
Total	\$8.4B

Optometry (millions)

Eye exams	\$852M
Tests	215M
Surgery	26M
Supplies	27M
Total	\$1,120M



Common Ophthalmic Tests

Medicare Utilization Patterns (18 - Ophthalmology)

CPT	Procedure	λ	CPT	Procedure	λ
92134	Scanning Laser (retina)	21%	92250	Fundus Photo	8%
9222x	Ext Ophthalmoscopy	17%	92235	Fluorescein	6%
9208x	Perimetry	11%	92020	Gonioscopy	3%
---	Biometry (A or OCB)	9%	76514	Pachymetry	2%
92133	Scanning Laser (glauc)	8%	92285	External Photos	1%

Frequency is per 100 office visits (%) on Medicare beneficiaries

Source: CMS data (2016), 18 – Ophthalmology



Common Ophthalmic Tests

Medicare Utilization Patterns (41 - Optometry)

CPT	Procedure	λ	CPT	Procedure	λ
92250	Fundus Photo	14%	92133	Scanning Laser (glaucoma)	7%
9208x	Perimetry	9%	92134	Scanning Laser (retina)	7%
9222x	Ext Ophthalmoscopy	4%	92285	External Photo	1%
92020	Gonioscopy	2%	76514	Pachymetry	2%

Frequency is per 100 office visits (%) on Medicare beneficiaries

Source: CMS data (2016), 41 – Optometry



Changes to Practice Patterns

Ophthalmology (18) Tests / Increases

Description	Code	2015	2016	Difference	% Chg
Immunoassay	83516	36,324	79,205	42,881	118%
UBM	76513	15,797	28,309	12,512	79%
Pachymetry	76514	353,036	599,294	246,258	70%
B-scan	76512	167,439	279,198	111,759	67%
A-scan	76510	14,979	20,924	5,945	40%
A-scan	76519	321,763	444,357	122,594	38%
ERG	92275	58,376	76,131	17,755	30%
OCT - Ant Seg	92132	29,054	35,284	6,230	21%
CT	92025	143,092	163,938	20,846	15%
OCT-Retina	92134	5,294,803	5,766,010	471,207	9%
OCB	92136	1,448,173	1,549,931	101,758	7%

Source: CMS data 2015 vs. 2016, 18 – Ophthalmology



Changes to Practice Patterns

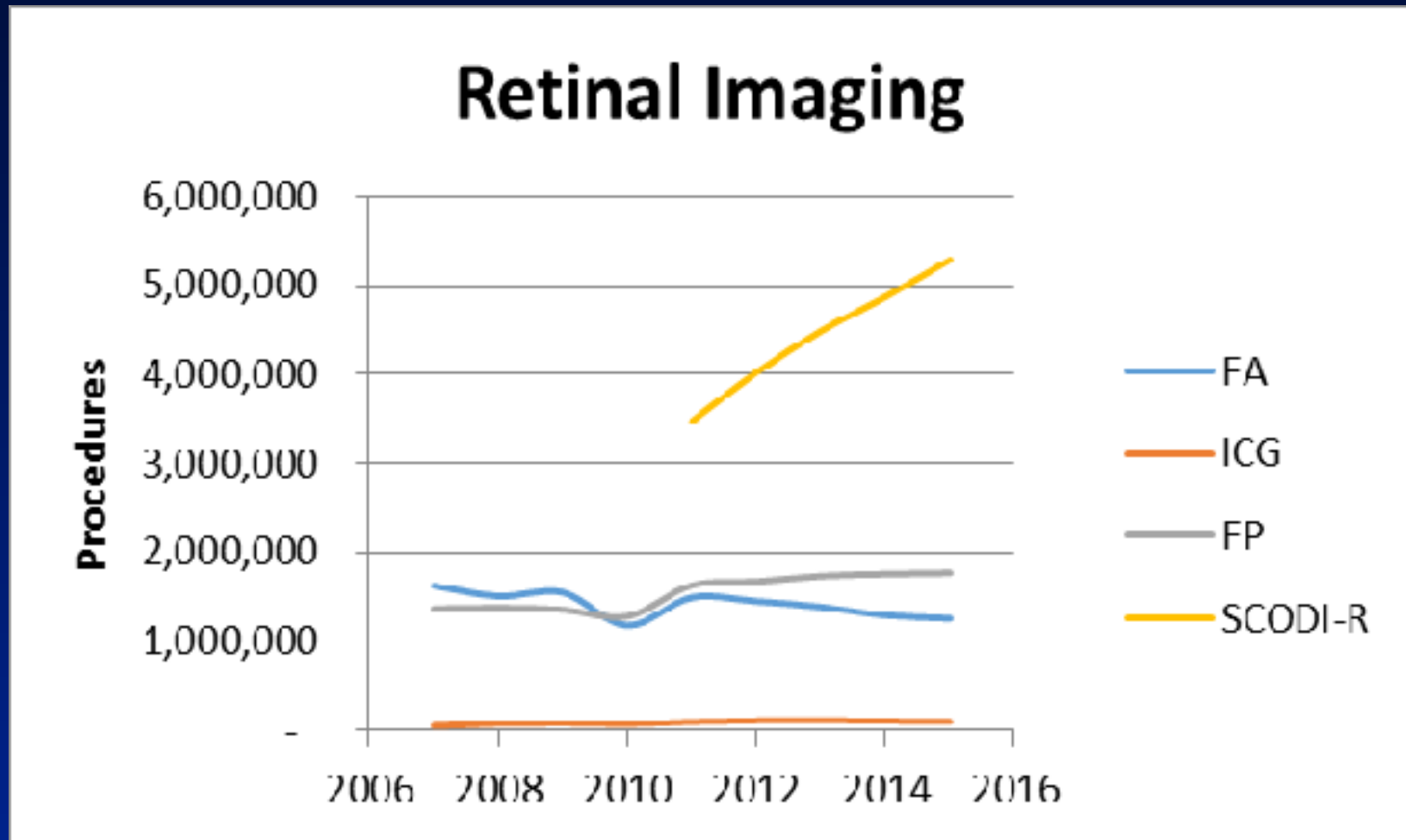
Ophthalmology (18) Services / Decreases

Description	Code	2015	2016	Difference	% Chg
Allergy	95165	12,432	7,618	(4,814)	-39%
Nursing home	99305	11,028	7,133	(3,895)	-35%
Nursing home	99308	13,419	9,000	(4,419)	-33%
Allergy	95004	638,135	487,020	(151,115)	-24%
Ext O'scopy	92226	2,567,376	2,116,828	(450,548)	-18%
Fluorescein	92235	1,251,945	1,046,851	(205,094)	-16%
VF-intermed	92082	82,777	74,511	(8,266)	-10%

Source: CMS data 2015 vs. 2016, 18 – Ophthalmology



Trends for Ophthalmic Imaging (18)



Changes to Practice Patterns

Optometry (41) Tests / Increase

Description	Code	2015	2016	Difference	%Chg
Corneal Hysteresis	92145	1,732	11,380	9,648	557%
Immunoassay	83516	15,490	39,927	24,437	158%
Pachymetry	76514	102,680	170,100	67,420	66%
B-scan	76512	30,448	48,109	17,661	58%
Ext Color Vision	92283	6,364	9,264	2,900	46%
A-scan	76519	8,864	12,269	3,405	38%
ERG	92275	36,538	47,106	10,568	29%
UBM	76513	11,470	14,542	3,072	27%
OCT-retina	92134	524,563	585,680	61,117	12%
OCT-ON	92133	584,215	629,776	45,561	8%
Tear Osmolarity	83861	225,101	239,957	14,856	7%
Fundus Photo	92250	1,153,854	1,227,238	73,384	6%

Source: CMS data 2015 vs. 2016, 41 - Optometry



Changes to Practice Patterns Optometry (41)

Description	Code	2015	2016	Difference	%Chg
OCB	92136	64,544	35,720	(28,824)	-45%
Allergy Test	95004	1,080	663	(417)	-39%
Physical Therapy	97535	4,648	3,096	(1,552)	-33%
Fluorescein Ang	92235	3,050	2,214	(836)	-27%
Ext O'Scopy	92226	205,297	171,086	(34,211)	-17%
Ext O'Scopy	92225	247,367	209,357	(38,010)	-15%
Cell Count	92286	34,622	31,940	(2,682)	-8%

Source: CMS data 2015 vs. 2016, 41 - Optometry



Summary

- Understand MPPR and MUE
- Review supervision requirements
- All delegated tests require an order
- Testing in global period is sometimes covered
- Record adequate “interpretation and report”
- Monitor utilization



West Virginia Medicare LCDs

SCODI LCD 34431

[https://www.cms.gov/medicare-coverage-database/
details/lcd-details.aspx?](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34431&ver=41&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92134&bc=gAAAACAAAAAA&)

[LCDId=34431&ver=41&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92134&bc=gAAAACAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34431&ver=41&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92134&bc=gAAAACAAAAAA&)



West Virginia Medicare LCDs

Visual Fields LCD 34615

[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?
LCDId=34615&ver=27&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92083&bc=gAAACAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34615&ver=27&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92083&bc=gAAACAAAAAA&)



West Virginia Medicare LCDs

Fundus Photography and Extended Ophthalmoscopy

LCD 343467

[https://www.cms.gov/medicare-coverage-database/
details/lcd-details.aspx?](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33467&ver=32&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92250&bc=gAAAACAAAAAA&)

[LCDId=33467&ver=32&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92250&bc=gAAAACAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33467&ver=32&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92250&bc=gAAAACAAAAAA&)



West Virginia Medicare LCDs

FA and ICG Angiography LCD 34426

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details/lcd-details.aspx?](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34426&ver=42&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92235&bc=gAAAACAAAAAA&)

[LCDId=34426&ver=42&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92235&bc=gAAAACAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34426&ver=42&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=West+Virginia&CptHcpcsCode=92235&bc=gAAAACAAAAAA&)



More help...

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