FORESIGHT
Optometric Documentation & Coding Consultants

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Paying attention to accurate coding has a huge financial impact…like a $15k difference!

We recently reviewed the charts of an excellent optometrist who for the most part had very good documentation. The concern I had was the huge amount of under-coding. We find many doctors are very comfortable coding nearly every follow-up visit as 99212. But most of the time that's not even close to the level of care that was provided and documented. In a very short length of time, optometrists provide a lot of care that we under value. I have never been to another healthcare provider and looked at the bill and thought, "They could have charged more." Yet in optometry, we often charge patients less than their co-pay for the entire visit! Below I want to show you what little needs to be done to earn a 99212, and then I will show you the minimum requirements for 99213. Considering Medicare reimburses ~$30 more for a 99213, I suggest you pay attention. Correctly coding just two visits a day will earn you an additional $15,000 a year in increased NET revenue without seeing a single extra patient!

CC: 1 mo IOP check after changing from timolol 0.5% to timolol 0.25%.
HPI: Mild POAG OU, Timolol 0.25% soln QAM OU
GAT: R 14 mmHg L 13 mmHg
Plan: Mild POAG – IOP well controlled with lower concentrating. Continue timolol 0.25% 1 GT QHS OU

***Hx** = Brief* ***Exam** = Problem Focused* ***MDM** = Low*

The above exam and documentation earns 99212. Notice there is no ROS, and the HPI is far more minimal than you would likely do. The physical exam does not even contain visual acuities! To earn a 99213 all that would be required in addition would be one Review of Systems element. Considering they are on the beta blocker, you would probably review respiratory and cardiovascular. Or perhaps you would have checked VAs and done a slit lamp exam and then earned an Expanded Problem Focused physical exam. By either doing a slightly better history or exam, it jumps to 99213 and rightfully would reimburse ~$74 instead of $44!

Code	Fee
92012	$86.43
92014	$124.01
99211	$22.13
99212	$43.67
99213	$72.05
99214	$105.66
99215	$141.38

To take the process a little farther, let's consider using a 92000 code instead. There are always exceptions, but most pathology exams will typically fall between a 99212 and 99214. And based on the thousands of audits we have performed, around 85% of these visits also qualify for either a 920x2 or 920x4. So who cares? Your wallet does!

Let's say a pathology visit earns either a **99**212 or a **99**213. There is a good chance that it may have also earned a **92**012. Now which should you choose? Looking at the fee schedule, the choice is very clear. 92012 reimburses $14 more than 99213 and $43 more than 99212! If you ever see a 99212 or a 99213, you need to ask a few simple questions:

1. Is there a new problem (not necessarily related to the RFV)?
2. Did you do any form of history (pretty low bar)?
3. Did you document any grossly obvious general medical observations?
4. Did you do a slit lamp exam?
5. Did you record a diagnostic and treatment plan?

If you performed and documented **all** of these items, then the visit qualifies as 92012 and you should utilize that code instead of 99212 or 99213. It will reimburse significantly better.

I have always pushed doctors to pay attention to their code choice and bill for the level of care they document and provide. I became a "coding nerd" not because I enjoy coding, it's because it pays to do it correctly. To make more money, you can either see more patients, push more product, sell real estate on the side…or code correctly. The choice is yours!