Things You Never Knew About Diagnostic Tests

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Financial Disclosure

The instructor acknowledges a financial interest in the subject matter of this presentation.

Outline

1. Reimbursement Changes
2. Supervision
3. Interpretation and Report
4. Case studies

Multiple Procedure Payment Reduction MPPR

- Effective January 1, 2013
- 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Total NO MPPR Adjust 2014</th>
<th>Total MPPR Adjust 2014</th>
<th>Payment Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC</td>
<td>29.02</td>
<td>29.02</td>
<td>58.04</td>
<td>$58.04, no reduction</td>
</tr>
<tr>
<td>TC</td>
<td>36.18</td>
<td>16.12</td>
<td>52.30</td>
<td>49.02 + (0.8 x 16.12)</td>
</tr>
<tr>
<td>Global</td>
<td>65.20</td>
<td>45.14</td>
<td>110.34</td>
<td>107.12 + (0.8 x 16.12)</td>
</tr>
</tbody>
</table>

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

Multiple Procedure Payment Reduction MPPR

Sample Ophthalmology Payment Reduction

All reimbursement rates are based on national 2014 MPFS.
Multiple Procedure Payment Reduction (MPPR)

- Unilateral tests combined with bilateral test (e.g., FA OU and FP)
- FA of one eye paid in full
- TC of second FA reduced
- TC of FP reduced

Sample Ophthalmology Payment Reduction

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Total NO</th>
<th>Total Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>92235</td>
<td>92235</td>
<td>92250</td>
<td>121.08</td>
<td>121.08</td>
</tr>
<tr>
<td>PC</td>
<td>48.36</td>
<td>48.36</td>
<td>24.36</td>
<td>62.33 + (0.8 (62.33 + 54.81))</td>
</tr>
<tr>
<td>TC</td>
<td>62.33</td>
<td>62.33</td>
<td>54.81</td>
<td>156.04</td>
</tr>
<tr>
<td>Global</td>
<td>110.69</td>
<td>110.69</td>
<td>79.17</td>
<td>277.12</td>
</tr>
</tbody>
</table>

All reimbursement rates are based on national 2014 MPFS

Questions we have received:

What can we do to avoid the reduction?

Should we bring patients back for tests?

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....

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

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

Common Ophthalmic Tests

<table>
<thead>
<tr>
<th>CPT</th>
<th>Procedure</th>
<th>%</th>
<th>CPT</th>
<th>Procedure</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>92134</td>
<td>SCODI – Retina</td>
<td>19%</td>
<td>92133</td>
<td>SCODI - ON</td>
<td>8%</td>
</tr>
<tr>
<td>9222x</td>
<td>Ext oph</td>
<td>18%</td>
<td>92250</td>
<td>Fundus Photo</td>
<td>8%</td>
</tr>
<tr>
<td>9208x</td>
<td>Perimetry</td>
<td>10%</td>
<td>92235</td>
<td>FA</td>
<td>7%</td>
</tr>
<tr>
<td>76519</td>
<td>A-scan</td>
<td>8%</td>
<td>92020</td>
<td>Gonio</td>
<td>3%</td>
</tr>
<tr>
<td>92136</td>
<td>IOL Master</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Source: CMS BESS data (2012), 18 - Ophthalmology
### 2011 Medicare Payments For Eye Care

<table>
<thead>
<tr>
<th>Ophthalmology (billions)</th>
<th>Optometry (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests, eye codes</td>
<td>Tests, eye codes</td>
</tr>
<tr>
<td>$2.6B</td>
<td>$688M</td>
</tr>
<tr>
<td>E/M services</td>
<td>E/M services</td>
</tr>
<tr>
<td>0.5B</td>
<td>226M</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Laboratory</td>
</tr>
<tr>
<td>nil</td>
<td>nil</td>
</tr>
<tr>
<td>Radiology</td>
<td>Radiology</td>
</tr>
<tr>
<td>0.1B</td>
<td>4M</td>
</tr>
<tr>
<td>Surgery</td>
<td>Surgery</td>
</tr>
<tr>
<td>2.5B</td>
<td>22M</td>
</tr>
<tr>
<td>Supplies</td>
<td>Supplies</td>
</tr>
<tr>
<td>1.5B</td>
<td>30M</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>$7.2B</td>
<td>$970M</td>
</tr>
</tbody>
</table>

### Supervision

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

### General Supervision

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

Source: CMS MPFS

### Direct Supervision

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

Source: CMS MPFS

### Personal Supervision

- Oculoelectromyography (OEM)

Source: CMS MPFS

### Chart Documentation

- Physician’s order (Medical necessity)
- Date performed
- Technician’s initials
- Reliability of the test
- Patient understanding, cooperation
- Test findings
- Assessment, diagnosis
- Impact on treatment, prognosis
- Physician’s signature
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
- Technicians cannot order tests
- Order may be scribed by staff on physician’s direction
  - “VF for COAG next visit per Dr. Smith”
- Standing orders are not reimbursed

What’s Appropriate?

Your glaucoma specialist instructs the technician to dilate all new patients upon arrival and perform: OCT of optic nerve OU, FP OU, and 24-2 HVF. Which of the following apply?

a) These tests are billable only if the physician in the office
b) The glaucoma specialist has given “standing orders”
c) The tests cannot all be performed on the same day
d) Reimbursement depends on the interpretation of each test

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

Two months after a corneal transplant, the physician orders external photographs of the successful corneal transplant. The tests are not part of the global package and are billable.

a) True
b) False
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

Test Interpretation

- What does it show?
  - Increased blind spot
- What does it mean?
  - Progression of glaucoma
- What are you going to do about it?
  - Add a medication

Visual Field Interpretation

- Plan: Threshold perimetry to re-evaluate POAG
- October 10, 2012
- Mary Smith, COA
- 1 false positive
- Good patient cooperation
- Arcuate scotoma, OU
- POAG, shows progression since last visit
- Add another anti-glaucoma medication

I. C. Better, M.D.

Illustrative Test Interpretation

**TEST:** Visual Field Humphrey 24-2

**Interpretation:** Stable VF

**Dx:** POAG

What’s wrong?

**TEST:** Optic nerve OCT

**Interpretation:** Normal

**Dx:** POAG

What’s wrong?
Illustrative Test Interpretation

TEST: Macula OCT

Interpretation: CMT* 183 OD  
CMT* 245 OS  

Dx: Dry AMD OD  
     Wet AMD OS

*CMT = Central Macula Thickness

What's wrong?

Test Interpretation

• Create a template/form for diagnostic tests  
  • Paper or EMR require the same information  
• Follow same approach for dictation  
• Separate interpretation for each test  
  • Separate interpretation for each eye for unilateral tests  
    • 92235, 92240, 92225, 92226

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 i.e. Edema, CNVM, Cyst, SRF>. The <FINDING> has <COMPARE TO PREVIOUS TEST(S)>.

The <TEST> in the left eye shows <DESCRIBE FINDINGS i.e. 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 i.e. Edema, CNVM, SRF>. Return to clinic <AS SCHEDULED IN CHART>.

<SIGNATURE>
Dr. C. U. Best

Summary

• Understand MPPR  
• Review supervision requirements  
• All delegated tests require an order  
• Testing in global period is sometimes covered  
• Interpretation and report requires details  
  • Results  
  • Comparison (when appropriate)  
  • Impact on treatment  
• The volume of testing is significant, documentation needs to be monitored

More help…

For additional assistance or confidential consultation, please contact us at:

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