



REIMBURSEMENT PARADIGMS IN MYOPIA MANAGEMENT

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GPLI LECTURE SERIES

FINANCIAL DISCLOSURES

- PAID CONSULTANT
 - COOPERVISION
 - GPLI
 - REVIEW OF OPTOMETRY
 - NOVARTIS
 - PERCEPT
- EXPERT TESTIMONY
- CONTRIBUTING EDITOR: *CONTACT LENS SPECTRUM*
- NO PROPRIETARY INTEREST IN ANY SUBJECTS DISCUSSED
- FDA “OFF-LABEL” USES WILL BE DISCUSSED

COURSE OBJECTIVES

- THE OBJECTIVE OF THIS COURSE IS TO DISCUSS METHODS FOR CODING AND BILLING FOR MYOPIA MANAGEMENT CONTACT LENSES AND FOR INCORPORATING ICD-10-CM INTO MYOPIA MANAGEMENT CONTACT LENS PRESCRIBING.

LEARNING OBJECTIVES

- ATTENDEES OF THIS COURSE WILL LEARN:
 - EFFECTIVE CODING AND BILLING STRATEGIES FOR MYOPIA MANAGEMENT CONTACT LENSES (MMCL)
 - HOW ICD-10-CM HAS CHANGED THE GAME FOR MMCL

BIG-TIME DISCLAIMER!!!!!!

This meeting is a gathering of competitors, which is one of the two criteria for violating the Sherman Anti-Trust Act. The other criterion for a *per se* violation is to agree to, or appear to agree to, do something, like set fees, or boycott a supplier, or another competitor. This lecture includes a discussion of fees. **HOWEVER, THIS LECTURE IS NOT INTENDED IN ANY WAY TO BE CONSTRUED AS A DISCUSSION OF FEE SETTING. THE EXAMPLES GIVEN ARE INSTRUCTIONAL, AND ARE NOT INTENDED IN ANY WAY TO ENCOURAGE ANYONE TO SET ANY FEE AT ANY AMOUNT. QUESTIONS ABOUT FEES WILL NOT BE ANSWERED, AND DISCUSSION ABOUT FEES AMONG THE ATTENDEES OF THIS LECTURE, DURING THIS LECTURE, WILL NOT BE PERMITTED, AND IS STRONGLY DISCOURAGED AT ANY TIME AFTER THIS LECTURE!**

INTRODUCTION

- BEFORE CREATING A REIMBURSEMENT PARADIGM FOR A PARTICULAR CONDITION, A PAYOR MUST KNOW:
 - THE BOUNDARIES FOR THAT SPECIFIC CONDITION
 - THE STANDARD OF CARE IN DIAGNOSING AND TREATING THAT SPECIFIC CONDITION
 - THE MEDICAL NECESSITY OF TREATING THE SPECIFIC CONDITION
 - MORBIDITY
 - MORTALITY
- KNOWING THESE THINGS MAKE UP THE “WHY” OF CODING AND BILLING

INTRODUCTION

- ONE OF THE IMPORTANT ELEMENTS OF MYOPIA MANAGEMENT IS UNDERSTANDING THAT PATHOLOGICAL MYOPIA IS A CHRONIC DISEASE FOR WHICH THE STANDARD OF CARE IS PREVENTION
 - HYPERTENSION
 - DIABETES
- DEFINITIONS—GOAL OF STANDARDIZING TERMINOLOGY
 - PATHOLOGICAL MYOPIA
- SCHEMA FOR CODING AND BILLING
 - ICD 10-CM 2020-2021: ESTABLISHING MEDICAL NECESSITY
 - CPT CATEGORY I—III CODING FOR PAYMENT
 - CATEGORY I—CPT
 - CATEGORY II—HCPCS
 - CATEGORY III—TEMPORARY CODE SET

DEFINITIONS

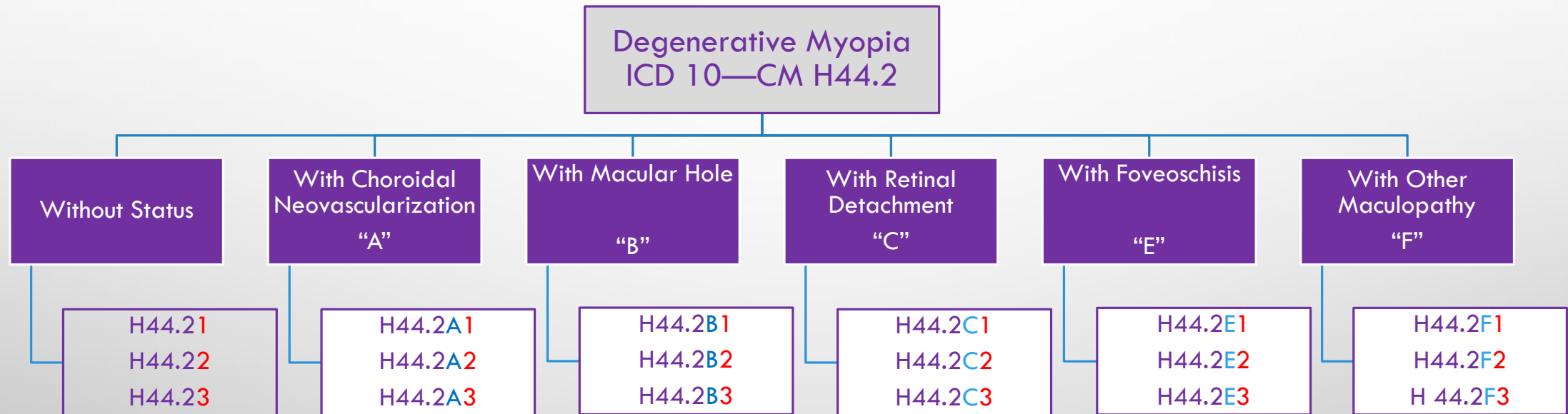
- PATHOLOGICAL MYOPIA
 - EXCESSIVE AXIAL ELONGATION ASSOCIATED WITH MYOPIA THAT LEADS TO STRUCTURAL CHANGES IN THE POSTERIOR SEGMENT OF THE EYE (INCLUDING POSTERIOR STAPHYLOMA, MYOPIC MACULOPATHY, AND HIGH MYOPIA-ASSOCIATED OPTIC NEUROPATHY) AND THAT CAN LEAD TO LOSS OF BEST CORRECTED VISUAL ACUITY.¹

¹Flitcroft D I, *et al.* IMI – Defining and Classifying Myopia: A Proposed Set of Standards for Clinical and Epidemiologic Studies. **IOVS**. 2019; 60 (3); M20—M30

ICD-10-CM—ESTABLISHING MEDICAL NECESSITY

- ESTABLISHING MEDICAL NECESSITY
 - ONE NEEDS A DIAGNOSABLE CONDITION UNDER THE WORLD HEALTH ORGANIZATION'S (WHO) INTERNATIONAL CLASSIFICATION OF DISEASE (ICD) 10TH EDITION, OR ICD 10-CM ("CLINICAL MODIFICATION" IS THE US VERSION)
- DISEASES OF THE EYE ARE CONTAINED IN CHAPTER VII, AND ARE DESIGNATED BY THE LETTER "H" THERE ARE 59 CATEGORIES IN CHAPTER VII, CATEGORY 44.2 IS "DEGENERATIVE MYOPIA"
 - IN 2020, ICD-10 WAS MODIFIED TO EXPAND H44.2 TO ADD DISEASE STATUS AND LATERALITY DENOMINATORS TO MAKE THE DISEASE STATE A BILLABLE DIAGNOSIS

ICD 10—CM CODES FOR PATHOLOGICAL MYOPIA: H44.2



Laterality

- 1—Right Eye
- 2—Left Eye
- 3—Bilateral

DISTINGUISHING PATHOLOGICAL MYOPIA FROM DISORDERS OF REFRACTION

- ICD 10-CM CATEGORY H52 IS “DISORDERS OF REFRACTION”
 - H52.10—MYOPIA, UNSPECIFIED
 - H52.11—MYOPIA, RIGHT EYE
 - H52.12—MYOPIA, LEFT EYE
 - H52.13—MYOPIA, BILATERAL
- NOT REIMBURSABLE UNDER ALMOST ALL PAYOR REGIMES
 - EXCEPTIONS—MEDICAID AND VISION CARE PLANS

COMMON PROCEDURAL TERMINOLOGY® (CPT)

- CPT IS OWNED BY THE AMERICAN MEDICAL ASSOCIATION AND SANCTIONED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES(HHS) CENTERS FOR MEDICARE AND MEDICAID SERVICES(CMS)
- LEVEL I CPT® CODES CONTAIN THE CONTACT LENS PRESCRIBING CODES
- LEVEL II CPT® CODES CONTAIN THE “V” CODE MATERIAL CODES
- ONE OF THE PRINCIPLES OF CPT CODING IS TO CHOOSE THE CODE FOR WHICH THE PLAIN TEXT OF THE CODE MOST CLOSELY MATCHES THE SERVICE PROVIDED

THE CONTACT LENS PRESCRIBING CODES

- 92310/92314:PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS, BOTH EYES, EXCEPT FOR APHAKIA
- 92311/92315: PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE
- 92312/92316:PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES
- 92313/92317:PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOLSCLERAL LENS

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THE UNLISTED OPHTHALMOLOGICAL SERVICE CPT CODE

- 92499: UNLISTED OPHTHALMOLOGICAL SERVICE
- ONE COULD MAKE A LEGITIMATE CASE THAT THE PLAIN LANGUAGE OF THE CPT CODE 92313/92317 DOES NOT ACCURATELY DESCRIBE THE SERVICE OF MYOPIA MANAGEMENT WITH A CONTACT LENS. THEREFORE, THE 92499 IS LIKELY THE BEST CODE FOR THIS SERVICE
- THE DRAWBACKS TO THIS CODE ARE THAT, FIRST, NO PAYOR LISTS THE 92499 AS A COVERED SERVICE, AND, SECOND, IT ALWAYS REQUIRES A LETTER OF MEDICAL NECESSITY FOR THE PAYOR TO DETERMINE COVERAGE
- USING THE 92499 CODE WILL MOST LIKELY MAKE THE USE OF THE A ORTHO-K OR HYDROGEL LENS USED FOR MYOPIA MANAGEMENT A PRIVATE PAY REGIME

CPT LEVEL II HCPCS CODE FOR MATERIALS

- THE HEALTHCARE COMMON PROCEDURE CODING SYSTEM® (HCPCS, COMMONLY KNOWN AS “HICK-PICKS”) DEFINES THE BILLING CODES USED FOR MATERIALS, AS OPPOSED TO SERVICES
 - THE V25XX CODES—CONTACT LENS MATERIAL CODES
- V2510: CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS
- V2522: CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS

VISION CARE PLANS (VCP'S): COVERED VS NON-COVERED SERVICES

- MANY PRIVATE INSURANCE COMPANIES “CARVE OUT” “ROUTINE” (NOT MEDICALLY NECESSARY) EYECARE SERVICES
- 90% OF ROUTINE EYECARE SERVICES (“PRIMARY CARE”) FALL UNDER THESE PLANS
 - VISION SERVICE PLAN (VSP)
 - EYEMED
 - SPECTERA
 - SUPERIOR VISION / DAVIS VISION
- ALL OF THESE PLANS HAVE A (MEDICALLY) NECESSARY CONTACT LENS BENEFIT THAT PAY IN A RANGE FROM TERRIBLE (SPECTERA, SUPERIOR VISION) TO FAIRLY REASONABLE (VSP AND EYEMED)

STANDARD OF CARE IN MYOPIA MANAGEMENT

- 92004/ 92014: COMPREHENSIVE OPHTHALMOLOGICAL EXAMINATION
- 92015: REFRACTION (MANIFEST AND CYCLOPLEGIC)
- 76511: QUANTITATIVE A-SCAN
- 92025: CORNEAL TOPOGRAPHY
- 92132: SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL
- 92499: CONTACT LEN PRESCRIBING WITH PATIENT / PARENT INSTRUCTION

BILLING STRATEGY

- THE BEST OUTCOME FROM A PROVIDER PROFITABILITY AND PATIENT COVERAGE STANDPOINT WOULD BE FOR THE VCP'S TO COVER THE COMPREHENSIVE EXAMINATION AND TO PAY THE MAXIMUM UNDER THE PLAN FOR THE MATERIALS. CURRENTLY, VCP'S ALLOW FOR BALANCE BILLING OF MATERIALS OVERAGE, BUT NOT ON CONTACT LENS PROFESSIONAL SERVICES
- SO, IT WOULD BE BEST IF THE VCP'S CONSIDER THE CONTACT LENS PRESCRIBING SERVICES AS NON-COVERED, WHICH IS LIKELY WITH A 92499 CODING
- EVENTUALLY, A PRESCRIBING CODE FOR MYOPIA MANAGEMENT WILL BE PROMULGATED
- UNTIL THAT DAY, WE WOULD DO WELL TO ADVOCATE FOR THE USE OF THE UNLISTED CODE

The background is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. They are located in the top-left, bottom-left, and bottom-right areas of the frame.

THANK YOU!!

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