11:05 AM

EHR Errors in Documenting and Billing Procedures

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- Andrew Petrucci, MHA, COA
- Remington I Horesh, DO

OBJECTIVE Do procedures performed match what is documented or billed?

PURPOSE EHR has increased the amount of documentation and billing errors that occur due to wrong clicks and reliance on scribes. We have opened ourselves up to audits by incorrect billing. Physicians often do not know if patient procedures end up being correctly billed.

METHODS Retrospective, randomized 15-day study performed over a 12-month period with 120 days prior procedures, billing and plans evaluated. Study was non-consecutive days and included patients seen by one physician on the day studied. Patient were previously treated by any physician in the practice. In all cases charts were quickly looked at while patient was present so it's possible additional billing errors were missed. In order to qualify the patient had to also be an existing patient of the practice who had billing activity in the prior 120 days by a retina specialist or ophthalmologist in a multispecialty practice. Records of four retina surgeons and two anterior surgeons were evaluated.

RESULTS The study demonstrated that what was written in the plan and actually performed was correct. But what was actually billed and in some cases the log was also wrong. A total of 17 procedures were found to be billed in the wrong eye. These broke

down as follows: 11 injections (2.9% of all performed), 2 lasers (2.4%), 2 retina surgeries (3.5%), 2 cataract surgeries (how many performed not studied). Two cases where the patients had Medicare would have resulted in a high risk of audit with an injection billed in the same eye within 48 hours and 2 cataract surgeries in the same eye within 1 week. During the study period, all six physicians were found to have cases where the wrong eye was billed. While no wrong procedures were performed and the plan reflected the correct procedure, all had billing errors of the wrong eye and in some cases the log was incorrect as well. All billing errors were corrected.

CONCLUSION Practice billing records up to 3.5% of the time in this study did not match what clinical services were provided. Physicians need to pay closer attention to what actually ends up being billed. Billing the wrong eye can put physicians at an increased risk of audit, as well as improper documentation in the log can lead to medical errors.

11:08 AM

Relativity, Time and the Devaluation of Retinal Procedures During the Past Decade

- John T. Thompson, MD

OBJECTIVE To illustrate the process by which retinal procedures are valued and present the impact of reimbursement reductions over the past decade.

PURPOSE To evaluate the process which the AMA Relative Value Scale Update Committee (RUC), Medicare and insurers value retinal procedures and the important role of member surveys in determining reimbursement.

METHODS Payment for physician services by Medicare are based on relative value units (RVU). Every office visit and retinal procedure has a specific RVU which is multiplied by a geographic practice cost index and the conversion factor (~$34 to $38/RVU) to give a specific dollar reimbursement. The RVUs for physician work, practice expenses and liability expenses were compared from 2008 – 2018 to calculate the magnitude of payment reductions.

RESULTS The work RVU reduction in vitrectomy-related surgical codes was -20%. The work RVU decrease in retinal laser was -42. 4%, driven in part by the change from a 90-day to 10-day global period for most laser codes. The work RVU retinal imaging reductions were -25.12%. One of the largest work RVU reductions was applied to the most common ophthalmological procedure, intravitreal injection with a decrease of -

42.86%. These reductions were all driven by decreased times to perform these services reported by our members on RUC surveys. The work RVU and reimbursement for ophthalmology examinations in contrast has changed little during the past decade, emphasizing the importance of office examinations in the reimbursement matrix for retina specialists.

CONCLUSION Reimbursement for procedures are strongly correlated with the number of minutes each procedure takes and member surveys are key to establishing these values.

11:11 AM

Return to the Operating Room After Vitrectomy for Vitreous Opacities: IRIS Registry Analysis

- D. Wilkin Parke, MD
- Flora Lum, MD

OBJECTIVE How often do eyes that undergo vitrectomy for vitreous opacities require subsequent retinal surgery?

PURPOSE To investigate the rate of return to the operating room after vitrectomy surgery for vitreous opacities.

METHODS Data from the American Academy of Ophthalmology's IRIS Registry between January 1, 2013 and June 30, 2017 was analyzed for patients who underwent vitrectomy for vitreous opacities. Cases were identified by the combination of an ICD-9-COM or ICD-10-COM diagnostic code for a type of vitreous opacities and a CPT code for vitrectomy surgery. The number and percentage of eyes that underwent additional eye surgery within one year after vitrectomy for vitreous opacities were identified, as was the nature of the additional procedures per CPT code.

RESULTS 50,836 eyes underwent vitrectomy surgery linked to one of the ICD-9-COM or ICD-10-COM codes for vitreous opacities were identified. In 17,615 eyes, the surgery was linked to the vitreous opacities code exclusively, and not to epiretinal membrane or macular hole codes. Of these, 1,507 eyes (8.6%) returned to the operating room for

cataract surgery, and 638 eyes (3.6%) returned to the operating room for a non-cataract procedure. 457 eyes (2.6%) returned to the operating room for retinal detachment repair.

CONCLUSION In the IRIS Registry, eyes undergoing vitrectomy for vitreous opacities returned to the operating room for an ophthalmic surgery other than cataract extraction 3.6% of the time, and retinal detachment repair was performed 2.6% of the time.