



Trends in Procedures Provided to Medicare Beneficiaries by Doctors of Optometry

Federal law (42 U.S. Code § 1320d) requires doctors and health insurance companies to use a standard coding language for billing health care transactions.¹

Practicing health care professionals must use the standard Current Procedural Terminology (CPT®) to describe the services they performed when billing Medicare, Medicaid, private insurers and others for patient encounters. A subset of these procedural codes is for evaluation and management (commonly known as E/M or E&M) services that are often described as office visits.

The Physician and Other Supplier Public Use File (PUF) contains information on services and procedures provided to Medicare beneficiaries.² This file includes data on patients covered by Medicare fee-for-service through Part B Medicare only, and excludes those patients enrolled in a Medicare Advantage plan.

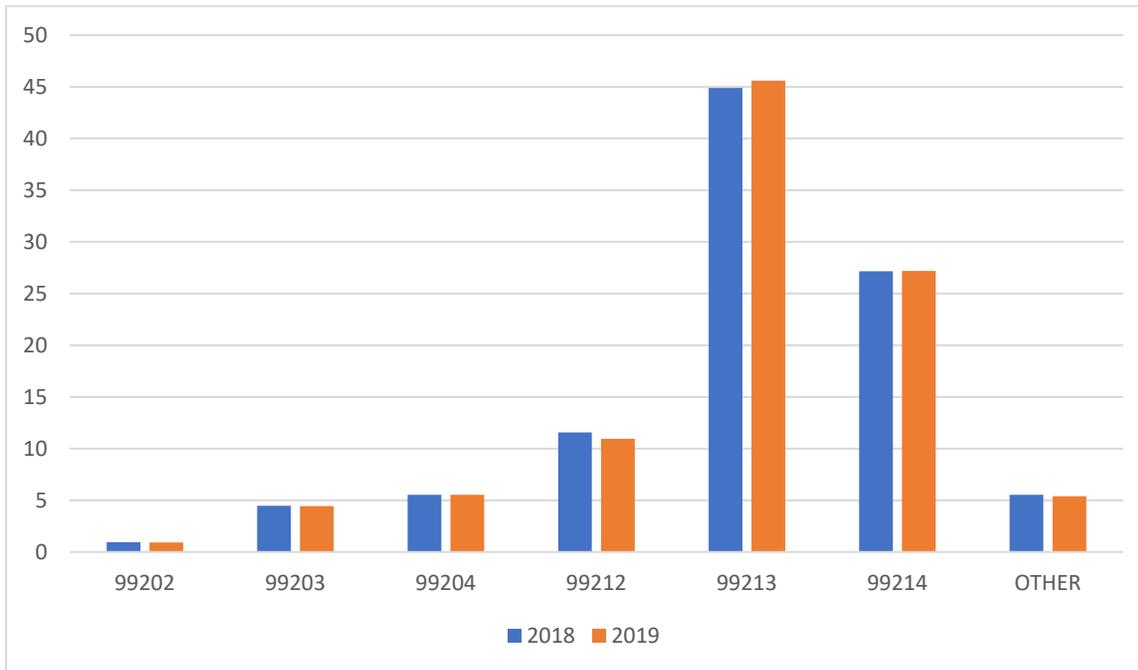
The Health Policy Institute (HPI) conducted an analysis of the most common E/M codes (in the 99000-999 code range) used by doctors of optometry, when examining patients covered by Medicare fee-for-service through Part B Medicare. This analysis identified 3,123,415 E/M services reported by doctors of optometry in 2019 (See *Table 1.0*). This represents a 0.5% increase from 2018^{3 4} (See *Table 2.0*.)

Medicare also allowed 126,270 services by doctors of optometry in the 99000 code range not included in the services described below, a 0.6% decrease from 2018.

Table 1.0 Medicare Part B Physician/Supplier National Data 2019 Evaluation and Management Codes by Specialty/Optometry

New Patient Code	Allowed Services Optometry Total Visits (Regardless of payment amount)	% Change 2018-2019
99201	2,587	-3.6%
99202	29,611	-1.9%
99203	142,821	-1.1%
99204	179,826	+2.1%
99205	5,425	-5.6%
Total	360,270	+0.3%
Established Patient Code		
Established Patient Code	Allowed Services Optometry Total Visits (Regardless of payment amount)	% Change 2018-2019
99211	16,017	-11.7%
99212	355,706	-4.9%
99213	1,481,827	+2.1%
99214	883,142	+0.5%
99215	26,453	+0.1%
Total	2,763,145	+0.5%

Table 2.0 Medicare Part B Physician/Supplier National Data 2018-2019 Trend Evaluation and Management Codes (New and Established)–Code Percentages by Specialty/Optometry



In comparing state or individual data against a national average, users should keep in mind that the data are not risk adjusted. This means that these data do not account for difference in the underlying severity of disease of patient populations treated by providers.⁵ As such, an individual provider practicing within a community more highly burdened by disease may likely trend toward using more complex higher-level care coding to match the higher level of care necessitated by this cohort.⁶ For example, this may include practice within minority communities and low-income communities.⁷ ⁸ These same communities may also be burdened by pollution which exacerbates chronic health conditions and their eye complications (e.g., diabetes, hypertension), followed and managed by doctors of optometry. In addition, scopes of practice authorized for doctors of optometry vary, such that doctors in some states may be licensed to provide more complex procedures, which can also affect the evaluation and management of a doctor’s patient population.

Comparative Billing Report (CBR)

Medicare Comparative Billing Reports (CBRs) summarize claims data statistics in support of the Centers for Medicare & Medicaid Services (CMS). CBRs are disseminated to the health care professional community to provide insight into billing trends across regions and policy groups, and they present analyses of billing practices across geographic and service areas. In general, a CBR presents results of statistical analyses that compare a health care professional’s billing practices for a specific billing code or policy group with the practices of that professional’s peer groups and the national averages. Each CBR is unique to its recipient, and each health care professional sees only his/her own billing data. No data attributable to any specific professional is made publicly available.

As an educational tool the CBR is intended to enhance accurate billing and/or prescribing practices and support providers' internal compliance activities. For example, national deidentified data describe a 93.7% accuracy rate and 6.3% improper payment rate for health care professionals overall, as reported in the 2020 Medicare Fee-for-Service Supplemental Improper Payment Data report.⁹ These data are further broken down by provider type. (See *Table 3.0*)

Table 3.0: 2020 Medicare Fee-For-Service Supplemental Improper Payment Data¹⁰

Provider Type	Insufficient documentation	Incorrect coding	Improper payment rate	Improper payments
Optometry	67.3%	30.9%	6.9%	\$ 15,651,438
Ophthalmology	76.7%	23.3%	2.3%	\$162,294,190
All Providers	63.1%	10.9%	6.3%	\$25.74 billion

National Benchmark Trends

Research released by the Inspector General (OIG) of the U.S. Department of Health and Human Services in 2012 warned CMS that health care professionals of all types will increase their billing of higher-level E/M codes in all types of E/M services. AOA and CMS continued to educate all types of health care professionals on proper billing for E/M services. Two-year national trends for the percentage of E/M coding procedures provided to Medicare beneficiaries by doctors of optometry between 2018 and 2019 (*Table 2.0*) appear almost identical which could indicate a solid understanding of E/M coding procedures by this health care professional type. Most of the growth in such services by doctors of optometry occurred for CPT codes 99204 and 99213, with little or no increase for the highest-level E/M services.

The CPT Editorial Panel revised descriptions and documentation guidelines for E/M codes for all payers and doctors this year (2021).¹¹ This change (2020-2021) may result in different billing patterns in 2021. In addition, data for 2020 and 2021 may be affected by COVID-19 pandemic-related changes in the delivery of health care services during the national public health emergency.

A limitation to these data is that some doctors bill under both an individual National Provider Identifier (NPI) and an organizational NPI. This may make it more difficult to determine a health care professional's actual total. These data do establish a benchmark that optometry practices may use cautiously to compare their individual practice against the national average.

¹ <https://www.govinfo.gov/content/pkg/USCODE-2018-title42/pdf/USCODE-2018-title42-chap7-subchapXI-partC.pdf>

² <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier>

³ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeForSvcPartsAB/Downloads/EMSpecialty2018.pdf?agree=yes&next=Accept>

⁴ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/Downloads/EMSpecialty2019.pdf>

⁵ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Downloads/Medicare-Physician-and-Other-Supplier-PUF-Methodology.pdf>

⁶ <https://www.hhs.gov/environmental-justice/strategy-2012/index.html#overview>

⁷ https://www.energy.gov/sites/default/files/nepapub/nepa_documents/RedDont/Req-EO12898envjustice.pdf

⁸ <https://www.wsup.com/content/uploads/2017/08/DP010-ENGLISH-Defining-and-identifying-low-income-communities-in-the-context-of-urban-WASH-programmes.pdf>

⁹ <https://www.cms.gov/files/document/2020-medicare-fee-service-supplemental-improper-payment-data.pdf>

¹⁰ <https://www.cms.gov/files/document/2020-medicare-fee-service-supplemental-improper-payment-data.pdf>

¹¹ <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>