



Trends in Procedures Provided to Medicare Beneficiaries by Doctors of Optometry

Federal law (42 U.S. Code § 1320d) requires doctors to use a standard coding language for billing health care transactions.ⁱ Practicing physicians 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.ⁱⁱ This includes patients covered by Medicare fee-for-service through Part B Medicare, and excludes those patients enrolled in a Medicare Advantage plan.

The Health Policy Institute (HPI) conducted a descriptive epidemiological claims data analysis of the most prominent procedure codes used by doctors of optometry. This analysis identified 3,108,231 E/M services reported by doctors of optometry in 2018.ⁱⁱⁱ For 2018 there were an additional 127,080 allowed 99XXX services by doctors of optometry reported outside the E/M code range listed below (*Table 1.0 and 2.0*).

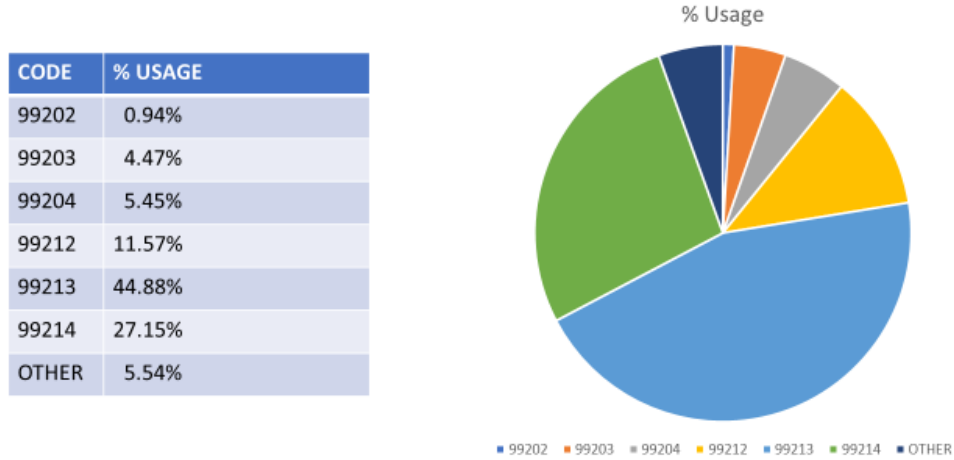
Table 1.0

Medicare Part B Physician/Supplier National Data 2018 Evaluation and Management Codes by Specialty/Optomety

New Patient Code	Allowed Services Total Visits (Regardless of Payment Amount)
99201	2,685
99202	30,178
99203	144,439
99204	176,183
99205	5,754
Total	359,239
Established Patient Code	Allowed Services Total Visits (Regardless of Payment Amount)
99211	18,135
99212	374,123
99213	1,451,926
99214	878,375
99215	26,433
Total	2,748,992

Table 2.0

MEDICARE PART B PHYSICIAN/SUPPLIER NATIONAL DATA 2018 EVALUATION AND MANAGEMENT CODES BY SPECIALTY OPTOMETRY- 99XXX

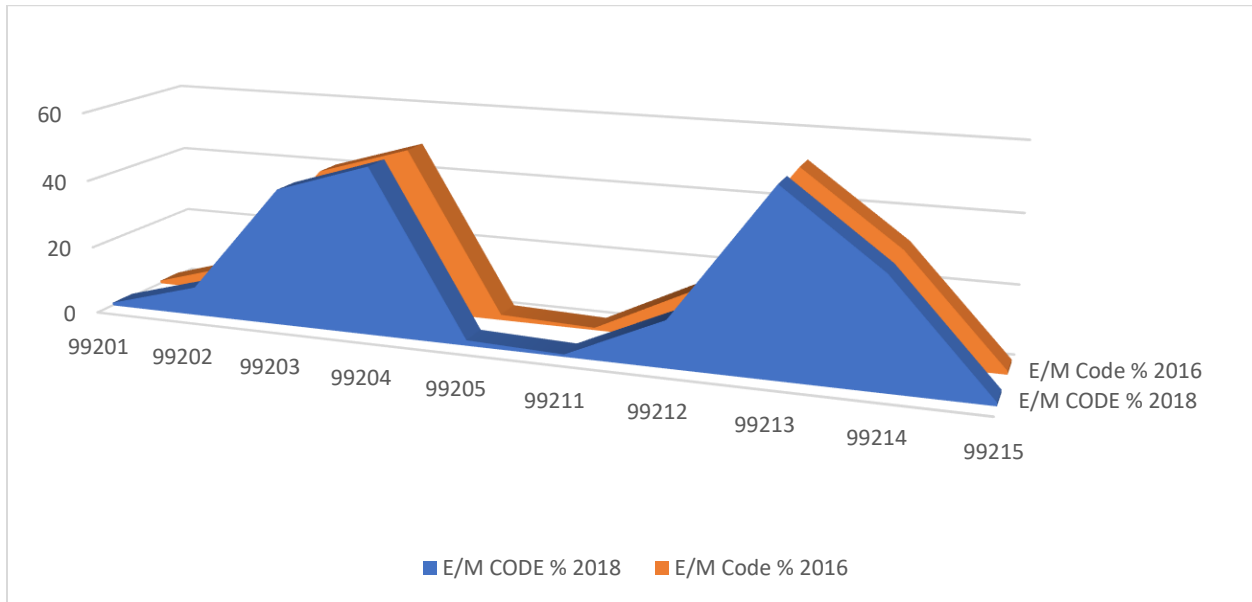


In comparing state or individual data against a national average, users should also keep in mind that the data are not risk adjusted. This means that these data do not account for difference in the underlying severity of disease of patient populations treated by providers.^{iv} As such, an individual provider practicing within a community more highly burdened by disease and pollution (e.g. Environmental Justice Community, Low-Income Community) may likely trend toward using more complex higher-level care coding to match the higher-level of care necessitated by this cohort.

National Benchmark Trends

Research released by the Health and Human Services (HHS) Inspector General in 2012 warned CMS that physicians of all types will increase their billing of higher-level E/M codes in all types of E/M services. CMS continued to educate all types of physicians 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 2016 and 2018 appear almost identical which could be considered as a solid understanding of E/M coding procedures by this physician provider type. (Table 3.0)

Table 3.0
Medicare Part B Physician/Supplier National Data 2016-2018 Trend Evaluation and Management
Codes by Specialty/Optometry



The CPT Editorial Panel has revised the descriptions and documentation guidelines for E/M codes to take effect in 2021.^v This does not limit the usefulness of these data but may make comparisons in years ahead more difficult.

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

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

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

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

^{iv} <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>

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