Retina Coding and Reimbursement 101

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Financial Disclosure

- Advisory Boards
  - Allergan
  - Genentech
  - Regeneron
- Speaker Bureaus
  - Allergan
  - Genentech

Chief Complaint

CHIEF COMPLAINT (CC)

The CC is a concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for the encounter, usually stated in the patient’s words.

The medical record should clearly reflect the chief complaint.

Source: 1997 Evaluation and Management (E/M) Guidelines
E/M vs. Eye Codes

- Evaluation and Management (E/M) Codes
  - Amount of documentation
- Eye Codes
  - Specific required elements

E/M Coding

1) History
   - HPI – History of Present Illness
   - ROS – Review of Systems
   - PFSH – Past Family and/or Social History
2) Examination
3) Medical Decision Making
   - Diagnoses – diagnoses management
   - Data – tests and additional information
   - Risk – amount of risk

History

History of Present Illness (HPI)
  - Location
  - Quality
  - Severity
  - Modifying factors
  - Timing
  - Context
  - Duration
  - Associated signs and symptoms

Source: 1997 Evaluation and Management (E/M) Guidelines
History

Review of Systems (ROS)

• Constitutional
• Eyes
• ENT, Mouth
• Cardiovascular
• Respiratory
• Gastrointestinal
• Genitourinary
• Musculoskeletal
• Integumentary
• Neurological
• Psychiatric
• Endocrine
• Hematologic
• Allergic

Source: 1997 Evaluation and Management (E/M) Guidelines

Examination

• Visual acuity (VA)
• Confrontation fields
• Ocular motility
• Conjunctiva
• External adnexa
• Iris, pupils
• Cornea
• Anterior chamber
• Lens
• IOP
• Fundus
• Mental status
• 12th element only

10

12

10

2-3
Medical Decision Making (MDM)

Medical Decision Making
- Diagnoses – number of diagnosis
- Tests – amount of data reviewed
- Risk – severity of disease

Source: 1997 Evaluation and Management (E/M) Guidelines

Example

- 99204 New Patient Level 4 E/M Code
  - Comprehensive history
  - Comprehensive examination
  - Moderate Level of Medical Decision Making
  - Management of multiple diagnosis with associated risk
  - Elective major surgery
  - Macula off retinal detachment
  - ERM

1997 Evaluation and Management Guidelines

Example

- 99205 New Patient Level 5 E/M Code
  - Comprehensive history
  - Comprehensive examination
  - High level of Medical Decision Making
  - Emergent major surgery
  - Macula on retinal detachment
  - Endophthalmitis
  - Same or next day surgery
  - Evolution in treatment timing

1997 Evaluation and Management Guidelines
Example

- 99213 Established Patient Level 3 E/M Code
  - Stable patient
    - Expanded problem focused history
    - 6 exam elements
    - Medical decision making of low complexity
    - Stable following intravitreal injection

Source: CPT Manual

Example

- 99214 Established Patient Level 4 E/M Code
  - 4 History of Present Illness
  - 9 Exam elements
  - Moderate level of Medical Decision Making
  - Patient requires PRP
  - Just billed 92014 1 month ago

Source: CPT Manual

E/M vs. Eye Codes

- Evaluation and Management (E/M) Codes
  - Amount of documentation
- Eye Codes
  - Specific required elements
Comprehensive Eye Codes

What are the four (4) required exam elements of a comprehensive eye code?

- 92004 = New Patient
- 92014 = Established Patient

Source: CPT Manual

Examination

- Visual acuity (VA)
- Confrontation fields
- Ocular motility
- Conjunctiva
- External adnexa
- Iris, pupils
- Cornea
- Anterior chamber
- Lens
- IOP
- Fundus
- Mental status
  - 12th element only

Comprehensive Eye Codes

Documentation

- History
- General medical observations
- Evaluate complete visual system
- Initiation or continuation of a diagnostic and treatment program
Intermediate Eye Codes

What is the only required exam element of an intermediate eye code?

• 92002 = New Patient
• 92012 = Established Patient

Examination

• Visual acuity (VA)
• Confrontation fields
• Ocular motilility
• Conjunctiva
• External adnexa
• Iris, pupils
• Cornea
• Anterior chamber
• Lens
• IOP
• Fundus
• Mental status
• 12th element only

Intermediate Eye Codes

• Documentation
  • History
  • General medical observations
  • Other exam elements as needed
• New condition
• Existing condition with new problem
• Change in management
Example

- 92004 New Patient Comprehensive Eye Code
  - History of Present Illness = 3
  - Incomplete Review of Systems = Less than 10
  - 11 Exam Elements
  - Medical Decision Making of Low Complexity
    - Single stable diagnosis
    - Stable dry AMD
    - Stable PVD

Source: CPT Manual

Example

- 92014 Established Patient Comprehensive Eye Code
  - Driven by utilization
  - Compared to other ophthalmologists
  - Not just retina
  - Expected utilization
  - 1 encounter every 6 months to 12 months
  - AMD
  - PDR

Source: CPT Manual

Example

- 92012 Established Patient Intermediate Eye Code
  - New problem
  - Change in management
  - Add medication
  - Intravitreal injections
  - Treatments
    - Lasers
    - Schedule surgery

Source: CPT Manual
ICD-10

Code Expansion
- ICD - 9
  - 3 to 5 digits
- ICD - 10
  - 3 to 7 digits
  - 14,000 to 68,000 codes
  - Higher specificity
  - More documentation

Code Structure Variability
- Laterality
  - Right eye vs. Left eye
  - No laterality
- Combination codes
  - Diabetes Mellitus
**Code Structure Variability**

- Age-Related Macular Degeneration (AMD)
  - No laterality
  - Nonexudative AMD
    - ICD - 9 = 362.51
    - ICD - 10 = H35.31
  - Exudative AMD
    - ICD - 9 = 362.52
    - ICD - 10 = H35.32

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**Code Structure Variability**

- Retinal detachment
  - Laterality
    - Single break
    - Multiple breaks
    - Giant tear
    - Retinal dialysis
  - Total

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**Code Structure Variability**

- Diabetes Mellitus
  - No laterality
  - Severity
  - Combination codes
    - *Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema*
    - ICD - 10 = E11.321
**Code Structure Variability**

- Diabetes Mellitus
- No laterality
- Combination codes
  - *Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema*
  - ICD-10 = E11.351

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**Diagnostic Testing**

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**Diagnostic Tests**

- Physician’s order
- Ancillary Staff
- Reliability of test
- Patient cooperation
- Findings
- Assessment
- Impact on treatment
- Physician’s signature

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Technical Component

Professional Component
Diagnostic Tests

- Findings: What does it show?
- Assessment: What does it mean?
- Impact on treatment: What are you going to do about it?

Unilateral Testing

- 9222x Extended ophthalmoscopy
- 92235 Fluorescein angiography
- 92240 ICG angiography
- 76512 B-Scan

Bilateral Testing

- 92250 Fundus photography
- 92020 Gonioscopy
Unilateral or Bilateral Testing

- 92134 Scanning computerized ophthalmic diagnostic imaging (OCT)
- 9208x Perimetry

Extended Ophthalmoscopy

Tear

Testing During Global Period

Services not included in the global surgery package:
- Diagnostic tests and procedures, including diagnostic radiological procedures

Source: Medicare Claims Processing Manual, Chapter 12, §40.18
Surgery Billing

Minor vs. Major Surgery

Minor procedure
- Post-operative period of 0 or 10 days

Major Procedure
- Post-operative period of 90 days

Source: Medicare Claims Processing Manual, Chapter 12, §40.1E

Edits

National Correct Coding Initiative (NCCI)
- Bundles
- Mutually exclusive
- Quarterly publication
Common Edits

- OCT and Fundus photography
- Effective July 1, 2013
  - Extended ophthalmoscopy and procedures
  - New and established patients
  - Officially bundled injections and office visits
  - Global bundle vs. published edit

Minor Procedure

Included in surgery package
- Same day exam usually bundled
- Includes supplies
- Significant Evaluation and Management Service
  - Append exam with modifier 25

Source: Medicare Claims Processing Manual, Chapter 12, §40.1C

Modifier 25

“Significant Evaluation and Management Service on the Day of a Procedure”

It is used to report a significantly, separately identifiable evaluation and management service by same physician on the day of a procedure. The physician may need to indicate that on the day a procedure or service that is identified with a CPT code was performed, the patient’s condition required a significant, separately identifiable evaluation and management service above and beyond the usual preoperative and postoperative care associated with the procedure or service that was performed.”

Source: Medicare Claims Processing Manual, Chapter 12, § 40.2.A8
Modifier 25

NCCI also highlighted payment policy when using the modifier -25. "For minor surgical procedures (global period of 000 or 010 days), an E&M service is separately reportable on the same day as the procedure only if significant and separately identifiable. An E&M service should not be reported solely for the decision to perform the minor surgical procedure. A significant and separately identifiable E&M service is indicated with modifier -25." If the patient is only examined to determine the need for an injection in the eye scheduled for treatment, then a visit should not be billed.

ASRS Member Alert: NCCI UPDATE - CMS to Resume Bundling Global Surgical Codes with Eye Visit Codes

Major Surgery

Included in global surgery package:
- 90-days postop care related to surgery
- Pre-operative care by surgeon
  - (1 day before, or day of surgery)
- Intra-operative services and supplies
- Care for complications (except in O.R.)
- Incidental services and supplies

Source: Medicare Claims Processing Manual, Chapter 12, §40.1A

Major Surgery

Reimbursed during global surgery period
- Diagnostic tests
- Care by another doctor (i.e., not in group)
- Exam to identify need for surgery (-57)
- Unrelated care (e.g., fellow eye) (-24, -79)
- Complications involving re-operations (-78)
- Staged, more extensive, and post diagnostic procedures (-58)

Source: Medicare Claims Processing Manual, Chapter 12, §40.1B
Modifiers

Modifier 24

*Unrelated Evaluation and Management Service by Same Physician During Postoperative Period*

e.g., Hemorrhage in other eye
E/M or eye code

92012 24 Intermediate Eye Code

Source: Medicare Claims Processing Manual, Chapter 12, §40.2A7

Modifier 57

*Evaluation and Management Service Resulting in the Initial Decision to Perform Surgery*

e.g., Mac On RD OD

99204 57 Level 4 NP E/M Service
67108 RT Vitrectomy RD Repair

Source: Medicare Claims Processing Manual, Chapter 12, §40.2A4
Modifier 58

_**Staged or related surgical procedures done during the postoperative period of the first procedure**_

- Planned prospectively
- More extensive
- Post Diagnostic

67110 RT  Pneumatic Retinopexy
67108 58RT  Vitrectomy RD Repair

Source: Medicare Claims Processing Manual, Chapter 12, §40.2A6

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Modifier 58

_**Staged or related surgical procedures done during the postoperative period of the first procedure**_

- Resets post operative period
- 100% reimbursement

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Modifier 78

_Return Trips to the Operating Room During the Postoperative Period_

_**i.e., complication of 1st surgery**_

67040 RT  Vitrectomy Endo Laser
67036 78RT  Recurrent VH

Source: Medicare Claims Processing Manual, Chapter 12, §40.2A5
**Modifier 78**

*Return Trips to the Operating Room During the Postoperative Period*

- Post operative period does not reset
- Reimbursed at 70% of total fee

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**Modifier 79**

*Unrelated Procedures or Visits During the Postoperative Period*

*e.g., Different eye, different diagnosis*

- 67210 RT  Focal Laser Right Eye
- 67210 79LT  Focal Laser Left Eye
- 67228 79RT  PRP Laser Right Eye
- 67228 79LT  PRP Laser Left Eye

*Source: Medicare Claims Processing Manual, Chapter 12, §40.2A7*

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**Modifier 79**

*Unrelated Procedures or Visits During the Postoperative Period*

- Unrelated to previous surgery
- New post operative period
- 100% reimbursement
Thank You

Questions?