Advanced Retina Coding

Presented by:
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Saturday, April 1, 2017
ASRS Business of Retina Meeting – Dallas, TX

American Academy of Ophthalmic Executives™

Financial Disclosure

Joy Woodke, COE, OCS

- This presenter does not have a financial interest or relationship to disclose relative to this activity.

- NOTE: Ms. Woodke has disclosed that she serves as an AAOE Codequest Instructor.

2017 Coding Update
MPPR

- In 2013, CMS and other payers, implemented *Multiple Procedure Payment Reduction* for the second and subsequent lowest technical (-TC) of delegated testing services by 20%.
- Due to CMS/RUC misvalued code processes

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MPPR

- Good news:
  - Effective January 1 2017, MPPR is decreased to 5%.
  - On the remittance advice, CMS appends modifier -51 to the codes impacted.

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Modifier -JW

- Prior to December 31, 2016
  - Report wastage or not, your choice.
  - All audits request documentation of wastage as protocol.
- Effective January 1, 2017
  - Report any discarded Part B drugs and biologicals from a single use vial.
  - Triesence - 40 units
    - J3300 4 units
    - J3300 -JW 36 units
  - Other drugs document "any residual medication less than one unit have been discarded."
Modifier -JW

- The amount billed as wasted must not be administered to another patient or billed again to Medicare Part B.
- OIG workplan for 2017

Average Sales Price (ASP)

- ASP is provided on a quarterly basis
- 106% of the ASP calculated from CMS data
- CMS website
  - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2017ASPFiles.html
Average Sales Price (ASP)

- Triescence (J3300)
  - Q1 2016 – 3.75 per unit
  - Q2 2016 – 3.71 per unit
  - Q3 2016 – 3.70 per unit
  - Q4 2016 – 3.70 per unit
  - Q1 2017 – 3.72 per unit
- J3300 4 units = $14.88
- J3300-JW 36 units = $133.92
- Total reimbursement $148.80

ICD-10 Update

- New & Expanded ICD-10 Codes
  - Effective October 1, 2016
  - Branch Retinal Vein Occlusion (BRVO)
  - Central Retinal Vein Occlusion (CRVO)
  - Age-Related Macular Degeneration (ARMD) or (AMD)
  - Diabetes (DM)
  - Glaucoma (POAG)
PDR & DME Distinct, Parallel Disease Processes

<table>
<thead>
<tr>
<th>Proliferative Retinopathy</th>
<th>Diagnosis</th>
<th>w/DME</th>
<th>Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>E10.359- E10.351- Type 1</td>
<td>E10.351- E10.359-</td>
<td>PDR with or without DME</td>
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<tr>
<td>H43.1-</td>
<td>PDR, vitreous hemorrhage</td>
<td>E10.351- E10.359-</td>
<td>with or without DME</td>
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<td>E10.355-</td>
<td>Stable PDR</td>
<td>E10.351- E10.359-</td>
<td>with or without DME</td>
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<tr>
<td>E10.352-</td>
<td>PDR w/ TRD inv the macula</td>
<td>E10.351- E10.359-</td>
<td>with or without DME</td>
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<td>PDR w/ TRD not inv the macula</td>
<td>E10.351- E10.359-</td>
<td>with or without DME</td>
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<tr>
<td>E10.354-</td>
<td>PDR w/ TRD &amp; Rheg RD</td>
<td>E10.351- E10.359-</td>
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PDR & DME Distinct, Parallel Disease Processes

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<tr>
<td>E11.359- E11.351- Type 2</td>
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<td>PDR, vitreous hemorrhage</td>
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Case Study

- Patient is referred to the retinal specialist for evaluation of vitreous hemorrhage in the right eye.
- Diagnosis:
  - Right eye: Type 2 PDR without DME, with vitreous hemorrhage
  - Left eye: PDR stable without DME
- Plan: Schedule vitrectomy, right eye tomorrow.

Case Study #8

- Correct claim submission is:
  - Exam -57 + E11.3591, H43.11, E11.3592, E11.3552

Dissecting the Codes

<table>
<thead>
<tr>
<th>Chapter Header</th>
<th>Stage</th>
<th>Edema</th>
<th>Laterality</th>
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<tr>
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</tr>
<tr>
<td>H43.1</td>
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<td>Right</td>
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<td>E11.3592</td>
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<td>Left</td>
</tr>
<tr>
<td>E11.3551</td>
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</tbody>
</table>
Frequently Asked Questions

• If a patient has stable type 1 or type 2 PDR and no DME are we required to use the E10.359- or E11.359- code?
  • May not be required for payment.
  • However, it may be necessary for diagnostic testing and treatment services.

Extended Ophthalmoscopy - Fact or Fiction?

Fact or Fiction?

• The definition of initial (92225) and subsequent (92226) ophthalmoscopy is based on whether the patient is new or established
Extended Ophthalmoscopy (EO)

• These codes are not identified as a new or established patient, but as initial and subsequent.
• Use 92225 for the initial extended ophthalmoscopy or a new event (diagnosis).
• When following a chronic condition, after the initial extended ophthalmoscopy with progression of the disease, use the subsequent code 92226.

Fact or Fiction?

• The drawing is the only documentation requirement for extended ophthalmoscopy.

Extended Ophthalmoscopy (EO)

• Routine exam of the fundus is not an EO
  • Another diagnostic technique is used (ie 360 scleral depression) and documented
• EO is a detailed exam and must include a retinal drawing of pathology with labels
• Documentation must provide the drawing and medical necessity, and be legible
• Medicare MACs with local coverage determinations (LCDs) – NGS, Palmetto and CIGNA
Extended Ophthalmoscopy (EO)

- Requires Interpretation and Report
  - Can be documented on the drawing, in the medical record or a separate page
  - No published documentation requirements
  - Recommendation:
    - Clinical findings – summary of pertinent findings
    - Comparative data – better, worse or same
    - Clinical management – how test effected management

Fact or Fiction?

- Billing for routine direct and/or indirect ophthalmoscopy is appropriate as long as the drawing and interpretation and report is completed

Extended Ophthalmoscopy (EO)

- Routine ophthalmoscopy is included in the appropriate level office visit code.
- The definition of EO is a more extensive examination that requires a detailed and labeled drawing that can’t be documented in any other way.
Fact or Fiction?

• The drawing for ophthalmoscopy is not required to be in color.

Extended Ophthalmoscopy (EO)

• Although it may be preferred, a color drawing for EO is not a documentation requirement for most payers.
• A drawing that is clearly identified, labeled and appropriately represents the retinal pathology is required.

Fact or Fiction?

• Ophthalmoscopy can be billed as a bilateral service if it is medically necessary to perform on both eyes.
Extended Ophthalmoscopy (EO)

- 92225 and 92226 is payable per eye
- Most payers recognize –RT and –LT modifiers for billing the bilateral service
- Some payers may require -50 modifier

Extended Ophthalmoscopy (EO)

- Bilateral indicator of 3 – what does this mean?
- Reimbursement for bilateral EO would be 100% allowable per eye
- Where do you find the bilateral indicator per code?
  - Medicare MAC website
  - Medicare Physician Fee Schedules (MPFS)
    - MPFS Indicator List and Descriptors

Bilateral Surgery (-50)

2 – RVUs are based on the procedure being performed a bilateral procedure (inherently bilateral) ie 92134, 92235, 92240

3- Usual payment for bilateral does not apply (150%). Procedure is paid for both sides (-RT and -LT), actual charge is 100% for each side. ie. 92225, 92226
Fact or Fiction?
• It is appropriate to document the drawing for ophthalmoscopy from the OCT findings.

Extended Ophthalmoscopy (EO)
• EO is more extensive than a routine direct or indirect examination that includes other diagnostic techniques.
• Reviewing OCT images would not replace the extensive examination required for EO.
• OCT provides imaging for documentation. Duplicating by drawing the findings could be seen as unnecessary documentation.

Fact or Fiction?
• Ophthalmoscopy is bundled the same day as injections, lasers and retina surgery.
Extended Ophthalmoscopy (EO)

- 92225 and 92226 are bundled the same day as retinal procedures
- When is it appropriate to unbundle?

Coding for Pneumatic

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Office</th>
<th>Facility</th>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>17110</td>
<td>Repair of RDy by injection of air or other gas (eg, pneumatic retinopexy)</td>
<td>$867.63</td>
<td>$805.86</td>
</tr>
<tr>
<td>67025</td>
<td>Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange) with or with aspiration (separate procedure)</td>
<td>$717.75</td>
<td>$627.17</td>
</tr>
<tr>
<td>65800</td>
<td>Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous</td>
<td>$117.89</td>
<td>$91.17</td>
</tr>
</tbody>
</table>
What is the Diagnosis?

- Retinal Detachment
- Retinal hemorrhage
- Vitreo-macular Traction (VMT)
- 67025 Injection of vitreous substitute and 65800 Paracentesis of anterior chamber

Code this Superbill

- Patient is seen today 1 month s/p Pneumatic for displacement of hemorrhage, right eye (67025, 65800)
- The hemorrhage is displaced, and the patient is now scheduled for laser treatment
- Diagnosis: Choroidal Neovascular Membrane, right eye (CNVM)
Code this Superbill #1

• Which laser?

What is the Diagnosis?

- 67210 Focal macular laser, grid
- 67145 Repair retinal tear
- 67220 Destruction of localized lesion of choroid
- 67228 PRP

Code this Superbill #2

• Patient with history of non-diabetic proliferative retinopathy seen today.
• Diagnosis:
  • Left eye: TRD not involving the macula
• Plan: Schedule surgery today.

Code this Superbill #1

• Procedure: 67220-RT
• What additional modifier should be used?
  • -78
  • -79
  • -58
Code this Superbill #2

- Correct claim submission is?
  1. Exam -57 + H33.42
  2. Exam -57 + E10.3532
  3. Exam -57 + E11.3532
  4. Exam -57 + E11.3522

Code this Superbill #3

- Established patient seen today
- New findings:
  - Retinal tear in the right eye
  - PVD in the left eye.
  - A laser to repair the tear is scheduled for today, and an EO was performed and documented on both eyes.

Code this Superbill #3

- How would you code this superbill?
  1. 9XXX-25, 67145-RT, 92225-59-LT
  2. 9XXX-57, 67145-RT, 92225-RT, 92225-LT
  3. 9XXX-57, 67145-RT, 92225-59-LT
  4. 9XXX-57, 67145-RT, 92226-50
Questions?