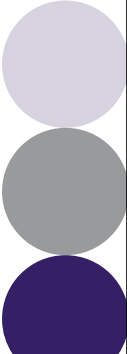

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Advanced Retina Coding

Presented by:
Joy Woodke, COE, OCS
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.

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2017 Coding Update

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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.
 - Triescence - 40 units
 - J3300 4 units
 - J3300 -JW 36 units
 - Other drugs document *"any residual medication less than one unit have been discarded."*

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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




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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/McrPartBDrugAvqSalesPrice/2017ASPFiles.html>




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Average Sales Price (ASP)

HCPCS Code	Short Description	HCPCS Code Dosage	Payment Limit	Vaccine Average	Vaccine Limit	Blood Average	Blood Limit	Crating Factor	Notes
J2085	Trigonostat injection	1 MG	61,237						
J2090	Tramadolone 2 mg patches	1 MG	2,372						
J3301	Tramadolone aced. inj. nos	10 MG	1,768						
J2093	Tramadolone hexacetil inj	5 MG	3,812						
J2016	Triptivite granulate	3.75 MG	402,297						




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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*



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ICD-10 Update




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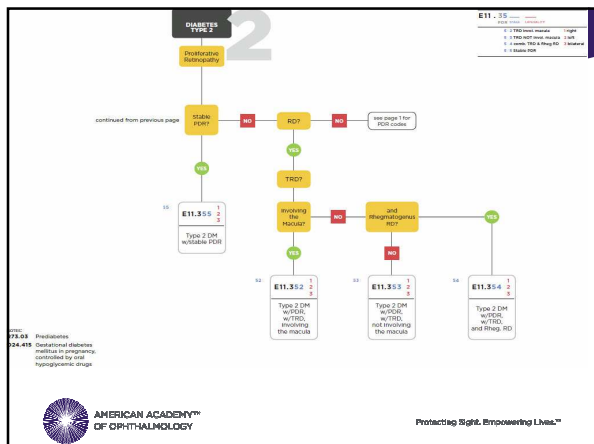
New & Expanded ICD-10 Codes

- **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)



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PDR & DME Distinct, Parallel Disease Processes

Proliferative Retinopathy	Diagnosis	w/DME	Diagnosis
E10.359- OR E10.351-	Type 1	E10.351- OR E10.359-	PDR with or without DME
H43.1-	PDR, vitreous hemorrhage	A N D E10.351- OR E10.359-	with or without DME
E10.355-	Stable PDR	A N D E10.351- OR E10.359-	with or without DME
E10.352-	PDR w/ TRD inv the macula	A N D E10.351- OR E10.359-	with or without DME
E10.353-	PDR w/ TRD not inv the macula	A N D E10.351- OR E10.359-	with or without DME
E10.354-	PDR w/ TRD & Rhog RD	A N D E10.351- OR E10.359-	with or without DME

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PDR & DME Distinct, Parallel Disease Processes

Proliferative Retinopathy	Diagnosis	w/DME	Diagnosis
E11.359- OR E11.351-	Type 2	E11.351- OR E11.359-	PDR with or without DME
H43.1-	PDR, vitreous hemorrhage	A N D E11.351- OR E11.359-	with or without DME
E11.355-	Stable PDR	A N D E11.351- OR E11.359-	with or without DME
E11.352-	PDR w/ TRD inv the macula	A N D E11.351- OR E11.359-	with or without DME
E11.353-	PDR w/ TRD not inv the macula	A N D E11.351- OR E11.359-	with or without DME
E11.354-	PDR w/ TRD & Rhog RD	A N D E11.351- OR E11.359-	with or without DME

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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.



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Case Study #8

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



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Dissecting the Codes

Chapter header	Stage	Edema	Laterality
E11. Type 2 Diabetes retinopathy	3	5	9
		PDR	Without edema
			Right
H43.1 Vitreous hemorrhage			1
			Right
E11. Type 2 Diabetes retinopathy	3	5	9
		PDR	Without edema
			Left
E11. Type 2 Diabetes retinopathy	3	55	2
		PDR, stable	Left



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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.



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Extended Ophthalmoscopy - Fact or Fiction?



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Fact or Fiction?

- The definition of *initial* (92225) and *subsequent* (92226) ophthalmoscopy is based on whether the patient is *new* or *established*



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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.



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Fact or Fiction?

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



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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



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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*



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Fact or Fiction?

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



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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.



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Fact or Fiction?

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



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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.



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Fact or Fiction?


- Ophthalmoscopy can be billed as a bilateral service if it is medically necessary to perform on both eyes.



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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




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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




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Indicates changes from 2016
2017 Medicare Physician Fee Schedule Indicators
*Indicates a new code for 2017

Code	Modifier	S	UB	Pre-Op %	Post-Op %	PT1	M	B	A	C	T	Z1	PCIP	ENDD	Base
92132	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	1	01	
92132	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92133	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	1	01	
92133	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92134	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	1	01	
92134	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92136	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92136	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92145	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92145	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92225		A	XXX	000000	000000	000000	0	0	3	0	0	0	0	09	
92226		A	XXX	000000	000000	000000	0	0	3	0	0	0	0	09	
92227		A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92228		A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92228	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	1	01	
92228	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92230		A	XXX	000000	000000	000000	0	0	3	0	0	0	0	09	
92235	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92235	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92240		A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	
92240	TC	A	XXX	000000	000000	000000	1	7	2	0	0	0	1	01	
92240	26	A	XXX	000000	000000	000000	1	7	2	0	0	0	0	09	

<https://med.noridianmedicare.com/web/ab/fees-news/fee-schedules/mpfs/2017-mpfs-indicator-list-and-descriptors>



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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



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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.



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Fact or Fiction?


- Ophthalmoscopy is bundled the same day as injections, lasers and retina surgery.



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Extended Ophthalmoscopy (EO)

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



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Coding for Pneumatic



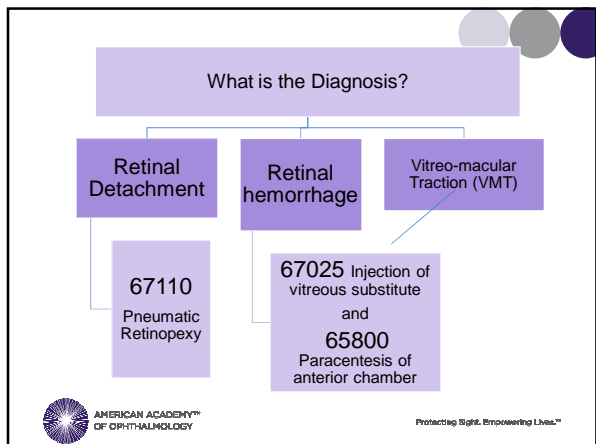
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Pneumatic

CPT code	Office	Facility	Global
67110 Repair of RD; by injection of air or other gas (eg, pneumatic retinopexy)	\$867.63	\$805.86	90 days
67025 Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange) with or with aspiration (separate procedure)	\$717.75	\$627.17	90 days
65800 Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	\$117.89	\$91.17	0 days



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Code this Superbill

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Code this Superbill #1

- 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)

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Code this Superbill #1

- Which laser?

What is the Diagnosis?

DME, CME, retinal edema	Prophylaxis or RD, retinal break or tear, lattice degeneration	Proliferative retinopathy	Choroidal neovascularization
67210 Focal macular laser, grid	67145 Repair retinal tear	67228 PRP	67220 Destruction of localized lesion of choroid

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Code this Superbill #1

- Procedure: 67220-RT
- What additional modifier should be used?

- 78
- 79
- 58

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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.

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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



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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.



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Code this Superbill #3

- How would you code this superbill?

1. 9XXXX-25, 67145-RT, 92225-59-LT
2. 9XXXX-57, 67145-RT, 92225-RT, 92225-LT
3. 9XXXX-57, 67145-RT, 92225-59-LT
4. 9XXXX-57, 67145-RT, 92226-50



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Questions?



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