Fundamentals of Retina Coding

Presented by:
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Sunday, April 2, 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.

E/M vs Eye visit codes for Retina
E/M vs. Eye visit codes

• Ophthalmologists have two sets of exam codes (office based) from which to choose.
• Evaluation and Management (99XXX) and Eye visit codes (92XXX).

E/M vs. Eye visit codes

• Bottom line, based on documentation
  - Determine the appropriate level of E/M code
  - Determine the appropriate level of Eye code

E/M vs. Eye visit codes

Identify the allowables:
• Obtain the fee schedules for at least your top five payers.
## E/M vs. Eye visit codes

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Commercial #1</th>
<th>Commercial #2</th>
<th>Medicare</th>
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<td>$246.40</td>
<td>$198.22</td>
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### E/M vs. Eye visit codes

- Can it be that easy?

### Eye visit codes
Eye visit codes FAQ

• Should all retina visits be billed as comprehensive Eye visit codes 92004 or 92014?
• Why would we ever bill an intermediate eye code 92002 or 92012? We always dilate the patient.

CPT Description

Comprehensive Examination 92004 and 92014

• Chief complaint
• History
• General medical observation
• Visual acuity

CPT Description

Comprehensive Examination 92004 and 92014

• External ocular exam
• Gross visual fields
• Basic sensorimotor exam
• Tonometry
• Fundus exam (dilation as medically indicated)
CPT Description
Intermediate Examination 92002 and 92012
• Chief complaint
• History
• General medical observation
• Visual acuity
• External ocular exam
• Adnexal exam
  - May include use of mydriasis or ophthalmoscopy

CPT Description
Intermediate & Comprehensive Examination 92002, 92004, 92012 and 92014
• It always includes initiation or continuation of diagnostic and treatment programs which includes, but is not limited to:
  - Prescription of medication
  - Arranging for special diagnostic or treatment services
  - Consultations
  - Lab
  - Radiological services

E/M Codes
E/M Codes FAQ

• Retina consultations are always evaluation and management (E/M) level 4 (99204) or 5 (99205) codes, correct?

• What is an example of a level 3 (99203) or level 4 (99214)?

E/M Codes – New Patient

<table>
<thead>
<tr>
<th>History</th>
<th>Problem focused</th>
<th>Expanded</th>
<th>Detailed</th>
<th>Comprehensive</th>
<th>Comprehensive</th>
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<td></td>
<td></td>
<td>1-3 HPI</td>
<td>1-5 HPI</td>
<td>2 HPI, Part</td>
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<td>Decision</td>
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<td>1-5</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
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<tr>
<td></td>
<td>Straight forward</td>
<td>4 HPI, Comp</td>
<td>3 HPI, Comp</td>
<td>2 HPI, Comp</td>
<td>1 HPI, Comp</td>
</tr>
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New patient exam 99201 99202 99203 99204 99205

NEW PATIENT Need 3 of 3 to meet code

E/M Codes – Established Patient

<table>
<thead>
<tr>
<th>History</th>
<th>N/A</th>
<th>Problem focused</th>
<th>Expanded</th>
<th>Detailed</th>
<th>Comprehensive</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>1-5 HPI, Comp</td>
<td>1-5 HPI, Comp</td>
<td>1-5 HPI, Comp</td>
<td>1-5 HPI, Comp</td>
<td>1-5 HPI, Comp</td>
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<tr>
<td>Exam</td>
<td>N/A</td>
<td>1-5 HPI, Comp</td>
<td>1-5 HPI, Comp</td>
<td>1-5 HPI, Comp</td>
<td>1-5 HPI, Comp</td>
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<td>Decision</td>
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Established patient exam 99211 99212 99213 99214 99215

ESTABLISHED PATIENTS Need 2 of 3 to meet code
Test your Knowledge

- New patient is evaluated
- History – Comprehensive
- Examination – Comprehensive
- Testing – OCT left eye
- Diagnosis: ERM, left and PVD, right
- Plan:
  - Monitor ERM, follow-up in 3 months or sooner PRN visual changes

Test your Knowledge

- Medical Decision Making?
  - Low
- New patient
  - 3 or 3
- Code
  - 99203
  - 92134

Test your Knowledge

- New patient is evaluated
- History – Comprehensive
- Examination – Comprehensive
- Diagnosis: Retinal detachment, right eye
- Plan:
  - Immediately schedule surgery to repair the RD
Test your Knowledge

- Medical Decision Making?
  - High
- New patient
  - 3 or 3
- Code
  - 99205-57

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<td>99205</td>
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Retina Diagnostic Services – CCI bundles

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<tr>
<th>Service</th>
<th>FA</th>
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<th>FA/ICG</th>
<th>FP</th>
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- Billable same day
- Bundled
- Mutually Exclusive

*new*
Eight Steps for Surgical Coding

1. Read full CPT descriptor
2. Meet payer documentation guidelines
3. Identify global period
4. Fee schedule
5. Site of service differential
6. Correct Coding Initiative (CCI)
7. Modifiers
8. Diagnosis code linkage
#1 CPT Descriptor

- 67113
  - Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, ROP, retinal tear greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens.

#2 Payer Documentation Guidelines

- National Coverage Determination (NCD) - PDT
  - Ocular Photodynamic Therapy (OPT) is used in the treatment of ophthalmologic diseases. OPT is only covered when used in conjunction with verteporfin (see section 80.3, “Photosensitive Drugs”).
  - Classic Subfoveal Choroidal Neovascular (CNV) Lesions - OPT is covered with a diagnosis of neovascular age-related macular degeneration (AMD) with predominantly classic subfoveal choroidal neovascular (CNV) lesions (where the area of classic CNV occupies ≥50% of the area of the entire lesion) at the initial visit as determined by a fluorescein angiogram (FA). Subsequent follow-up visits will require either an optical coherence tomography or an FA to access treatment response. There are no requirements regarding visual acuity, lesion size, and number of re-treatments.
  - Occult Subfoveal CNV Lesions - OPT is non-covered for patients with a diagnosis of AMD with occult and no classic CNV lesions.

#3 Global Period

- Identify the global period
  - Major vs minor surgery
  - Are we in a global period?

- Global periods may vary by payer
  - i.e. Some Medicaid payers have 60 day global periods
#4 Fee Schedule
- RVU per CPT
  - *Is it current?*
- Medicare vs. Commercial
- Multiple procedures
  - Correct order

#5 Site of Service
- In office vs ASC
  - *Where do you find this?*
- RVU differences

#6 CCI Bundles
- Multiple procedures
  - Are they bundled?
  - Are they mutually exclusive?
  - If not, appropriate to unbundle?
- Sources
#7 Modifiers

• SURGERY modifiers

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58

1. Lesser to greater
2. Pre-planned and documented as a change
3. Therapy following a major surgery

78

Unplanned return to operating room during the post-op period

79

Unrelated procedure during the post-op period

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#8 Diagnosis Code Link

• Diagnosis supports medical necessity
  • Sources – LCDs, Coding Coach
  • ICD-10
    • Laterality – diagnosis link matters!
      • 67028-RT H35.3211
      • 67028-LT H35.3221

Wet AMD with choroidal neovascularization
CODE THIS OP REPORT
• Procedure: Pars plana vitrectomy, scleral buckle, endolaser, cryotherapy and silicone oil, left eye
• Diagnosis: Retinal detachment, multiple breaks
• Insurance: Medicare Advantage
• S/P Pneumatic retinopexy x 2 days

1. Read full CPT descriptors
   • 67039
     • Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation

1. Read full CPT descriptors
   • 67108
     • Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
CODE THIS OP REPORT

2. Meet payer documentation guidelines
   • Medicare Advantage
     • Prior Authorization obtained
     • No policy published
     • Medical necessity documented

CODE THIS OP REPORT

3. Identify global period
   • 67039 – 90 days
   • 67108 – 90 days
   • Are we in a global period? Yes
     • 67110 — 90 day global period

CODE THIS OP REPORT

4. Fee schedule
   • MA contract pays 100% Medicare
   • 67039 – RVU 27.35, $953.63
   • 67108 – RVU 36.75, $1280.04
CODE THIS OP REPORT

5. Site of service differential
   • 67039 – RVU 27.35, $953.63
   • 67108 – RVU 36.75, $1280.04
   • No site of service differential

CODE THIS OP REPORT

6. Correct Coding Initiative (CCI)
   • 67039
   • 67108
   • CCI – bundled
   • Appropriate to unbundle? No.

CODE THIS OP REPORT

6. Correct Coding Initiative (CCI)
   • Which code to bill?
6. Correct Coding Initiative (CCI)
   • Which code to bill?
     67108
7. **Modifiers**
   - Global period of 67110
   - Lesser to greater
     - -58 modifier
     - -LT modifier

8. **Diagnosis code linkage**
   - 67108-58-LT
   - Diagnosis: Retinal detachment, multiple breaks
   - ICD10:
     - H33.022 – Retinal detachment with multiple breaks, left eye

Questions?