

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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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).



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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



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E/M vs. Eye visit codes

Identify the allowables:

• Obtain the fee schedules for at least your top five payers.



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E/M vs. Eye visit codes

CPT code	CPT code Commercial #1		Medicare	
99201	\$84.70	\$82.28	\$43.21	
99202	\$145.60	\$141.44	\$73.69	
99203	\$211.40	\$205.36	\$106.34	
99204	\$324.80	\$315.52	\$161.81	
99205	\$404.60	\$393.04	\$203.78	
92002	\$162.40	\$138.88	\$80.28	
92004	\$295.40	\$199.77	\$147.36	



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E/M vs. Eye visit codes

CPT code	Commercial #1	Commercial #2	Medicare
99201	\$84.70	\$82.28	\$43.21
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E/M vs. Eye visit codes

CPT code	Commercial #1	Commercial #2	Medicare
99211	\$39.20	\$38.08	\$19.92
99212	\$85.40	\$82.96	\$42.94
99213	\$142.80	\$138.72	\$72.08
99214	\$210.70	\$204.68	\$106.14
99215	\$282.10	\$274.04	\$142.90
92012	\$170.10	\$128.34	\$84.41
92014	\$246.40	\$198.22	\$122.32



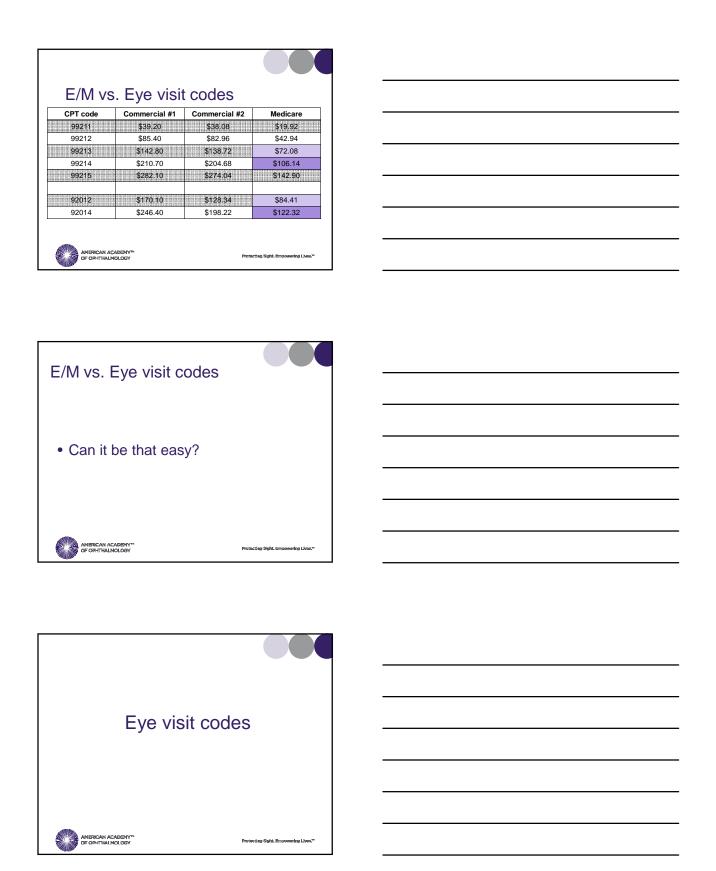
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E/M vs. Eye visit codes

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99213	\$142.80	\$138.72	\$72.08
99214	\$210.70	\$204.68	\$106.14
99215	\$282.10	\$274.04	\$142.90

92012	\$170.10	\$128.34	\$84.41
92014	\$246.40	\$198.22	\$122.32





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.



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CPT Description

Comprehensive Examination 92004 and 92014

- Chief complaint
- History
- · General medical observation
- Visual acuity



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CPT Description

Comprehensive Examination 92004 and 92014

- · External ocular exam
- Gross visual fields
- · Basic sensorimotor exam
- Tonometry
- Fundus exam (dilation as medically indicated)



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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



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CPT Description

Intermediate & Comprehensive Examination 92002, 92004, 92012 and 92014

- It always includes initiation or <u>continuation</u> of diagnostic and treatment programs which includes, <u>but is not limited to:</u>
 - Prescription of medication
 - Arranging for special diagnostic or treatment services
 - Consultations
 - Lab
 - Radiological services



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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)?



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E/M Codes - New Patient Problem focused 4 HPI, Comp ROS & PFSH 4 HPI, Comp ROS & PFSH Problem focused Exam Comprehensive Expanded Detailed Comprehensive All Exam Elements 1-5 Straight forward Diag <1, Complex Data < 1, Risk MINIMAL Decision Straight forward Moderate High Low Diag 4+, Comple Data 4+, Risk HIGH Diag 3, Complex Data 3, Risk MODERATE New patient exam 99201 99202 99203 99204 99205 NEW PATIENT Need 3 of 3 to meet code

Е	E/M Codes – Established Patient								
	History	N/A	Prob		Expanded 1-3 HPI, 1 ROS, No PFSH	Detailed 1-3 HPI, 2-9 F Pert PFSH	ROS.	Comprehensive 4 HPI, Comp ROS & PFSH	
	Exam	N/A	Prob focus		Expanded 6-8	Detailed 9-12	i	Comprehensive All Exam Elements	
	Decision	N/A		Ward Diag 2, Diag 2, Complex a < 1, LOW Risk		Moderat Diag 3, Comp Data 3, Risk MODERA	olex	High Diag 4+, Complex Data 4+, Risk HIGH	
	Established patient exam	99211	992	12	99213	99214		99215	
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Test your Knowledge

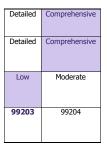
- · New patient is evaluated
- History Comprehensive
- Examination Comprehensive
- Testing OCT left eye
- Diagnosis: ERM, left and PVD, right
- Plan:
 - Monitor ERM, follow-up in 3 months or sooner PRN visual changes



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Test your Knowledge

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



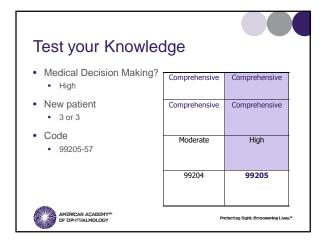


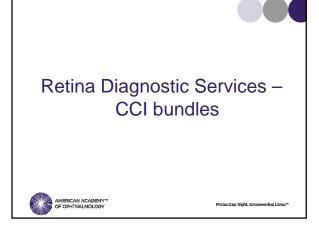
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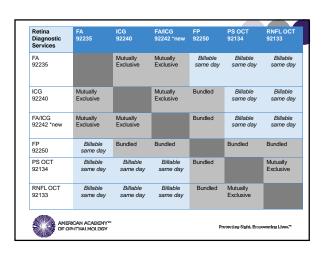
Test your Knowledge

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









Fundamentals of Retina Surgery Coding



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Eight Steps for Surgical Coding

- 1. Read full CPT descriptor
- 2. Meet payer documentation guidelines
- 3. Identify global period
- 4. Fee schedule



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Eight Steps for Surgical Coding

- 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 (eg, 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



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#2 Payer Documentation Guidelines



- 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
 predominately 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 retractments.
- Occult Subfoveal CNV Lesions OPT is non-covered for patients with a diagnosis of AMD with occult and no classic CNV lesions.



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#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



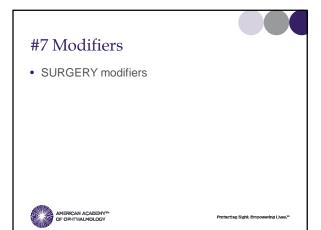
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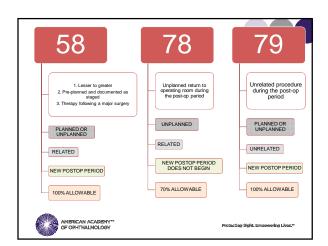
#4 Fee Schedule • RVU per CPT • Is it current? • Medicare vs. Commercial • Multiple procedures • Correct order AMERICAN ACADENY** Gr-DP-ITHALMOLOGY #5 Site of Service • In office vs ASC

RVU differences AMERICAN ACADENY** OF OPITHALHOLDSY Protecting Sight. Empowering Lives.**

• Where do you find this?

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





#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 WetAMD with choroidal neovascularization

- 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



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CODE THIS OP REPORT

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



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CODE THIS OP REPORT

- 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



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- 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



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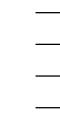
CODE THIS OP REPORT

- 4. Fee schedule
- MA contract pays 100% Medicare
- 67039- RVU 27.35, \$953.63
- 67108 RVU 36.75, \$1280.04

















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



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CODE THIS OP REPORT

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



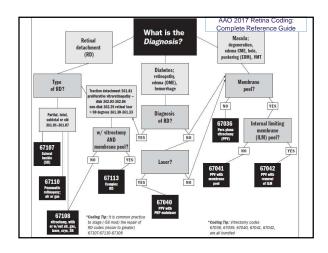
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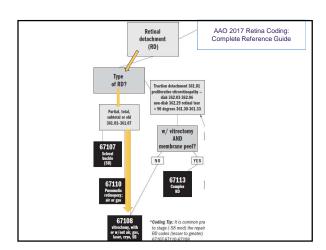
CODE THIS OP REPORT

- 6. Correct Coding Initiative (CCI)
- Which code to bill?



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- 7. Modifiers
- Global period of 67110
- · Lesser to greater
 - -58 modifier
 - -LT modifier



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CODE THIS OP REPORT

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



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Questions? AMERICAN ACADERY** OF OPHTHALMOLOGY Protecting Sight. Brocovering Lives.**

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