



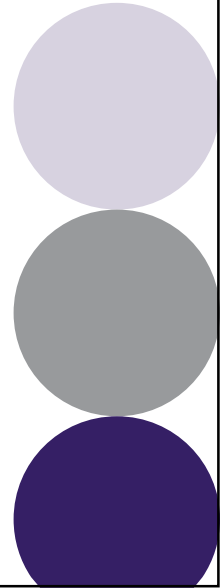
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Retina Coding for Beginners

Presented by:
Joy Woodke, COE, OCS, OCSR

ASRS Business of Retina
Sunday, March 10, 2024



Speaker Financial Disclosure

- Joy Woodke, COE, OCS, OCSR
 - Academy Director of Coding and Reimbursement
- Speaker has no financial relationships to disclose.
- All relevant financial relationships have been mitigated.



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Course Agenda



E/M and Eye Visit
Codes



Lasers &
Surgeries



Office Visit &
Surgical Modifiers



NCCI Edits



Intravitreal
Injections



Academy
Resources



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E/M and Eye Visit Codes

Choose with confidence



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E/M and Eye visit codes

- Different documentation guidelines
- 99214 does not automatically equal 92014

Documentation Guidelines

- E/M – medically relevant history and exam, determine level of E/M from MDM or total physician time
- Eye Visit Codes – meet history, exam elements and initiation of diagnostic & treatment program

Consider both family of codes

- Confirm the level of E/M and Eye Visit Code
- Avoid 9 scenarios when not to use an Eye Visit Code
- Maximize reimbursement



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Final Determination Table for Medical Decision Making

To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high). Otherwise, select 1 level lower from highest level.

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 or more self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury; Or 1 stable, acute illness; Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 Categories must be met Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s)	Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported). Or Category 3: Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported).	Extensive 2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported). Or Category 3: Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported).
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal Minimal risk of morbidity from additional diagnostic testing and treatment	Low Low risk of morbidity from additional diagnostic testing or treatment	Moderate Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health	High High risk of morbidity from additional diagnostic testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances
Final Determination	99202 99212	99203 99213	99204 99214	99205 99215

CPT is a registered trademark of the American Medical Association.

Source: CPT 2024 Professional Edition, Amer Medical Association: 2023.



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Hospital: Final Determination Table for Medical Decision Making

To arrive at the final determination for the level of exam, 2 of 3 components (problems, data and risk) must have the same level of complexity (straightforward, low, moderate or high). Otherwise, select 1 level lower from highest level.

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 or more self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury; Or 1 stable, acute illness; Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 Categories must be met: Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; Or Category 2: Assessment requiring an independent historian(s)	Moderate At least 1 of 3 Categories must be met: Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; Or Category 2: Independent interpretation of tests by another physician/QHP (not separately reported). Or Category 3: Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported).	Extensive 2 of 3 Categories must be met: Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests by another physician/QHP (not separately reported). Or Category 3: Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported).
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal Minimal risk of morbidity from additional diagnostic testing and treatment	Low Low risk of morbidity from additional diagnostic testing or treatment	Moderate Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health	High High risk of morbidity from additional testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances
Initial Hospital Inpatient	99221	99221	99222	99223
Subsequent Hospital Inpatient	99231	99231	99232	99233
Emergency Department	99282	99283	99284	99285

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Source: CPT 2024 Professional Edition. Amer Medical Association: 2023.



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EYE VISIT CODE CHECKLIST

Intermediate Exam Codes
92002/92012

HISTORY

- ☐ Chief complaint
- ☐ History
- ☐ General medical observation

EXAMINATION

- ☐ Three or more, but less than 12 elements of the exam medically necessary to perform.
- ☐ Visual acuity
- ☐ Gross or confrontation visual fields
- ☐ Extraocular motility
- ☐ Conjunctiva
- ☐ Ocular adnexa
- ☐ Pupil and iris
- ☐ Cornea
- ☐ Anterior chamber
- ☐ Lens
- ☐ Intraocular pressure
- ☐ Optic nerve discs
- ☐ Retina and vessels
- ☐ Dilation: As medically necessary.

Comprehensive Exam Codes
92004/92014

HISTORY

- ☐ Chief complaint
- ☐ History
- ☐ General medical observation

EXAMINATION

- All 12 elements of the exam medically necessary to perform unless unable due to age of patient or trauma.
- ☐ Visual acuity
- ☐ Gross or confrontation visual fields
- ☐ Extraocular motility
- ☐ Conjunctiva
- ☐ Ocular adnexa
- ☐ Pupil and iris
- ☐ Cornea
- ☐ Anterior chamber
- ☐ Lens
- ☐ Intraocular pressure
- ☐ Optic nerve discs
- ☐ Retina and vessels
- ☐ Dilation: As medically necessary. If not dilated, document why.



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EYE VISIT CODE CHECKLIST

Intermediate Exam Codes
92002/92012INITIATION OF DIAGNOSTIC AND
TREATMENT PROGRAM

Includes, but is not limited to:

- ☐ Prescription of medication, glasses or contact lenses
- ☐ Arranging for special ophthalmological diagnostic or treatment services
- ☐ Consultations
- ☐ Laboratory procedures
- ☐ Radiological services
- ☐ Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure.
- ☐ Scheduling necessary follow-up of a medical problem
- ☐ Other _____

Comprehensive Exam Codes
92004/92014INITIATION OF DIAGNOSTIC AND
TREATMENT PROGRAM

Includes, but is not limited to:

- ☐ Prescription of medication, glasses or contact lenses
- ☐ Arranging for special ophthalmological diagnostic or treatment services
- ☐ Consultations
- ☐ Laboratory procedures
- ☐ Radiological services
- ☐ Recommendation or decision for or scheduling or performance of a major or minor (000, 010, or 090 day global) surgical procedure.
- ☐ Scheduling necessary follow-up of a medical problem
- ☐ Other _____

Need 1 or more from this list to
meet the definitionAMERICAN ACADEMY
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E/M vs Eye Visit Codes

1. New patient: medically relevant history, **comprehensive exam**, **low MDM**

E/M	
99203	\$ 109.69
Eye	
92004	\$ 146.04 ✓

2. New patient: medically relevant history, **comprehensive exam**, **moderate MDM**

E/M	
99204	\$ 164.38 ✓
Eye	
92004	\$ 146.04

For all
payers:
over \$18
difference

3. Est patient: medically relevant history, **comprehensive exam**, **low MDM**

E/M	
99213	\$ 89.39
Eye	
92014	\$ 123.45 ✓

4. Est patient: medically relevant history, **problem-focused exam**, **moderate MDM**

E/M	
99214	\$ 126.07 ✓
Eye	
92012	\$ 87.43

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Lasers & Surgeries

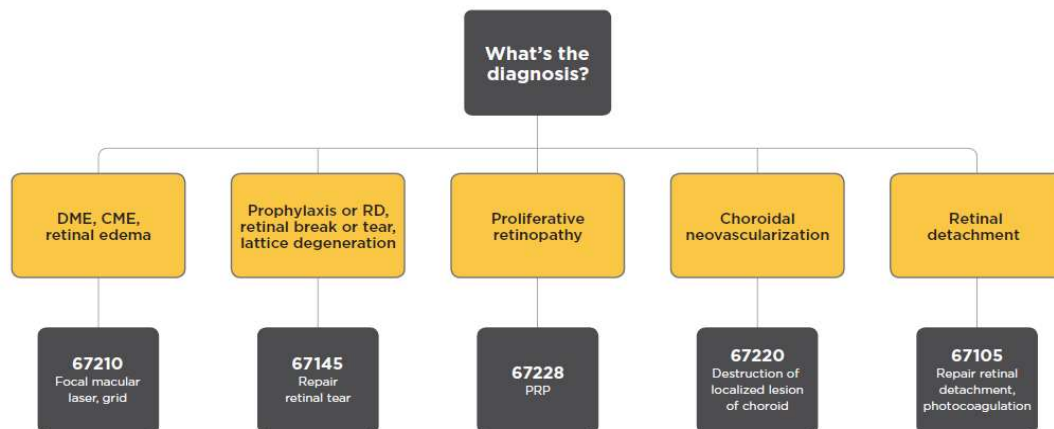
What is the Diagnosis?



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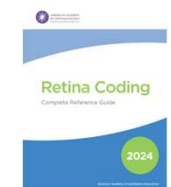
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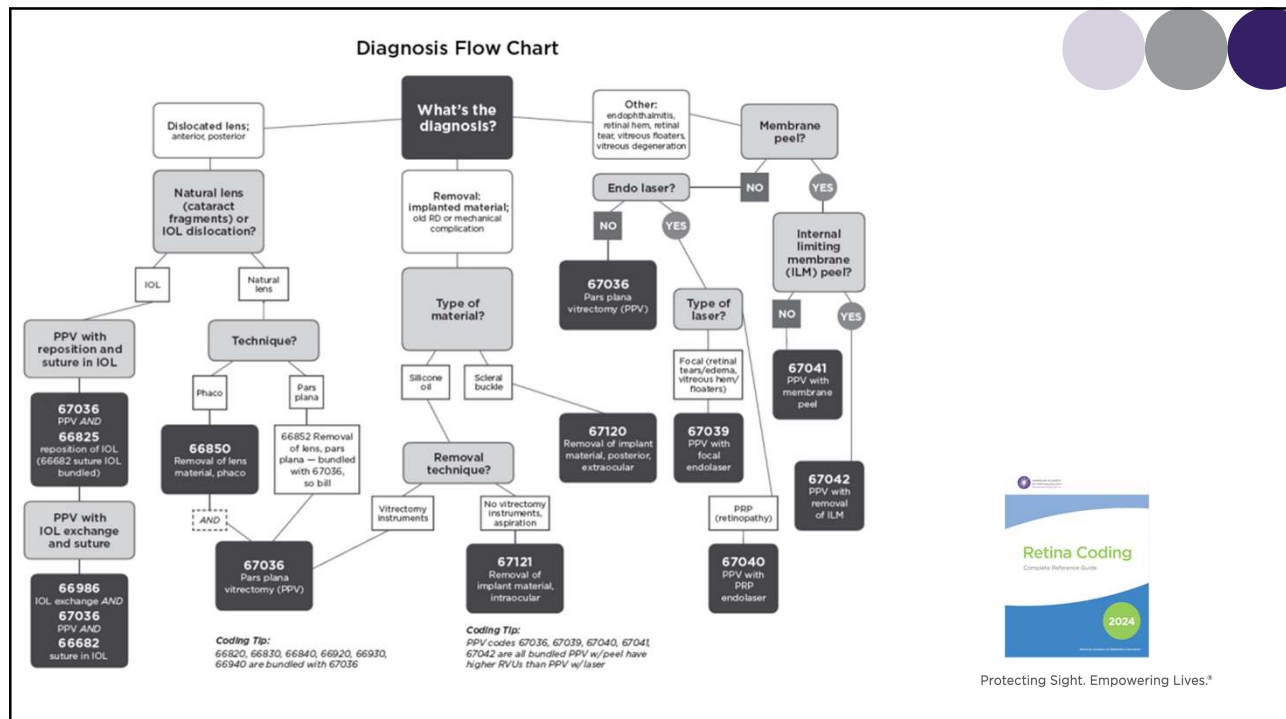
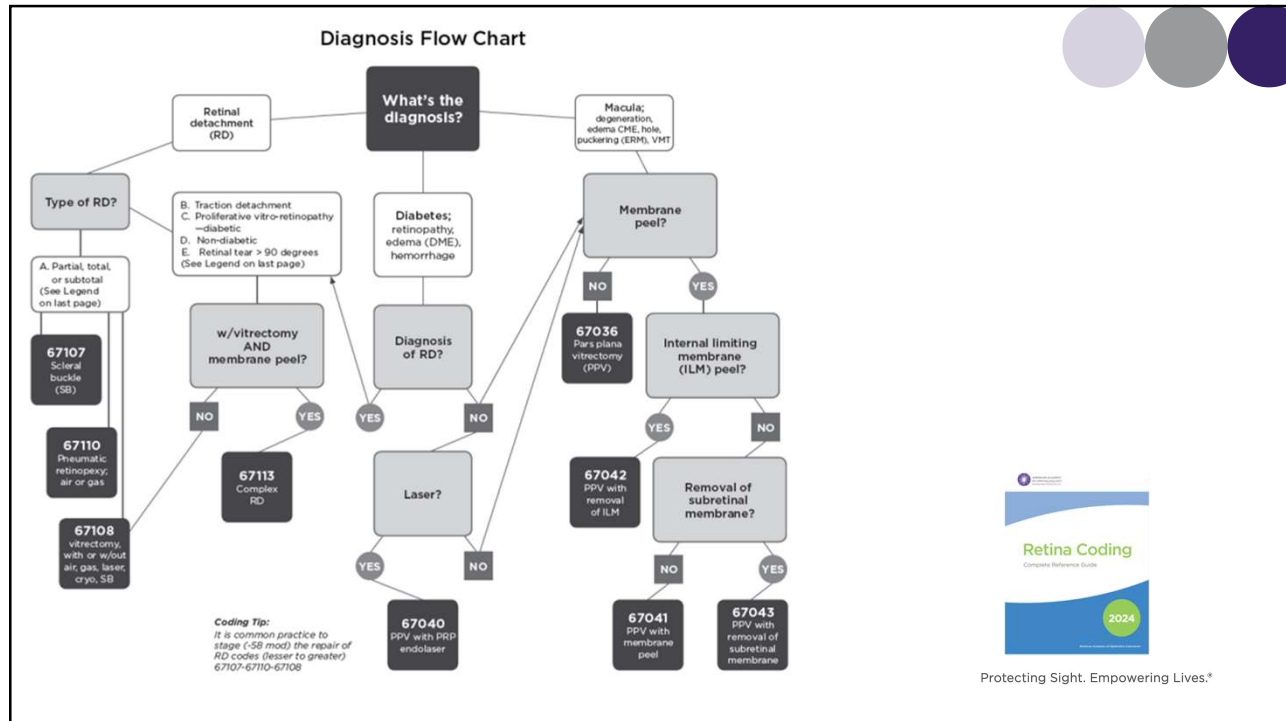
Diode Lasers



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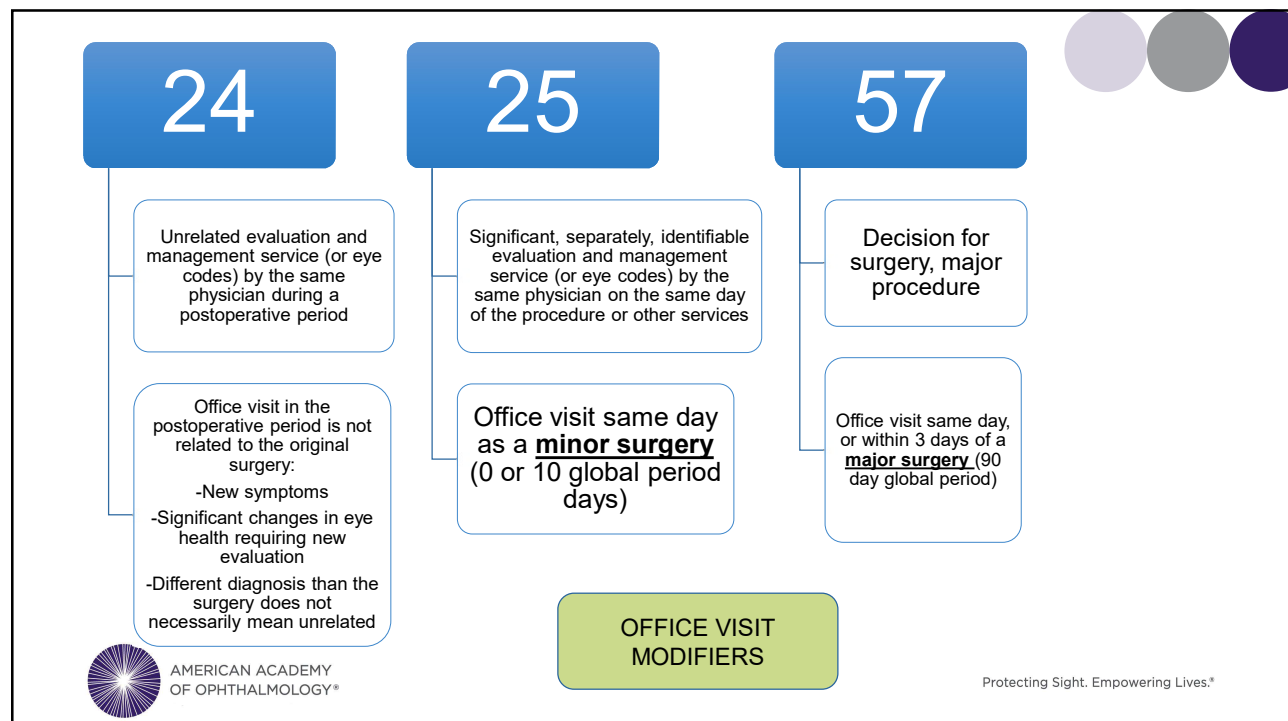


Modifiers

Office Visits & Surgeries



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Retina Laser Global Periods

CPT code	Description	Medicare global period	Same day exam modifier	Other payers may vary
67105	Laser to repair retinal detachment	10 days	-25	10 or 90-day global
67145	Prophylaxis laser for retinal tear, lattice degeneration	10 days	-25	10 or 90-day global
67210	Diode focal laser	90 days	-57	90-day global
67220	Destruction of localized lesion of choroid, photocoag	90 days	-57	90-day global
67228	Panretinal photocoagulation (PRP) laser	10 days	-25	10 or 90-day global



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58

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

PLANNED OR
UNPLANNED

RELATED

NEW POSTOP PERIOD

100% ALLOWABLE

78

Unplanned return to
operating room during the
post-op period

UNPLANNED

RELATED

NEW POSTOP PERIOD
DOES NOT BEGIN

70% ALLOWABLE

79

Unrelated procedure
during the post-op
period

PLANNED OR
UNPLANNED

UNRELATED

NEW POSTOP PERIOD

100% ALLOWABLE

**SURGERY
MODIFIERS**



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NCCI Edits

Quick Reference Guides



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NCCI Edits

NCCI edits:

- “0” indicator—mutually exclusive
- “1” indicator—can unbundle when appropriate


When is it appropriate to unbundle with modifier -59?

- Separate structure, opposite eye
- When the payer states in published policies



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Retina Testing Services	EO peripheral retinal disease 92201	EO posterior pole 92202	FA 92235	ICG 92240	FA/ICG 92242	FP 92250	Posterior Segment OCT 92134	Optic Nerve OCT 92133
NCCI 30.0 Effective 1/1/24								
EO peripheral retinal disease 92201		Mutually Exclusive	Billable same day	Billable same day	Billable same day	Mutually Exclusive	Billable same day	Billable same day
EO posterior pole 92202	Mutually Exclusive		Billable same day	Billable same day	Billable same day	Mutually Exclusive	Billable same day	Billable same day
FA 92235	Billable same day	Billable same day		Mutually Exclusive	Mutually Exclusive	Billable same day	Billable same day	Billable same day
ICG 92240	Billable same day	Billable same day	Mutually Exclusive		Mutually Exclusive	Bundled	Billable same day	Billable same day
FA/ICG 92242	Billable same day	Billable same day	Mutually Exclusive	Mutually Exclusive		Bundled	Billable same day	Billable same day
FP 92250	Mutually Exclusive	Mutually Exclusive	Billable same day	Bundled	Bundled		Bundled	Bundled
Posterior Segment OCT 92134	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day	Bundled		Mutually Exclusive
Optic Nerve OCT 92133	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day	Bundled	Mutually Exclusive	



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Retina Testing Services, CCI bundles,
January 1, 2024, Version 30.0

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2024 Retina Coding: Complete Reference Guide

Lens/Vitrectomy	67036-67043 Vitrectomy	66682 Suture lens	66825 Reposition of IOL	66850 Lensectomy, phaco	66852 Lensectomy, pars plana	66982 Cataract removal, complex	66984 Cataract removal	66985 Secondary implant	66986 Exchange of intraocular lens
NCCI 30.0 Effective 1/1/24									
67036-67043 Vitrectomy (VX codes and 67121 bundled)		Billable same day	Billable same day	Billable same day	Bundled	Billable same day	Billable same day	Billable same day	Billable same day
66682 Suture lens	Billable same day		Bundled	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day	Billable same day
66825 Reposition of IOL	Billable same day	Bundled		Bundled	Bundled	Bundled	Bundled	Bundled	Bundled
66850 Lensectomy, phaco	Billable same day	Billable same day	Bundled		Bundled	Bundled	Bundled	Bundled	Billable same day
66852 Lensectomy, pars plana	Bundled	Billable same day	Bundled	Bundled		Bundled	Bundled	Billable same day	Billable same day
66982 Cataract removal, complex	Billable same day	Billable same day	Bundled	Bundled	Bundled		Bundled	Bundled	Bundled
66984 Cataract removal	Billable same day	Billable same day	Bundled	Bundled	Bundled	Bundled		Bundled	Billable same day
66985 Secondary implant	Billable same day	Billable same day	Bundled	Bundled	Billable same day	Bundled	Bundled		Bundled
66986 Exchange of intraocular lens	Billable same day	Billable same day	Bundled	Billable same day	Billable same day	Bundled	Billable same day	Bundled	

Intravitreal Injection

Master the Basics



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Medication Coding: Back to Basics

When assigned, medications have a permanent HCPCS code used for coding

- J codes are common in ophthalmology

The HCPCS code descriptor:

- Description
- Dosage = 1 unit
- Route of administration, i.e., IV

Example:

- J0178 Injection, aflibercept, 1 mg



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Calculate Units: Lucentis

HCPCS Descriptor

- J2778 Injection, ranibizumab, 0.1 mg

Dose Injected

- 0.5 mg

Total Units to Bill

- 5 units



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What is my injection claim denied?

1 - Incorrect ICD-10 code link

2 - NDC reported incorrect format and box on claim

3 - Unit of measure missing

4 - Wrong HCPCS code (e.g., Avastin, NOC)

5 - Incorrect units

6 - Frequency (e.g., 28-day rule or FDA label)



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What is my injection claim denied?

7 – Measurable wastage not reported

- -JW modifier

8 – Modifier mishap

- Missing JZ or surgical modifier

9 – Lack of prior authorization

10 – Step therapy policy not followed

11 – Unique payer policy

12 – Patient eligibility



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19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB?									
Izervay (avacincaptad pegol) 2 mg/0.1 mL intravitreal injection										<input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										22. RESUBMISSION CODE									
A. H35.3113 B. C. D.										ORIGINAL REF. NO.									
E. F. G. H.										23. PRIOR AUTHORIZATION NUMBER									
I. J. K. L.																			
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-10 ICD-9 J. QUAL. K. PR																			
1 09.01.2022 09.01.2022 67028 RT A 1 NPI																			
2 N482829000201 ML0.1 09.01.2022 09.01.2022 J3490 JZ 1 NPI																			
3										NPI									
4										NPI									
5										NPI									
6										NPI									
25. FEDERAL TAX ID, NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.									
<input type="checkbox"/> <input type="checkbox"/>										<input type="checkbox"/> YES <input type="checkbox"/> NO									
27. ACCEPT ASSIGNMENT? (For prov. data, see back)										28. TOTAL CHARGE \$									
<input type="checkbox"/> YES <input type="checkbox"/> NO										29. AMOUNT PAID \$									
30.																			

N4 – qualifier,
NDC 5-4-2 format,
Unit of measure (UOM)



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Retina Practice Management & Coding

• Resources

- Documentation checklists
- JW/JZ fact sheet
- Table of common retina drugs
- And more!



American Academy of Ophthalmic Executives* Table of Common Retina Drugs

Published January 2015. Revised January 9, 2023.

Note: This table is subject to change. Visit aaio.org/retinapm for updates.

DESCRIPTION	UNITS	INDICATION(S)	HCPCS	JW/JZ MODIFIER
Avastin®	1 unit, office 5 units, facility (C9257)	Off-label use for ophthalmology.** Covered diagnosis codes per payer policy. Report medication name and dosage in item 19 of the CMS 1500 form.	J9035, J7999, or J1490, J1590	JZ†
Beovu®	6 units	Wet age-related macular degeneration Diabetic macular edema (DME) Note: FDA label frequency varies from other anti-VEGF injections	J0179	JZ
Byovis™ (Biosimilar)	5 units	Neovascular age-related macular degeneration, macular edema following RVO, myopic choroidal neovascularization	Q0324	JZ
Ceftazidime	1 unit, 500 mg	Endophthalmitis	J0713	JZ single-dose vial, 500 mg No modifier if multidose



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Questions?



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Academy Resources

aao.org/retinapm

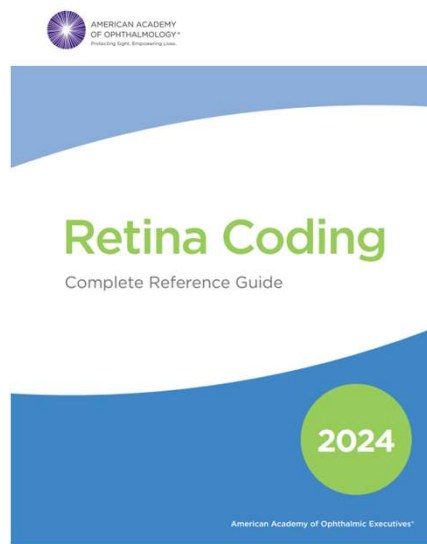
aao.org/audits

aao.org/coding

aao.org/em

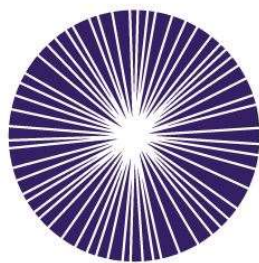
aao.org/lcds

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