Retina Coding Update

Presented by:
Joy Woodke, COE, OCS, OCSR

ASRS Business of Retina
Sunday, March 10, 2024

Speaker Financial Disclosure

• Joy Woodke, COE, OCS, OCSR
  o Academy Director of Coding and Reimbursement

• Speaker has no financial relationships to disclose.
• All relevant financial relationships have been mitigated.
Course Agenda

What's New for 2024?
• CPT and Category III codes

Evolving World of Retina Drugs

Audit Update

Code This OP Report
• 10 Steps for Surgical Coding

E/M MDM: Decipher the Definitions
• Retina case studies

CPT and Category III Codes

CPT Codes Implemented January 1 each year
Category III Codes Assigned July 1 and January 1
For a link to NCCI edits, visit aao.org/coding-topics
after January 1, 2024
Deletion: Suprachoroidal Injection (0465T)

Category III Codes

0465T Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)

(To report intravitreal injection/implantation, see 67025, 67027, 67028)

►(0465T has been deleted)▶
►(For suprachoroidal injection of a pharmacologic agent, use 67516)▶

New CPT: Suprachoroidal Injection (67516)

Surgery/Eye and Ocular Adnexa/Ocular Adnexa/Orbit/Other Procedures

67516 Suprachoroidal space injection of pharmacologic agent (separate procedure)

►(Report medication separately)▶

67550 Orbital implant (implant outside muscle cone); insertion
67560 removal or revision

(For ocular implant (implant inside muscle cone), see 65093-65105, 65130-65175)
(For treatment of fractures of malar area, orbit, see 21355 et seq)

Valuation: 1.53 work RVUs, non-fac $117.22, fac $93.98
New: Subretinal Drug Delivery Injection (0810T)

Category III Codes

- 0810T Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies
  ▶ (Report medication separately)
  ▶ (Do not report 0810T in conjunction with 67036, 67039, 67040, 67041, 67042, 67043)

New HCPCS Code: G2211

- E/M office visit add-on code
- Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)
HCPCS Code: G2211 Billing and Payment

- CMS has so far produced insufficient billing/coding guidance in the rollout of G2211
  - CMS has confirmed do not report G2211 when modifier –25 is appended to an E/M
  - Do not report with Eye visit codes

- Fact Sheet: Coding for G2211 – Visit Complexity Add on Code

<table>
<thead>
<tr>
<th>G2211 RVUs</th>
<th>2024 CF</th>
<th>G2211 Allowable Payment</th>
<th>Patient Copay (20% of Allowable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.49</td>
<td>$32.74</td>
<td>$16.04</td>
<td>$3.21</td>
</tr>
</tbody>
</table>

2024 ICD-10-CM

- Effective October 1, 2023 housekeeping changes
- Expanded codes that represent social determinants of health
  - Z62.23 Child in custody of non-parental relative
- H36.8- nonproliferative and proliferative sickle-cell retinopathy
- H50.6- Muscle entrapment
- G43.E- Chronic migraine with aura, intractable w/ w/out status migrainosus
- H57.8A- Foreign body sensation eye (ocular)
Evolving World of Retina Drugs

• Medicare required July 1, 2023

• Syfovre, permanent HCPCS code J2781 effective 10/1/23
• Izervay, FDA approved, office - report with NOC code, facility C9162, 20 units
• EyeNet Savvy Coder, Nov 2023

• Office - report with NOC code until permanent code assigned
• Facility – C9161, 8 units effective 1/1/24

Download the current resources:
Table of Common Retina Drugs, Fact Sheets, Checklists
• Bookmark: aao.org/retinapm
New FDA-Approved Drugs and CPT codes

<table>
<thead>
<tr>
<th>Drug</th>
<th>HCPCS</th>
<th>NDC 5-4-2 Format</th>
<th>CPT code</th>
<th>Indication(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neovascular age-related macular degeneration, diabetic macular edema, diabetic retinopathy</td>
<td>67028</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 mg/0.07 mL Eylea HD ( aflibercept)</td>
<td>C9161-JZ (facility), 8 units eff 1/1/24 J3490 or J3590-JZ, 1 unit</td>
<td>61755-0050-01, 61755-0050-51(sample)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geographic atrophy (GA) secondary to age-related macular degeneration</td>
<td>67028</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 mg/0.1 mL Izervay (avacincaptad pegol)</td>
<td>C9162-JZ (facility), 20 units eff 1/1/24 J3490 or J3590-JZ, 1 unit</td>
<td>82829-0002-01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geographic atrophy (GA) secondary to age-related macular degeneration</td>
<td>67028</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 mg/0.1 mL SYFOVRE (pegcetacoplan)</td>
<td>J2781, 15 units eff 10/1/23 C9151 deleted 10/1/23</td>
<td>73606-0020-01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geographic atrophy (GA) secondary to age-related macular degeneration</td>
<td>67028</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.9 mL (40 mg/mL) Suprachoroidal use</td>
<td>J3299, 4 units J3299-JW, 32 units</td>
<td>71565-0040-01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macular edema associated with uveitis</td>
<td>Eff 1/1/24 67516</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.0465T deleted 12/31/23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suprachoroidal use</td>
<td>71565-0040-01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macular edema associated with uveitis</td>
<td>Eff 1/1/24 67516</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure note should include dose and wastage: 4 mg/0.1 mL was injected, and 32 mg/0.8 mL was wasted from the single-dose vial labeled as 0.9 mL (40 mg/mL) of medication from one tray included in the Xipere cartridge.</td>
<td>73606-0020-01</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Visit aao.org/retinapm for updates.

New Drug Treatment Checklist

- Review FDA label for indications and frequency
- Identify any published payer policies
- Report with NOC HCPCS code, (J3490 or J3590) until assigned a permanent code
- Include on CMS-1500:
  - Item 19: medication name, dosage in mg/mL
  - Item 24a: NDC in 5-4-2 format and unit of measurement (UOM) (e.g. ML0.05)
- Monitor remittance advices for appropriate payment

Appendix - Practice Perfect: How to Add a New Retina Drug to Your Practice
New Drug Considerations

Payer challenges
• Unique policies and/or PA, step policies
• Delayed implementation of permanent HCPCS codes

NOC HCPCS codes
• Clean claims, ready to appeal

New indications
• GA diagnosis, Eylea HD does not include ME following RVO or ROP

Variance to "28-day rule"
• Eylea HD initial every 28 days +/- 7 days
• Syfovre every 25-60 days
• Izervay every 28 days +/- 7 days

Academy / ASRS
• On our radar:
  • Noridian Eylea TPE audits
  • Blue Cross step therapy policy effective 10/1/23
  • BCBS NC, GA step therapy
  • Aetna limiting covered diagnosis codes for OCT due to misinterpreting LCA
  • UHC reimbursement issues: GA, dual coverage
    ▪ Check your contracts!
Hot Topic: JW and JZ Modifiers

Mostly impacts retina practices!

Avoid audits: Modifier JZ required July 1, 2023

JW Modifier

Effective January 1, 2017

Single-dose containers

Report on all claims that bill for unused and discarded drugs

Documentation must include amount of drug injected and wasted

Units reported must match chart note
JZ Modifier

Required July 1, 2023

Single-dose vials, containers and packages

Report when no discarded amount of drug or when less than 1 unit

Pop Quiz #1

• Do not report JW or JZ modifier for:
  A. Multi-dose vials or containers
  B. Sample drugs
  C. Specialty pharmacy drugs
  D. All of the above
### JW Modifier

**Incorrect**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3396</td>
<td>JW</td>
<td>$150</td>
</tr>
</tbody>
</table>

*No charge second line*

**Correct**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3396</td>
<td>JW</td>
<td>$130</td>
</tr>
</tbody>
</table>

*Total units billed one line*

### JZ Modifier

**Incorrect**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0178</td>
<td>JZ</td>
<td>$2</td>
</tr>
</tbody>
</table>

*Billed on two lines*

**Correct**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0178</td>
<td>JZ</td>
<td>$2</td>
</tr>
</tbody>
</table>

*Billed on one line with modifier JZ, 2 units*
JW or JZ?

Table of Common Retina Drugs

- JW and JZ Fact Sheet
- aao.org/retinapm

Audit Update
Audit Realities

Yes, we failed

How?

What can we expect?
  • Increased scrutiny

What should we do now?

Pop Quiz #2

- Which of the following statements are not included in Palmetto A53387 for Eylea:

  A. It is not reasonable and necessary to injection more than one anti-VEGF in the same eye, same session.

  B. If different medications are injected, the rationale must be documented, and RT/LT appended to the HCPCS code

  C. Treatment for macular edema sooner than 28 days will not be covered

  D. Alternating drugs every 2 weeks will be covered.
Audit Lessons to Learn

- Physician not aware of failure, until recoupments from MAC
- Auditor finding coding mistakes
- Documentation deficiencies limiting appeal options
- Trusting EHR systems
- Signature requirements
- When did the policy change?

Intravitreal Injection Documentation

Medical necessity
- Treatment plan, why the specific medication was chosen, changed or continued
- Video: How to Document Why a Specific Drug is Chosen*
- Diagnosis per FDA label and/or payer policy
- Physician order

Procedure note
- Diagnosis
- Site of injection, route of administration, eye(s)
- Dosage in mg and mL, document wastage

Inventory log
- Medication used linked to patient, date of encounter
- Available in the event of an audit

10 Steps for Retinal Surgery Coding

10 Steps to Surgical Coding

1. Read the full CPT code descriptor
2. Verify PA was obtained if required
3. Meet payer documentation guidelines
4. Identify global period
5. Check national correct coding initiative (NCCI) edits
6. Consider site of service differential
7. List CPT codes by RVU, from highest to lowest
8. Append modifiers
9. Link the appropriate ICD-10 code(s)
10. Submit and review remittance advice
Case Study #1

Pre-Operative Diagnosis:
- Macular hole, right eye

*Procedures on the right eye:
- PPV
- Macular hole repair
- Internal limiting membrane peel
- Endolaser
- C3F8
*Always review the detailed description of the surgical procedure in the operative report*

Case #1 Op Report Description

DESCRIPTION OF PROCEDURE: After informed consent was signed and placed on the chart, the patient was brought back to the operating room and placed on the operating room table. Cardiopulmonary monitoring equipment was placed to the patient per Anesthesia. Please see Anesthesia notes for further details. After the operative eye was prepped and draped in the usual sterile fashion, the operating microscope was brought into position. A lid speculum was placed to the eye. Peribulbar block of lidocaine and Marcaine was given. Infusion cannula was placed and verified to be in an appropriate position before being turned on. Two further trocar/cannula assemblies were placed superonasally and superotemporally. A core vitrectomy was undertaken at this time followed by peripheral vitrectomy. ICG was used to stain the ILM and the ILM was peeled. Air-fluid exchange was undertaken followed by prophylactic laser. C3F8 16% gas was placed. Cannulas were removed and pressure was held to the globe. There was no evidence of any leaks. Subconjunctival injection of antibiotic and dexamethasone were placed. One drop of Neo-Poly-Dex and atropine were placed to the eye.

Description of Procedure: Courtesy of Austin Retina
Step #1 Read the Full CPT Descriptor

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>67036</td>
<td>Vitrectomy, mechanical, pars plana approach</td>
</tr>
<tr>
<td>67039</td>
<td>Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation</td>
</tr>
<tr>
<td>67040</td>
<td>Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation</td>
</tr>
<tr>
<td>67041</td>
<td>Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)</td>
</tr>
<tr>
<td>67042</td>
<td>Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)</td>
</tr>
<tr>
<td>67043</td>
<td>Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation</td>
</tr>
</tbody>
</table>

Step #1 Read the Full CPT Descriptor

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>67020</td>
<td>Injection, anterior chamber of eye (separate procedure); air or liquid</td>
</tr>
<tr>
<td>68200</td>
<td>Subconjunctival injection</td>
</tr>
</tbody>
</table>
Case #1: Poll the Audience

Which vitrectomy CPT code(s) describe* the procedures?

A. 67036
B. 67039 and 67042
C. 67040 and 67041
D. 67039 and 67041
E. 67043

*not necessarily the final codes to bill
Step #1 Read the Full CPT Descriptor

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>67036</td>
<td>Vitrectomy, mechanical, pars plana approach</td>
</tr>
<tr>
<td>67039</td>
<td>Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation</td>
</tr>
<tr>
<td>67040</td>
<td>Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation</td>
</tr>
<tr>
<td>67041</td>
<td>Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)</td>
</tr>
<tr>
<td>67042</td>
<td>Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)</td>
</tr>
<tr>
<td>67043</td>
<td>Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation</td>
</tr>
</tbody>
</table>

Steps #2, #3, and #4

**Step #2**
- Verify Prior Authorization was obtained if required
  - Who is the payer?
  - Obtain PA for all possible codes?

**Step #3**
- Meet payer documentation guidelines

**Step #4 – Identify global**
- Modifier. . .
Steps #5, #6, and #7

Step #5
- Order CPT codes highest to lowest, per RVU

Step #6
- Consider site of service differential
- N/A – RVU Facility only

Step #7
- Check national correct coding initiative (NCCI) edits
- 67042 is bundled with 67039
- Bill 67042 (higher RVU)
Steps #8, #9, and #10

Step #8
- Append Modifiers
- Anatomical modifier

Step #9
- Link appropriate ICD-10 code(s)

Step #10
- Submit and review remittance advice

Confirm Payment is appropriate for 67042

CPT code | Description
--- | ---
67036 | Vitrectomy, mechanical, pars plana approach
67039 | Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040 | Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041 | Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g., macular pucker)
67042 | Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g., for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil)
67043 | Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g., choroidal neovascularization), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil) and laser photocoagulation
E/M: Decipher the Definitions
Retina Case Studies

E/M #1

- A new patient comprehensive exam is performed with a decision to perform laser to repair retinal tear (CPT code 67145), right eye. PVD, left eye.

- Code this office visit:
  A. E/M level 2, 99202
  B. E/M level 3, 99203
  C. E/M level 4, 99204
  D. Eye visit, comprehensive, 92004
Decipher the Definitions

Decision regarding elective major surgery

- E/M definition - major vs minor surgery (not based on global period)
- Without identified patient or procedure risk factors

Pitfalls to avoid:

- “We always use Eye visit codes”

E/M #2

- Determine the level of complexity for an assessed problem; exudative age-related macular degeneration with active CNV and subretinal hemorrhage:

A. Low – 1 stable chronic illness
B. Moderate – 1 or more chronic illnesses with exacerbation, progression
C. Moderate – 1 acute illness with systemic symptoms
D. High – 1 or more chronic illnesses with severe exacerbation, progression
Decipher the Definitions

1 or more chronic illnesses with exacerbation, progression

- Severe – high
- AMA: Significant risk of morbidity and may require hospital level of care

Pitfalls to avoid:

- Although the problem is "severe", must meet the E/M definition
- Not considering risk in final determination

E/M #3

- Determine the level of complexity in the data category when sending a letter to the referring physician, ordering and reviewing an OCT, FA and B-scan.

A. Minimal or none
B. Limited – 2 review/order tests
C. Moderate – 3 review/order tests
D. High – 3 review/order tests, discussion of management with external provider
Decipher the Definitions

**Category 1: Tests, documents, or independent historian**

- **Does not include tests that are separately billable**
- **Does include** - External tests (eg, lab, CT scan, MRI)

**Category 3: Discussion of management**

- **Letter to referring physician does not count**
- **Two-way discussion for patient management**

**Pitfalls to avoid:**

- Not documenting eligible MDM data components

---

E/M #4

- Determine the level of complexity for a new **problem**; acute posterior vitreous detachment:

  A. **Low** – 1 acute, uncomplicated illness
  
  B. **Low** – 1 acute, uncomplicated illness, requiring hospital inpatient or observation level of care
  
  C. **Moderate** – 1 undiagnosed new problem with uncertain prognosis
  
  D. **Moderate** – 1 acute illness with systemic symptoms
Decipher the Definitions

1 acute uncomplicated illness (low) vs:
• Undiagnosed new problem with uncertain prognosis (moderate) is defined as a problem in the differential diagnosis that represents a condition likely with high risk of morbidity without treatment

Pitfalls to avoid:
• New problems are not all uncertain prognosis
• Even if PVD chronic and stable, low
• Systemic symptoms are not fever, fatigue from a minor illness
• Consider risk, meet or exceed 2/3
• Not considering an Eye visit code

E/M #5

• The chart documentation states the patient checked in at 9:05 am and checked out at 10:02 am. The physician had previously ordered OCT/FA/FP, exam of the fellow eye and scheduled injection.

• How would you code this case?
A. 99215, 40 minutes total time
B. 99215 + 99417, 40 minutes + prolonged services
C. Retina visits are always an E/M level 4
D. Additional documentation required to code
Decipher the Definitions

Total physician time on the date of the encounter

- Includes – face-to-face encounter and non-face-to-activities; reviewing chart notes, ordering lab coordinating care, documenting in EHR
- Does not include - wait time, technician work-up, performing diagnostic tests, non-medical discussions with patient

Pitfalls to avoid:

- Missing documentation of physician activities on the date of encounter
- Prolonged services should only billed with level 5 with additional 15-minute intervals
- "Our physician spends more time with patients"
- Excessive high levels linked to specific diagnosis codes may prompt payer scrutiny

<table>
<thead>
<tr>
<th>CPT 2024</th>
<th>Meet or exceed</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>15</td>
</tr>
<tr>
<td>99203</td>
<td>30</td>
</tr>
<tr>
<td>99204</td>
<td>45</td>
</tr>
<tr>
<td>99205</td>
<td>60</td>
</tr>
<tr>
<td>99212</td>
<td>10</td>
</tr>
<tr>
<td>99213</td>
<td>20</td>
</tr>
<tr>
<td>99214</td>
<td>30</td>
</tr>
<tr>
<td>99215</td>
<td>40</td>
</tr>
</tbody>
</table>

E/M #6

- An established patient with a worsening chronic retinal detachment and surgery is discussed, patient consents and to be scheduled, next available.

- Determine the level of E/M:
  A. 99212, E/M level 2
  B. 99213, E/M level 3
  C. 99214, E/M level 4
  D. 99215, E/M level 5
Decipher the Definitions

1 chronic illness with progression

- For 1 chronic illness that pose a threat to body function, requires:
  - Requiring treatment in the near term (eg 24 hrs.) or the patient will go blind or have significant visual loss

Decision for elective major surgery

- High risk would be emergency major surgery

Pitfalls to avoid:

- "An office visit to schedule RD surgery is always a level 5"
- Consider problem definition
- Urgent vs emergent

Questions?
Academy Resources

aaao.org/retinapm
aaao.org/audits
aaao.org/coding
aaao.org/em
aaao.org/lcds
aaao.org/consulting

© 2024 American Academy of Ophthalmology