



Retinal Coding Essentials

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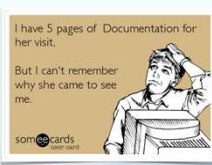
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Outline

Retinal Coding Essentials

- Coding Goals
- Modifiers
- Exam
- Surgical
- -25
- Diagnostics
- Eye vs E/M

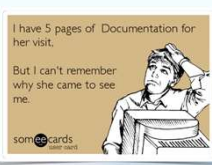


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Coding Goals

- Convert the physical work the physician has done into codes reflecting the services provided
- Avoid - Undercoding for services actually provided
- Avoid - Inaccurate Coding
- Getting paid for the work you've done - no more, no less

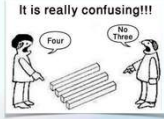


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Coding Modifiers


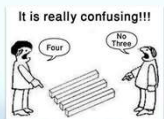
- Why do we need them?
- When appropriate allow for modification of reimbursement
- Types:
 - Level 1 - AMA (ie -25)
 - Level 2 - CMS (ie -TC)



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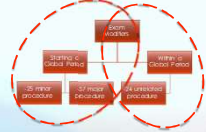
Coding Modifiers

- Common Level 1 Clinic Modifiers
 - -24 (Exam)
 - -25 (Exam)
 - -57 (Exam)
 - -58 (Procedure)
 - -78 (Procedure)
 - -79 (Procedure)



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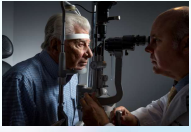
Coding Modifiers



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Coding Modifiers


- Starting a Global Period (Exam on same day or day before procedure)
- -25 for minor procedure (injections, laser/cryo for RD/tear)
- -57 for major procedure (OR surgery, focal laser, pneumatic retinopexy)



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Coding Modifiers

- Within a Global Period (Exam during a global period)
- -24 exam for unrelated procedure during global
- Examples:
 - PDR treated OD with PRP. Pt has new floaters OS and found to have PVD
 - Slip PPV for RRD OD, develops floaters OS which on exam shows retinal tear



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Coding Modifiers



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Coding Modifiers

- **Related Procedure Modifiers**
- -58 **Planned/Staged** or Related Procedure During the Postoperative Period
- Lesser to Greater
- Pre-planned or staged
- Treatment post diagnostic procedure
- -78 **Unplanned** return to the OR/procedure for a Related Procedure during Postoperative Period



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Coding Modifiers

- -79 Return to the OR/Procedure for an **Unrelated** Procedure during Postoperative Period





- S/p PPV for RRD OD, develops floaters OS which on exam shows retinal tear

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Coding Modifiers


- S/p PPV for RRD OD, develops floaters OS which on exam shows retinal tear
- -24 Modifier for the exam
- -79 Modifier for the procedure



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Modifier Codes

- 25 Significant, Separate Identifiable Evaluation and Management Service by same physician on the same day of the procedure/service
- Applies to minor procedures same day as exam
- Minor Procedure defined - procedures with 0-10 day global



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Modifier Codes

- How frequently can you use?
- No perfect answer - as these are frequent targets of audits
- The key is documentation to delineate the reason for the exam as separate and identifiable from the procedure.

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Modifier Codes

- Case 1
- Pt with h/o AMD returns for injection in the right eye and assessment of new floaters in the left eye
- 25 modifier applies
- Link injection to wet AMD, and -25 modifier to the exam should be linked to the diagnosis for PVD

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Modifier Codes

- Case 2
- Pt with h/o AMD s/p injection 1 week ago OD, now with blurry VA OS. Exam finds Wet AMD OS and is treated
- -25 modifier applies
- Link injection to wet AMD OS, and -25 modifier for the same diagnosis

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Modifier Codes

- Case 3
- 32 yo Pt c/o curtain in their vision. Diagnosed with RD and treated with laser
- Would use -25 modifier because it is a minor procedure


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Diagnostics

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Diagnostics

- Common Imaging Types:
- OCT/OCTA (92133/4/7)
- Fundus Photos (92250)
- FA (92235)
- ICG (92240)
- FA/ICG (92242)
- B-scan (76512)



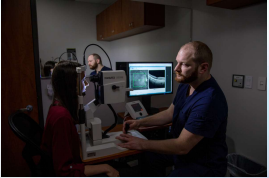
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OCT/OCTA


- 92137 (OCTAwRetina OCT)
- Newly introduced 1/1/2025
- 92134 (Retinal)
- Reduced Reimbursement 1/1/2025
- 92133 (Optic Nerve)
- Mutually exclusive - if multiple are done ONLY bill one



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Fundus Photography

- 92250
- Bilateral code
- Includes Autofluorescence photos



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IVFA


- 92235 or 92242 (if done with ICG)
- Unilateral or bilateral



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ICG

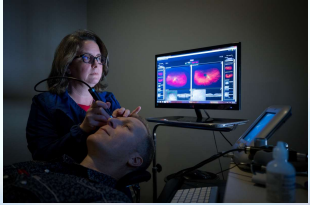
- 92240 or 92242 (if done with FA)
- Unilateral or bilateral



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B-scan

- 76512
- UNILATERAL



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Imaging/Injections

- Current CCI Edits for Imaging:
- 92134/7 OCT and 92250 Photos are mutually exclusive
- 92240 ICG and 92250 Photos are mutually exclusive
- 92242 ICG/FA is mutually exclusive with 92235, 92240 & 92250 but NOT 92134
- 92235 FA and 92250 Photos are NOT mutually exclusive

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What to Do?

- If 92137 OCTA and 92134 OCT Retina, bill 92137
- If 92250 Photos and 92134 OCT, bill most relevant to diagnosis
- If 92235 FA with everything, co-list 92250 Photos
- If 92240 ICG with everything (except IVFA), co-list 92134 OCT
- If 92242 ICG/FA with everything, co-list 92134 OCT

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What Would You Do?

- 52 yo F suspected to have wAMD vs CSR and undergoes OCT, Fundus Photos, IVFA, and ICG - how would you code imaging
- ICG/IVFA 92242
- Mutually exclusive with 92235 (IVFA), 92240 (ICG) & 92250 (Fundus)
- But can bill 92134 (OCT)
- **Correct: 92242 and 92134**
- **Incorrect: 92242, 92250, 92134**

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Exams - Eye vs E/M


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Coding Clinical Exams

Elements of Medical Decision Making (MDM)

Based on meeting 2 of 3 requirements:

1. The number and complexity of problems.
2. The amount and/or complexity of the external data review
3. The risks of complications / morbidity of the patient's condition



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E/M Coding


Elements of Medical Decision Making (MDM)

E/M CPT Code: New PT / Old PT	Problem/Diagnoses	Number / Risk of Complications from additional testing or treatment	Amount and/or Complexity of Data Reviewed & Analyzed (History & Intervention)
99202/99212 (SA-2)(1)(low)	• 1 self limited or minor problem	• Minimal	• Minimal or None
99203/99213 (low)	• 2 minor problems or • 1 stable, chronic illness or • 1 acute, uncomplicated illness/injury	• Low Risk	Meet at least 1 category Criteria 2. Any combination of 2 from the following: <ul style="list-style-type: none"> • review of prior external testing • review of the result(s) of each test • ordering of each outside test Criteria 2 - Assessment requiring an independent history

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E/M vs Eye

E/M Coding



- 99203/99213
No Treatment
- 99204/99214
RX, Procedure
- 99205/99215
ER, Emergency


Eye Coding



- 92002/92012
Undilated Exam
- 92004/92014
Dilated Exam

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Short Cuts



- PVD, Dry AMD, other no treatment – Level
- Wet AMD, RVO, DM with prescription drug need for surgery – L
- Some Oncology, and Endophthalmitis, Mac with referral to ER – L

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New Situations

For prescriptions drug management and changes. (ie K abrasion -- and start erythromycin ointment = level 4 E/M flu)

Uveitis with intensive medication management (labs to follow immunosuppressive meds)

If you pick up the phone and speak with a physician document it

If you have a patient with dementia, language barrier, etc and you speak with the daughter for history, document independent historian

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Questions?

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