



Retinal Coding Essentials

Ankoor R. Shah, MD, FASRS
Retina Consultants of Texas
3/29/2025

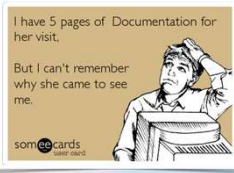
Retina Consultants of Texas

1

Outline

Retinal Coding Essentials

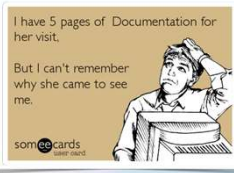
- Coding Goals
- Modifiers
 - Exam
 - Surgical
 - -25
- Diagnostics
- Eye vs E/M



2

Coding Goals

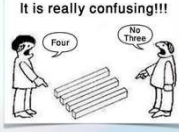
- Convert the physical work the physician has done into codes reflecting the services provided
- Avoid - Undercoding for services actually provided
- Avoid - Inaccurate Coding
- Getting paid for the work you've done - no more, no less



3

Coding Modifiers

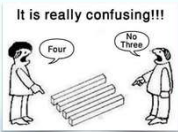

- Why do we need them?
- When appropriate allow for modification of reimbursement
- Types:
 - Level 1-AMA (ie -25)
 - Level 2-CMS (ie -TC)



4



Coding Modifiers

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

5

Coding Modifiers

6

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)



7

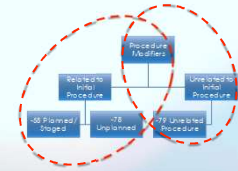
Coding Modifiers

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



8


Coding Modifiers



9

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



10

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

11

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



12

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



13

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.

14

Modifier Codes

- Case 1
- Pt with Iy/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

15

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

16

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


17

Diagnostics

18

Diagnostics

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



19

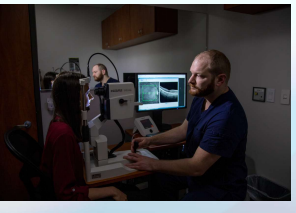


20

OCT/OCTA

- 92137 (OCTA w/Retina OCT)
- Newly introduced 1/1/2025
- 92134 (Retinal)
- Reduced Reimbursement 1/1/2025
- 92133 (Optic Nerve)

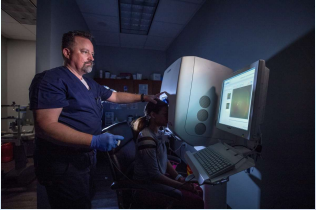
• Mutually exclusive - if multiple are done ONLY bill one



21

Fundus Photography

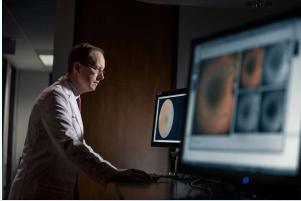
- 92250
- Bilateral code
- Includes Autofluorescence photos



22

IVFA


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



23

ICG

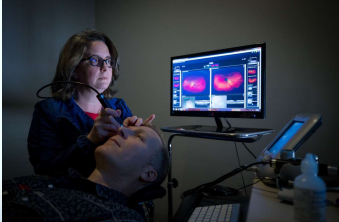
- 92240 or 92242 (if done with FA)
- Unilateral or bilateral



24

B-scan

- 76512
- UNILATERAL



25

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

26

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

27

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

28

Exams - Eye vs E/M


29

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



30

E/M Coding


Elements of Medical Decision Making (MDM)

E/M CPT Code	Problem/Diagnoses	History / Risk or Complications from additional testing or treatment	Amount and/or Complexity of Data Reviewed & Analyzed (Testing & Interpretation)
New PT / Est PT 99202/99212 (Mid-Advanced)	• 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 Category 1: Any combination of 2 from the following: • Review of prior external note(s) • Review of the result(s) of each test • Ordering of each unique test Category 2: Assessment requiring an independent history

31

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

32

Short Cuts

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



33

New Situations

For prescriptions drug management and changes. (e Kabrasion - and start erythromycin ointment =level 4 E/M f/u)

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

34

Questions?

35
