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Retina Coding Update

Presented by:
Joy Woodke, COE, OCS, OCSR

ASRS Business of Retina
Sunday, March 30, 2025

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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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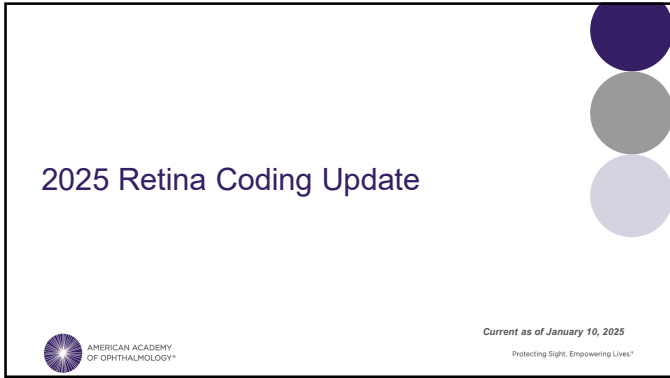
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Course Agenda

- What's New for 2025?**
 - CPT and Category III codes
 - E/M vs Eye comparison
 - Transfer of care modifier policy updates
- Audit Excellence**
 - Elevate your documentation
- Master Retina Injections**
- Retina Coding Competency Challenge**

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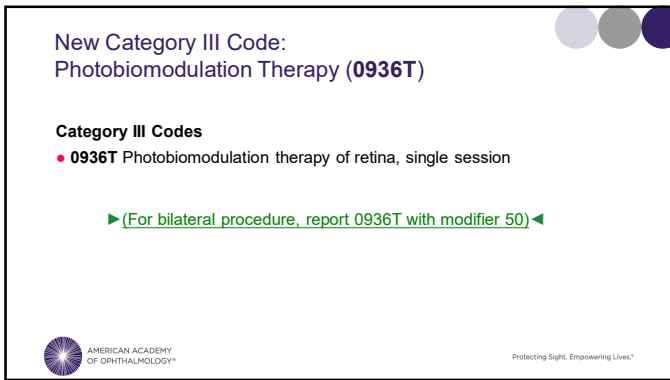


2025 Retina Coding Update

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Current as of January 10, 2025

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New Category III Code:
Photobiomodulation Therapy (0936T)

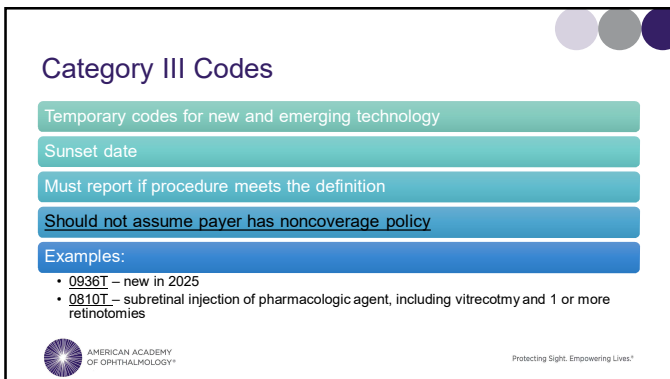
Category III Codes

- 0936T Photobiomodulation therapy of retina, single session

► (For bilateral procedure, report 0936T with modifier 50) ◀

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Category III Codes

- Temporary codes for new and emerging technology
- Sunset date
- Must report if procedure meets the definition
- Should not assume payer has noncoverage policy

Examples:

- 0936T – new in 2025
- 0810T – subretinal injection of pharmacologic agent, including vitrectomy and 1 or more retinotomies

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Avoid ADRs: Category III Codes Claim Submission

- Reminder:
- First Coast and Novitas Introduce New Requirements
 - Must submit supporting documentation (eg, OP Report)
 - Submit electronic claim with corresponding item 19 PWK (paperwork) indicator and reference attachment control number (ACN)
 - After claim is accepted with 7-10 days business days:
 - Fax with coversheet, reference ACN

For more information, access Ask the Coding Experts at <https://www.aaopt.org/practice-management/news-detail/first-coast-novitas-introduce-new-category-code>

- Other MACs and payers may have unique processes to submit



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Revised: OCT (92132, 92133, 92134)

Medicine/Ophthalmology/Special Ophthalmological Services

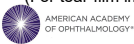
▲ **92132** Scanning-eComputerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral

(Do not report 92132 in conjunction with 0730T)

▶ (For computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134, 92137) ◀

(For specular microscopy and endothelial cell analysis, use 92286)

(For tear film imaging, use 0330T)



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Revised: OCT (92132, 92133, 92134)


Medicine/Ophthalmology/Special Ophthalmological Services

▲ **92133** Scanning-eComputerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

▲ **92134** retina

(Do not report 92133 and 92134 at the same patient encounter)

(For scanning computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134)



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New: OCT with OCT angiography (92137)

Category I Codes

#• **92137** retina, including OCT angiography

▶ (Do not report 92133, 92134, 92137 at the same patient encounter) ◀

▶ (Report 92137 separately when performed at same encounter as 92235, 92240, 92242) ◀



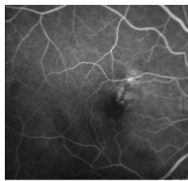
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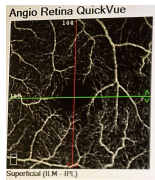
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Retinal Angiography

- Fluorescein dye – 92235
- Indocyanine green dye – 92240
- Fluorescein + ICG = 92242
- Now OCT with no infusion, just technology analysis – infusion free angiography = 92137



IV fluorescein dye



OCT angiography – no dye

Courtesy of Michael Repka, MD



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CPT 92137: FAQs

What are the frequency limitations?

Is fundus photography (CPT code 92250) bundled?

What are the covered ICD-10 codes?

• MACs starting to publish LCAs

Some payers are denying as experimental. Medicare is sending ADRs.

• Other denials: item 17

If OCT is performed on one eye and OCT-A on the fellow eye, is it appropriate to bill 92137?

What are the requirements for the test interpretation?



92137 added to 2025 CMS DHS list – what does that mean?

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2025 MPFS: Atlanta, GA As of February 20, 2025

New Patient			Established		
E/M	Office	RVU	E/M	Office	RVU
99202	\$ 70.05	2.16	99212	\$ 55.10	1.70
99203	\$ 109.51	3.37	99213	\$ 89.24	2.75
99204	\$ 164.13	5.05	99214	\$ 125.63	3.87
99205	\$ 216.88	6.67	99215	\$ 176.28	5.43
Eye	Office	RVU	Eye	Office	RVU
92002	\$ 81.12	2.51	92012	\$ 85.35	2.64
92004	\$ 142.89	4.42	92014	\$ 120.92	3.74

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E/M vs Eye Visit Codes – how to choose?



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

E/M	Office
99203	\$ 109.51
Eye	
92004	\$ 142.85 <input checked="" type="checkbox"/>
- New patient: medically relevant history, **comprehensive exam, moderate MDM**

E/M	Office
99204	\$ 164.13 <input checked="" type="checkbox"/>
Eye	
92004	\$ 142.89

For all payers, over \$20 difference
- Est patient: medically relevant history, **comprehensive exam, low MDM**

E/M	Office
99213	\$ 89.24
Eye	
92014	\$ 120.92 <input checked="" type="checkbox"/>
- Est patient: medically relevant history, **problem-focused exam, moderate MDM**

E/M	Office
99214	\$ 125.63 <input checked="" type="checkbox"/>
Eye	
92012	\$ 85.35

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Transfer of Care Modifiers

CMS Policy Changes
New G-Code

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Existing Transfer of Care (ToC) Modifier Policy

- Modifier -54
• Surgical Care Only
- Modifier -55
• Postoperative Management Only
- Modifier -56
• Pre-operative Management Only

Medicare always required the ToC modifiers to be appended in cases where there is a **formal documented transfer of care agreement**, that is, "in the form of a letter or an annotation in the discharge summary, hospital record, or Ambulatory Surgical Center (ASC) record".

Not new to ophthalmology! Not just for cataracts!

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Transfer of Care Modifier Expansion

CMS now requires the use of ToC modifiers for **all 90-day global surgical codes** when a practitioner plans to furnish only the surgical procedure portion of the global package (modifier 54).

Including, but not limited to, when there is a formal, documented transfer of care as under current policy, or an informal, undocumented, but expected, transfer of care.

- No change to the use of modifier -24, unrelated visit during the global period

Modifiers -55 and -56 will continue to be used when there is a documented formal transfer of care.

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G0559 Add-on Code

- G0559, *Post-operative follow-up visit complexity inherent to **evaluation and management** services addressing surgical procedure(s), provided by a physician or qualified health care professional who is **not the practitioner who performed the procedure (or in the same group practice)**, and is of the same or of a different specialty than the practitioner who performed the procedure, within the 090-day global period of the procedure(s), once per 090-day global period, **when there has not been a formal transfer of care.***

Captures additional time and resources providing postop care when the physician did not perform the surgery or involved in a formal transfer of care agreement

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G0559 E/M Add-on Code Criteria

Documentation requires the following elements, when possible and applicable:

- Reading available surgical note to understand the relative success of the procedure, the anatomy that was affected, and potential complications that could have arisen due to the unique circumstances of the patient's operation.
- Research the procedure to determine expected post-operative course and potential complications (in the case of doing a post-op for a procedure outside the specialty).
- Evaluate and physically examine the patient to determine whether the post-operative course is progressing appropriately.
- Communicate with the practitioner who performed the procedure if any questions or concerns arise.

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G0559 Add-on Limitations

- E/M office add-on - Not billable with Eye visit codes
- Cannot be used by the practitioner who performed the procedure
- Cannot be in the same group practice as the surgeon
- Billable only once during the 90-day global period
- Medicare Part B assigned code. Most likely not recognized/covered by other payers.
- Not billable by the surgeon or co-manager when a formal agreement is executed

Work RVU of 0.16, time 5.5 min, PE RVU of 0.08, total RVU 0.27, \$8.73 national average
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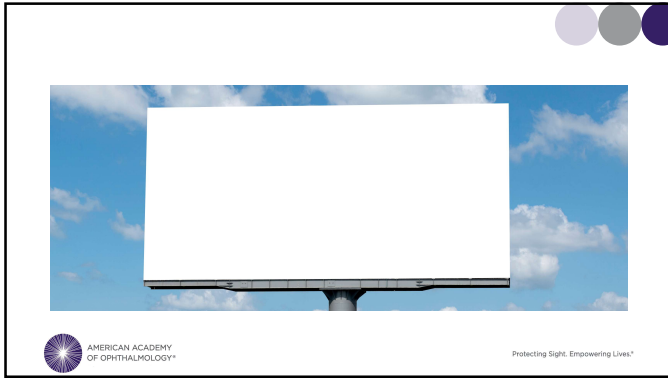
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Audit Excellence

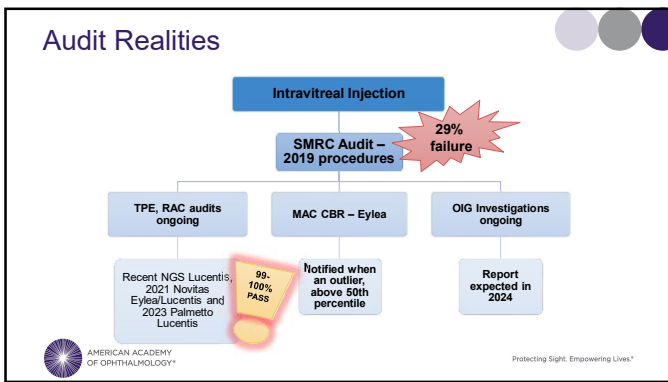
Elevate your documentation

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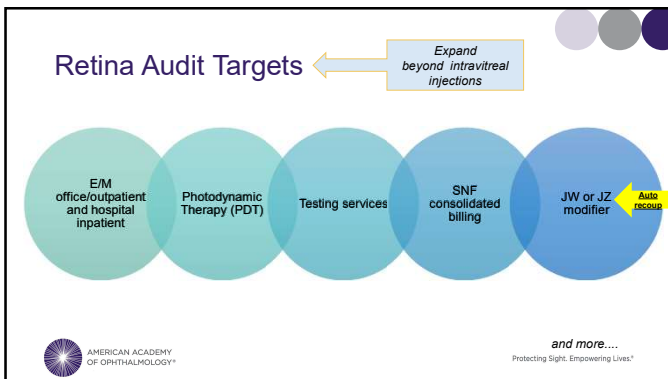
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Case #1: Vabysmo Injection

Procedure note documentation

- Vabysmo #3, RE. Diagnosis: Neovascular AMD with active CNV.
- Prep, anesthesia, RBA complete
- The lids were retracted from the injection site. Intravitreal injection of Vabysmo 6 mg was given. Injection site: intravitreal.
- Patient tolerated well. Post procedure instructions given.
- Lot #, expiration date and inventory ID documented




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Be the Auditor

- Great documentation?
- What's missing or incorrect?



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Case #1: Vabysmo Injection

Procedure note documentation

- Vabysmo #3, RE. Diagnosis: Neovascular AMD with active CNV.
- Prep, anesthesia, RBA complete
- The lids were retracted from the injection site. Intravitreal injection of Vabysmo 6 mg was given. Injection site: intravitreal.
- Patient tolerated well. Post procedure instructions given.
- Lot #, expiration date and inventory ID documented

Annotations:

- Volume in ML? Vial, sample or pre-filled syringe?
- WASTAGE? Residual medication less than 1 unit was discarded
- Is this complete? 3-4 mm from limbus




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Vabysmo 6 mg/0.05 mL

Medication type	NDC in 5-4-2 format (11 digits)
Single-dose vial with needle	50242-0096-01
Single-dose vial	50242-0096-03
Single-dose prefilled syringe with injection filter needle	50242-0096-06



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Audits Realities


Focus of SMRC, TPE, CERT and OIG investigations

29% failure

- Review LCDs/LCAs
- Utilize the Academy Intravitreal Injection checklist



aao.org/retinapm



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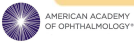
Audit Realities

Evaluation and Management (E/M)

Noridian TPE - 99215
(April 1, 2024 - June 30, 2024)

56% failure

- Documentation does not support the medical necessity of the level of service billed
- Documentation did not include a valid signature and a response to attestation or signature log request was not received
- Failure to return records



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E/M Level 5

Pitfalls to avoid:

- Blinding disease in the future
- Must be as assessed during the encounter today
- "Severe" disease
- Emergent vs urgent surgery –
- Decision for RD surgery are not all level 5

Must meet 2 of 3 categories

- Illness that poses a threat to body function, with treatment in the near term (problem) or the patient will go blind or have severe vision loss, today
- Decision regarding emergency major surgery (risk) or hospitalization

High

1. More chronic illness with severe exacerbation, progression or side effect of treatment.
 OR
 2. Life or limb-threatening or injury that poses a threat to life or body function.

Extensive

2 of 3 Categories must be met:
 Category 1: Tests, documents or independent history(s). Any combination of 2 from the following:
 - Review of prior medical history from each other source
 - Review of the results of each untested
 - Discussion of each untested test.
 OR
 Category 2: Independent interpretation of tests by another physician/OP or health care professional.
 OR
 Category 3: Discussion of management or test interpretation with an appropriate source (not necessarily reported).

High

High risk of morbidity from additional diagnostic testing or treatment.
 - Drug therapy requiring intensive monitoring for toxicity.
 - Decision regarding emergency major surgery.
 - Decision regarding hospitalization or escalation of hospital care.
 - Decision regarding emergency major surgery.
 - Decision regarding hospitalization or escalation of hospital care.
 - Decision regarding emergency major surgery.
 - Decision regarding hospitalization or escalation of hospital care.
 - Decision regarding emergency major surgery.

99205
99207

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Audit Realities

Evaluation and Management (E/M)

89% Minor
7% Moderate
4% Major

First Coast TPE
(Aug 2023-Feb 2024)

89% Moderate
32% Major

Novitas TPE JH and JL
(June 2023 – June 2024)

JL
43% Moderate
38% Major

Documentation did not support the level of care billed.

Non-response to documentation request.

Does not support medical necessity as listed in coverage requirements.

Insufficient documentation was provided to support the services as billed.

Documentation supported a higher or lower level of medical decision making.

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American Academy of Ophthalmology Executive
Final Determination Table for Medical Decision Making
 To earn a final level of Low, Moderate or High, all of the following criteria, data and rules must be coded the same level of complexity (straightforward, low, moderate or high).

COMPLEXITY	STANDARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal	Low	Moderate	High
Amount and/or Complexity of Data for Review and Analysis	Minimal or none	Limited	Moderate	Extensive
Risk of Complications and/or Mortality if Patient Management	Minimal	Low	Moderate	High
Final Determination	99202	99203	99204	99205

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Source: CPT 2025 Professional Edition. American Medical Association, 2024.

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Master Retina Injections


Delve into the anatomy and coding nuances




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WHERE WHEN
WHAT WHO WHY
HOW



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Pop Quiz #1

- Which code should be billed for the initial implant for Susvimo?

- Category III code 0810T
- CPT code 67027
- CPT code 67028
- CPT code 67516

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Pop Quiz #1

- Which code should be billed for the initial implant for Susvimo?

A. Category III code 0810T
 B. **CPT code 67027**
 C. CPT code 67028
 D. CPT code 67516

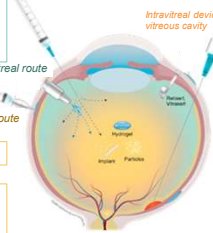



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 Access fact sheet at aao.org/retinapm
****NEW indication: DME**

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Posterior Segment Injections



CPT code 67028

Where:

- Into the vitreous cavity, 3-4 mm posterior to the limbus

CPT code 67027

Where:

- Sustained-release intravitreal device into the vitreous cavity
- What? Susvimo (Note: DME new indication)

CPT code 0810T

- Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies
- Why? Gene therapy (eg Luxturna)

Where:

- Subretinal space

CPT code 67516

Where:

- Suprachoroidal space is a potential space between sclera and choroid

From *Pharmaceuticals Drive Full-Text, Ocular Drug Delivery to the Retina*. Current (revision) and Future Perspectives (under.com)

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Pneumatic Injections

What is the Diagnosis?

- Retinal detachment → **67110** Pneumatic retinopexy
- Subretinal hemorrhage → **67025** Injection of vitreous substitute
- Vitreomacular traction (VMT) → **67025** Injection of vitreous substitute

CPT code 67110

- Repair of retinal detachment; by injection of air or other gas

VS.

CPT code 67025



- Injection of vitreous substitute (fluid-gas exchange)

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Code the "What"

- Table of Common Retina Drugs
 - aao.org/retinapm





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How? Clean Claim

- CPT or Category III code
- HCPCS code
- Billing units
- National drug code (NDC)
- Indication
- Unit of measure (UOM)
- Modifiers

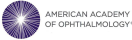
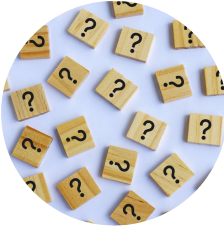


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Pop Quiz #2

- The unit of measure (UOM) should be reported:
 - A. CMS-1500, item 24a
 - B. ME2
 - C. ML0.05 (0.05 mL injected)
 - D. Both A and C



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Pop Quiz #2



- The unit of measure (UOM) should be reported:

A. CMS-1500, item 24a

B. ME2

C. ML0.05 (0.05 mL injected)

D. Both A and C


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Unit of Measure (UOM)

- Report in item 24a of CMS-1500 after NDC
 - ML = liquids
 - Not: UN = unit, for tablets, capsules, powder filled vials.
 - Exception: implants
 - Example: Ozurdex
- Commercial and Medicaid plans often deny (and recoup) if missing or reported incorrectly

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. ICD-10 PROCEDURE, SERVICE, OR SUPPLY UNIT CHARGE				
From	To	ICD-10	UNIT				
MM	DD	YY	MM	DD	YY	ICD-10	UNIT
09	01	2023	09	01	2023	67028	RT
N470114044001 ML0.05							
09	01	2023	09	01	2023	J3490	



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Why is my injection claim denied?

Missing modifier

- Anatomical, global, JZ or JW

Frequency per FDA label


ICD-10 to CPT link

Lack of prior authorization

Step therapy policy not followed

Unique payer policy

Patient eligibility




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Newer FDA-Approved Drugs and CPT codes

Drug	HCPCS	NDC 5-4-2 Format Report in Item 24c	CPT code	Indication(s)
Eylea HD 8 mg/0.07 mL	J0177 -JZ, 8 units	61755-0050-01 61755-0050-51 (sample)	67028	Neovascular age-related macular degeneration, diabetic macular edema, diabetic retinopathy (be aware of frequency edits)
Izervay (avacincaptad pegol) 2 mg/0.1 mL	J2782 -JZ, 20 units	82829-0002-01	67028	Geographic atrophy (GA) secondary to age-related macular degeneration
SYFOVRE (pegcetacoplan) 15 mg/0.1 mL	J2781 -JZ, 15 units	73606-0020-01	67028	Geographic atrophy (GA) secondary to age-related macular degeneration
XIPERE (triamcinolone acetonide injectable suspension) 0.9 mL (40 mg/mL) Suprachoroidal use	J3296, 4 units J3299-JW, 32 units	71565-0040-01	EF 11/24 67516 0465T Deleted 12/31/23	Macular edema associated with uveitis <small>Procedure note should include dose and wastage: 4 mg/0.1 mL was injected, and 32 mg/3.2 mL was washed from the single-dose vial labeled as 0.9 mL (40mg/mL) of medication from one tray included in the Xipere carton.</small>

Visit aao.org/retinajp for updates.



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Recent Anti-VEGF and GA Therapy Challenges

- The Academy and ASRS fight dual administration claim denials
 - February 20, 2025
- Advocacy Works!**
 - March 4: CMS responded and confirmed system edits were added for Syfovre and after reconsideration is removing the edit.

The Academy and the American Society of Retina Specialists (ASRS) sent [letters](https://www.aao.org/advocacy/eye-on-advocacy-article/fight-dual-administration-claim-denials) to the Centers for Medicare & Medicaid Services (CMS) and Medicare administrative contractors (MACs) this week regarding recent claim denials for dual administration of geographic atrophy and anti-vascular endothelial growth factor (anti-VEGF) drugs.

Members recently reported that all seven MACs have denied claims for geographic atrophy and anti-VEGF drugs when Medicare patients are treated with both types of drugs. The denied claims appear to be for injections of both drugs within 28 days of each other, but the reasoning behind the denials is unclear, and our members have received conflicting rationales when appealing the denials.

In addition to seeking clarity for the claim denials, our joint letters emphasized the medical necessity of both complement factor inhibitor drugs and anti-VEGF injections in treating geographic atrophy and exudative age-related macular degeneration, respectively. We urged for the reversal of the previously denied claims and called for edits to be published to the public for review prior to taking effect so that care can be managed prospectively.

We will continue to engage with CMS and the MACs on this issue to ensure ophthalmology patients have access to sight-saving treatments.

<https://www.aao.org/advocacy/eye-on-advocacy-article/fight-dual-administration-claim-denials>

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Aflibercept Biosimilars

Yesallil (aflibercept-bvf): Biocom Biologic 5/24	Opuviz (aflibercept-ysz): Samsung Bioepis 5/24	Ahzantive (aflibercept-mrb): Klinge Biopharma 7/24	Enzeevu (aflibercept-abzv): Sandoz 8/24	Pavblu (aflibercept-ayyh): Amgen 8/24
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New Drug Treatment Checklist

Review
Review FDA label for indications and frequency

Identify
Identify any published payer policies

Setup
Electronic chart templates, PM libraries

Report
Report with NDC HCPCS code, (J3490 or J3500) and assigned a permanent code

Include
Include on CMS-1500:
• Item 19: medication name, dosage in mg/mL
• Item 24a: NDC in S-4-2 format and unit of measurement (UCM) (e.g. MCG:95)

Monitor
Monitor remittance advices for appropriate payment

[EyeNet Practice Perfect: How to Add a New Retina Drug to Your Practice](https://www.aao.org/eyenet/article/how-to-add-a-new-retina-drug-to-your-practice)
<https://www.aao.org/eyenet/article/how-to-add-a-new-retina-drug-to-your-practice>
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Pop Quiz!

Coding Competency Challenge

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Competency #1



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Competency #1

- How would you find the answer to this question?

- Google it
- Look up NCCI edits on CMS website
- Confirm in Retina Coding or Coding Coach
- B or C
- All of the above

Is CPT code 67036 bundled with 66850?



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Competency #1 AI Answer

AI Overview

According to the American Academy of Ophthalmology (AAO), **yes, CPT code 67036 (pars plana vitrectomy) is bundled with 66850 (removal of lens material by phacoemulsification)**, meaning if you perform both procedures together, you typically only bill for the vitrectomy code (67036) as the lens removal is considered included in the vitrectomy procedure; you would not separately bill 66850 in most cases. [\[i\]](#)


Key points to remember:

Bundling:
This bundling is due to the National Correct Coding Initiative (NCCI) rules, which state that certain procedures performed together are considered one procedure for billing purposes. [\[i\]](#)

When to use 66850:
You would only use 66850 separately if you are removing lens material during a vitrectomy procedure where an intraocular lens (IOL) is not being placed. [\[i\]](#)

Consult with a coding expert:
Always consult with a qualified medical coder to ensure you are accurately billing for complex surgical procedures involving both vitrectomy and lens manipulation. [\[i\]](#)

- Is this correct?



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Competency #1 AI Answer

AI Overview

According to the American Academy of Ophthalmology (AAO), **yes, CPT code 67036 (pars plana vitrectomy) is bundled with 66850 (removal of lens material by phacoemulsification)**, meaning if you perform both procedures together, you typically only bill for the vitrectomy code (67036) as the lens removal is considered included in the vitrectomy procedure; you would not separately bill 66850 in most cases. [\[i\]](#)

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Always consult with a qualified medical coder to ensure you are accurately billing for complex surgical procedures involving both vitrectomy and lens manipulation. [\[i\]](#)


Question: Our retina specialist performed a lensectomy with an insertion of intracocular lens. What is the correct coding?

Answer: Additional clarification from the operative report is necessary to confirm which of the following options is best:

- When a dislocated IOL is removed and replaced, along with a pars plana vitrectomy, submit CPT codes 66986 IOL exchange and 67036 Pars plana vitrectomy
- If the retina specialist removed remaining fragments of the natural lens (CPT code **66850**), inserted an IOL, CPT code 66985 (patient is aphakic) and performed a pars plana vitrectomy, **submit CPT codes 67036 Pars plana vitrectomy and 66850 CPT code 66850 Removal of lens material is bundled with 66985 Secondary IOL and has the higher RVU.**
- If the retina specialist removed the natural lens and inserted an IOL, submit CPT code 66984 Cataract surgery with IOL.

Learn more about billing multiple procedures in the [Retina Coding Complete Reference Guide](#).

<https://www.aao.org/practice-management/news-detail/cpt-code-lensectomy-iol-insertion>



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Competency #1

- How would you find the answer to this question?

- Google it
- Look up NCCI edits on CMS website
- Confirm in Retina Coding or Coding Coach
- B or C – go directly to a trusted source!**
 - Avoid "hallucinations"
- All of the above

Is CPT code 67036 bundled with 66850?



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Competency #2

62 year old male s/p uncomplicated vitrectomy/laser/gas for RD (67108-RT)

1 month after surgery detachment recurs with extensive PVR

- Gets surgery with PPV/Scleral buckle/membranectomy/laser/gas


Does well, but 2 weeks later a new detachment with PVR develops

- Gets surgery with PPV/membranectomy/laser/oil

Does well, but 3 weeks later a new detachment with PVR develops

- Gets PPV/retinectomy/membranectomy/laser/oil

Case courtesy of Robert Beardsley, MD





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Competency #2A

- CPT code for retina surgeries #2-4

- 67108
- 67110
- 67113
- 67036

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Competency #2A

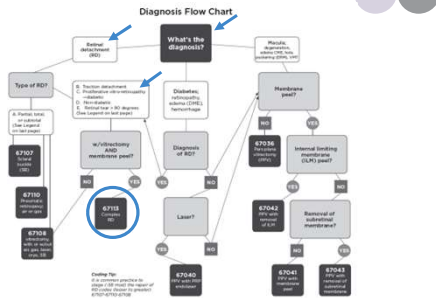
- Retina surgeries #2-4
- A. 67108
- B. 67110
- C. **67113**
- D. 67036



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Complex RD



2025 Retina Coding: Complete Reference Guide



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Competency #2B

- Surgery #1 67108
- Surgery #2 67113
 - Which modifier in addition to -RT?
- A. 58
- B. 78
- C. 79



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Competency #2B

- Surgery #1 67108
- Surgery #2 67113
 - Which modifier in addition to -RT?

A. 58 – lesser to greater

B. 78

C. 79



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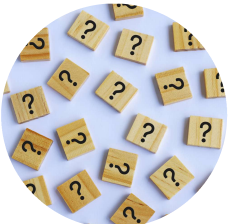
Competency #2C

- Surgery #1 67108-RT
- Surgery #2 67113-58-RT
- Surgery #3-4
 - Which modifier in addition to -RT?

A. 58

B. 78

C. 79



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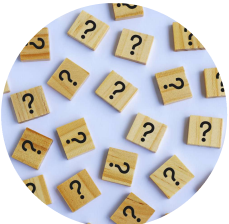
Competency #2C

- Surgery #1 67108-RT
- Surgery #2 67113-58-RT
- Surgery #3-4 67113
 - Which modifier in addition to -RT?

A. 58

B. 78

C. 79



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Competency #2

Post operative inflammation

Now on 4th surgery for retinal detachment

PVR recurs quite often in him

Opting for intravitreal methotrexate (compounded)

Some studies show efficacy in PVR prevention in eyes that have had prior PVR

q1-q2 week dosing for up to 2 months post op

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Competency #2


Patient Course

1. Initial surgery for retinal detachment
2. Three subsequent PPV's for PVR detachment
3. 8 weeks of methotrexate every week followed by every 2 weeks x 2
4. Patient attached at 6 months
5. PPV with oil removal done
6. Retina remains attached at 12 months

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Competency #2D

- Intravitreal injection of compounded methotrexate
- Correct coding:
 - 67028 -RT, J9260-JZ 1 unit, single-use vial
 - 67028 -RT, J9260, 1 unit, J9260-JW, 1 unit
 - 67028 -RT, J9260-JZ 8 units
 - 67028 -RT, J7999-JZ, compounded




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Competency #2D

- Intravitreal injection of compounded methotrexate
- Correct coding:
 - 67028 -RT, J9260-JZ 1 unit, single-use vial
 - 67028 -RT, J9260, 1 unit, J9260-JW, 1 unit
 - 67028 -RT, J9260-JZ 8 units
 - 67028 -RT, J7999-JZ, compounded
 - What else? CMS-1500
 - Consent? Off-label
 - Frequency?



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Competency #2D

- Are we missing a modifier?
- Injection was performed in the global period of the complex RD surgery.
- 58 or 78?

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/procedure room during the post-op period

UNPLANNED

RELATED

NEW POSTOP PERIOD DOES NOT BEGIN

70% ALLOWABLE

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Methotrexate

Table of Common Retina Drugs

- Compounded
- J7999-JZ
- Single-dose vial
- J9260-JZ
- Methotrexate, 50 mg

American Academy of Ophthalmologists' Table of Common Retina Drugs				
Lucentis	3 units	Diabetic retinopathy; diabetic macular edema	J2778	JZ
Lucentis	5 units	Wet age-related macular degeneration; macular edema following retina vein occlusion; myopic choroidal neovascularization	J2778	JZ
Methotrexate (MTX)	1 unit for 50 mg or less (ASP 2020) subject to ASP pricing effective 4/2024	Original use for ophthalmology: Used for specific ocular inflammatory conditions, including uveitis secondary to systemic disease	J9260	JZ
Uveolite	2 units	Macular edema following retina vein occlusion; diabetic macular edema; non-retinotoxic uveitis affecting the posterior segment	J7812	JZ

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G2211 Checklist

- Verify payer coverage.
- Office/outpatient E/M visit.
- Modifiers 24, 25, or 53 are not billed on the same day
- Primary reason for the visit is a single, serious or complex condition.
 - Chronic uveitis, diabetic retinopathy, AMD, etc.
- Not an acute or time limited condition resolved with intervention
 - E.g. RD, macular hole, ERM
- The physician is providing ongoing medical care for this condition.
 - Established physician-patient relationship
- Documentation supports the use of G2211.
 - Collaborative care plan for each unique patient encounter including patient education, shared decision-making around therapeutic goals and commitments to achieve those goals, to support visit complexity and the physician-patient relationship

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Academy Resources

- aao.org/retinapm
- aao.org/audits
- aao.org/coding
- aao.org/em
- aao.org/lcds
- aao.org/consulting

Retina Coding
Complete Reference Guide
2025

aao.org/store

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Retina Practice Management & Coding

- Intravitreal Injection Checklist
- Modifier JW and JZ Fact Sheet
- Table of Common Retina Drugs
- Medication Inventory Management

And more!

*Work smarter,
not harder!*

aao.org/retinapm






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 - Test your Knowledge with periodic Pop Quizzes and more!

@joywoodke



@aaoeye



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Questions?



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