Agenda

- Membrane Peel Confusion
- Complex Retinal Detachments
- IOLs and Lens Fragments
- Injections and Office Visits
- AMD diagnosis codes and injections
- Extended Ophthalmoscopy

Membrane Peel Codes

- 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)

Source: 2017 CPT

Membrane Peel codes

- Codes provide diagnosis examples
- Detailed operative reports
  - What is the preoperative diagnosis?
  - What is the planned procedure?
  - What type of membrane is being peeled?
  - Where is the membrane located?
  - What instruments were used?

The Dilemma

- Considerations
  - Incidental vs. significant –
    - did you peel the ILM to reduce ERM recurrence?
  - Operative report –
    - does it describe ERM and ILM?
Retinal Surgery #1

Diagnosis: Macular Pucker OS
Procedure:
…Posterior vitreous was attached and the vitrectomy was carried out into the periphery as far anterior as safely as possible both nasally and temporally. The epimacular membrane as well as the internal limiting membrane were both meticulously dissected from the surface of the macula. No foveal defects were created. The periphery was examined, no tears or detachments were noted.

What code(s) applies to this case?
A. 67036
B. 67041
C. 67042
D. 67043

Claim: 67041

Retinal Surgery #2

Diagnosis: Epiretinal membrane; retinal tear OS
Procedure:
…Core vitrectomy was initiated centrally. The posterior hyaloid was detached. ERM was engaged with the forceps and peeled. ILM was stained with ICG and was peeled around the macula without complication. The retinal tear was identified at 4 o’clock. Laser was applied…..

What code(s) applies to this case?
A. 67036
B. 67039
C. 67040
D. 67041
E. 67042

Claim: 67041
Retinal Surgery #3
Diagnosis: Macular hole, with horseshoe tear OD
Procedure:
...The inferior retinal defect was noted at 6 o'clock. A PVD was present. A complete vitrectomy was performed. The endolaser was used to apply a barricade laser around this inferior tear. No subretinal fluid was noted. Dilute ICG was instilled to highlight the ILM as well as the ERM. The ERM and ILM were then peeled separately using the ILM forceps without complication. The ILM was peeled around the macular hole for 360 degrees. The periphery was inspected and no other breaks were noted....

Retinal Surgery #3
What code(s) applies to this case?
A. 67036  
B. 67039  
C. 67040  
D. 67041  
E. 67042

Claim: 67042

RD Repair Codes
- 67107 – Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication, or encircling procedure), including when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid.

Source: 2017 CPT

Complex RD Repair Code
- 67113 – Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens

Source: 2017 CPT
Complex RD Repair Code
67113
- Complex RD including a diabetic TRD
- Requires a membrane peel
  - Type of membrane not stipulated
- Other services are optional:
  - Air, gas, or silicone oil tamponade
  - Cryotherapy
  - Endolaser photocoagulation
  - Scleral buckling
  - Drainage of subretinal fluid
  - Removal of lens

Retinal Surgery #4

Diagnosis: Epiretinal membrane; PVR, subretinal fibrosis; S/P macula off RD repair w/ vlt/buckle
Procedure:
...Tractional fold involving the fovea through the peripheral inferior retina was noted. Using the ILM forceps and the MVR blade, the combination of ILM and ERM was stripped from the macula and dissection was then carried peripherally. A central core of fibrosis was noted extending from the fovea through the midperipheral retina toward the buckle. This was removed. Dissection of more membrane revealed atrophic holes in the mid periphery posterior to previous laser. Dissection was complete without difficulty. All freed portions of the membrane were removed with either forceps or vitrectomy. Complete reattachment of retina was achieved. Rows of laser were applied with moderate uptake around the retinal breaks.

What code(s) applies to this case?
A. 67041
B. 67042
C. 67107
D. 67108
E. 67113

Claim:

Retinal Surgery #5

Diagnosis: Macular hole, RD OS
Procedure:
...The vitreous gel was truncated, cut, and aspirated without difficulty. A bullous retinal detachment involving the entire posterior pole out to beyond the equator was identified. There was a large macular hole present. An internal air/fluid exchange was carried out, eventually flattening the retina. Endolaser was introduced and 200 spots were placed surrounding the macula hole. At the conclusion, the retina was totally flat, there was no evidence of hemorrhage, and good laser spots surrounded the macular hole.

What code(s) applies to this case?
A. 67041
B. 67042
C. 67107
D. 67108
E. 67113

Claim:
Retinal Surgery #5

What code(s) applies to this case?
A. 67041
B. 67042
C. 67107
D. 67108
E. 67113

Claim: 67108

Retinal Surgery #6

Diagnosis: Recurrent RD, PVR, S/P giant tear, S/P previous RD repair

Procedure: …Remaining peripheral vitreous was removed. Extensive membrane peeling and segmentation was done. There was severe PVR with total detachment, and a giant tear superior temporally. There were rhegmatogenous elements to the detachment at 6 o’clock. Traction was removed for 270 degrees as well as star folds temporally and inferior nasally. A retinotomy was performed with diathermy, and an airfluid exchange was carried out, eventually flattening the retina. Endophotoocoagulation of 800 spots was applied in the periphery surrounding the giant tear. The vitreous cavity was filled with silicone oil…..

Retinal Surgery #6

What code(s) applies to this case?
A. 67040
B. 67041
C. 67042
D. 67108
E. 67113

Claim: 67113

IOL Complications

Vitrectomy with IOL

1. Vit + IOL removal from posterior segment
   a. 67121
2. Vit + IOL removal from anterior segment
   a. 67036 + 65920
3. Vit + IOL exchange
   a. 67036 + 66986
4. Vit + IOL reposition
   a. 67036 + 66985

1. 2017 CPT
2. Ophthalmology Coding Companion
Case #1

Diagnosis: Retinal detachment, macula on; anterior synechiae; with subluxated IOL

Procedure:
...The vitreous is trimmed anteriorly 360°...The vitreous cutter is introduced to mechanically aspirate residual vitreous and oil bubbles. Two fluid-air exchanges were performed. Oil adhering to back of the IOL making view poor. Attempts to sweep oil off IOL surface and coat with healon to improve view are unsuccessful. IOL is removed by rotating it into the AC and removing through a limbal incision....Anterior synechiae are opened using helaoon. Retinal breaks are identified and marked. A fluid-air exchange is performed with draining subretinal fluid until the retina is flat. Air in the vitreous cavity is exchanged for C3F8....

Case #1

How should this surgery be coded:
A. RD Repair with Severying synechiae
B. RD repair with IOL exchange
C. RD Repair only
D. RD Repair with implant removal

Case #1

The practice chose:
A. RD Repair with Severing synechiae
   1. 67108 – RD repair
   2. 65870 – Severing Anterior synechiae

Case #1

CPT states:
1. 65870 – Severing adhesions or anterior segment, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae.

Do you agree with what was billed?
67108 + 65870

Case #1

Consider the following codes:
67108 – RD repair
65920 – Removal of implanted material, anterior segment of eye

(For removal from anterior segment use 65920)

Lens is removed through limbus

1. 2017 CPT instruction
2. Ophthalmology Coding Companion

Case #2

Diagnosis: Vitritis with dislocated IOL to posterior segment

Procedure:
...The vitreous is trimmed anteriorly 360°...The vitreous cutter is introduced to mechanically aspirate residual vitreous away from the posterior dislocated IOL. The IOL is carefully elevated into the AC and removed through a limbal incision...The rest of the retina is inspected and no defects or breaks were found.
Case #2

How should this surgery be coded:
A. Vitrectomy and IOL removal
B. Vitrectomy and IOL exchange
C. Removal of implanted material, posterior segment
D. RD Repair

The practice chose:
A. Vitrectomy with IOL removal
   1. 67036 – Vitrectomy
   2. 65920 – Removal of implanted material, anterior segment of eye

*Where was the IOL? Do you agree with the coding?

Consider the following code:
67121 – Removal of implanted material, posterior segment; extraocular
*IOL is in the posterior segment
*67121 is bundled with 67036

Case #3 (exchange)

Diagnosis: Vitritis with dislocated IOL to posterior segment
Procedure:
…The vitreous is trimmed anteriorly 360°…”The vitreous cutter is introduced to mechanically aspirate residual vitreous away from the posterior dislocated IOL. The IOL is carefully elevated into the AC and removed through a limbal incision….Following IOL removal, scleral flaps were created. A posterior chamber IOL is inserted through the incision. The IOL Haptics are threaded, the sutures are brought up through scleral flaps and IOL is secured. The rest of the retina is inspected and no defects for breaks were found.

The practice chose:
Vitrectomy with Implant removal and IOL insertion
   1. 67121 – Implant removal
   2. 66985 – IOL insertion (w/o cataract removal)
   3. 66682 – Sutured IOL
Case #3 (exchange)

Consider the following options:
A. 67121 – Removal of implanted material, posterior segment; extraocular
   66985 – Insertion of IOL (secondary implant) not associated with concurrent cataract removal
   $1315.67

B. 67036 – Vitrectomy
   66986 – Exchange of IOL
   $1382.79 (BETTER OPTION)
**66682 is for iris/ciliary body repair, not sutured IOL

1. 2017 CPT
2. Ophthalmology Coding Companion

Vitrectomy with IOL

1. Vit + IOL removal from posterior segment
   ▪ 67121
2. Vit + IOL removal from anterior segment
   ▪ 67036 + 65920
3. Vit + IOL exchange
   ▪ 67036 + 66986
4. Vit + IOL reposition
   ▪ 67036 + 66985

1. 2017 CPT
2. Ophthalmology Coding Companion

Case #1

Diagnosis: Lens fragments OS retina, vitritis
Procedure:
After the core vitrectomy, the vitrector was used to remove two tiny lens particles. The particles were removed with minimal effort. The vitrector was used to peel the posterior hyaloid off the optic nerve head. The posterior hyaloid was peeled 360 degrees. Endolaser was applied prophylactically.

1. 2017 CPT
2. Ophthalmology Coding Companion

Removal of lens material/fragments

- 66850 – Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
- 66852 – Removal of lens material; pars plana approach, with or without vitrectomy

Source: 2017 CPT
Case #1

How should this surgery be coded:
A. Vitrectomy
B. Lens frag removal with vitrectomy
C. Vitrectomy with phaco removal of lens frag
D. Vitrectomy with endolaser PRP

The practice chose:
D. Vitrectomy with endolaser PRP
1. 67040 – PPV with PRP endolaser

Correct coding should be:
66852 – Removal of lens frags w/wo PPV
*Laser was prophylactic

Case #2

Diagnosis: Lens fragments OS retina, vitritis
Procedure:
After the core vitrectomy the vitreous was removed as far anterior as possible. The lens fragment was located and the fragmatome was inserted in the eye. The fragmatome was used to remove the lens fragment. The remaining vitreous was removed. Endolaser was applied prophylactically. The ports were closed……..

How should this surgery be coded:
A. Vitrectomy
B. Lens frag removal with vitrectomy
C. Vitrectomy with phaco removal of lens frag
D. Vitrectomy with endolaser

The practice chose:
B. Lens frag removal with vitrectomy
1. 66852 – Removal of lens frags w/wo PPV

Correct coding should be:
67036 – PPV
66850 - Removal of lens material; phacofragmentation technique
**second instrument

Injections and Office Visits

- Can I bill an office visit with every injection?
- Should I bill and office visit with every injection?
- How does modifier 25 work?
Case #1 – Established Patient
Wet AMD

CC: S/P IV Lucentis #9; 4 wks OD; pt states no changes
Dx: Wet AMD OD
Tx: IV Lucentis OD today

Can we bill an office visit with Modifier 25?
Yes or No?

Case #1 – Established Patient
Wet AMD

CC: S/P IV Lucentis #9; 4 wks OD; pt states no changes
Dx: Wet AMD OD
Tx: IV Lucentis OD today

Does modifier -25 apply? NO
Charge: 67028 RT

Case #2 – Established Patient
AMD

Your patient returns for reevaluation of AMD OU. You find exudative AMD and precipitous vision loss, OS, but no change OD. You perform intravitreal injection with ranibizumab (LUCENTIS) in the OS today.

Does modifier -25 apply?
Yes or No?

Case #2 – Established Patient
AMD

Your patient returns for reevaluation of AMD OU. You find exudative AMD and precipitous vision loss, OS, but no change OD. You perform intravitreal injection with ranibizumab (LUCENTIS) in the OS today.

Does modifier -25 apply? YES
Charge: Office visit -25 67028 LT
≥2 problems. OD vs. OS; new symptom

Case #3 – Established Patient
Wet AMD

CC: S/P IV Lucentis 4 wks OD; Pt c/o vision OS much worse than last exam.
Dx: New wet AMD OS; wet AMD OD better
Tx: IV Lucentis OS today

Does modifier -25 apply?
Yes or No?

Case #3 – Established Patient
Wet AMD

CC: S/P IV Lucentis 4 wks OD; Pt c/o vision OS much worse than last exam.
Dx: New wet AMD OS; wet AMD OD better
Tx: IV Lucentis OS today

Does modifier -25 apply? YES
Charge: Office visit -25 67028 LT
OD vs. OS; new symptom(s)
Billing Office Visit with Minor Procedure

CPT Modifier -25 – Significant Evaluation and Management Service By Same Physician on Date of Global Procedure

Pay for an evaluation and management service provided on the day of a procedure with a global fee period if the physician indicates that the service is for a significant, separately identifiable evaluation and management service that is above and beyond the pre- and post-operative work of the procedure.

Source: Medicare Claims Processing Manual, Chapter 12, § 40.2.A8

Billing Office Visit with Minor Procedure

“Evaluation and Management Service Resulting in the Initial Decision to Perform Surgery

.....where the decision to perform the minor procedure is typically done immediately before the service, it is considered a routine preoperative service and a visit or consultation is not billed in addition to the procedure.”

Source: Medicare Claims Processing Manual, Chapter 12, §40.2A4

Extended Ophthalmoscopy

• We bill EO on every visit. Is that OK?
• We never bill EO. Should we be charging it more often?
• Can I bill it with an injection?

Extended Ophthalmoscopy

• General ophthalmoscopy and biomicroscopy are part of an ophthalmologic examination (92002-92004) and are not separately payable, but these should still be documented in the patient's medical record.
• If indirect ophthalmoscopy is done without a drawing or does not meet the standards indicated in the attached Appendix A, the service is not separately payable and will be considered part of a general ophthalmologic exam (92002-92014) or E&M service.

Source: NGS Medicare LCD L33567, Ophthalmology Posterior Segment Imaging (EO and FP), Effective 10/01/2016

92225, 92226
Extended Ophthalmoscopy

• Unilateral
• 92225 – Initial
• 92226 – Subsequent (i.e., for the same condition)
• Indication: serious posterior segment disease
• Requires retinal drawing
  • Characteristics: large, scaled, colored, detailed, labeled
• Repeated for progression of disease or new findings
• Requires physician interpretation and report
• Bundled with injections (67028)

92225, 92226
Extended Ophthalmoscopy

• Extended ophthalmoscopy is the detailed examination of the retina and always includes a true drawing of the retina, with interpretation and report.

• Extended ophthalmoscopy of a fellow eye without signs or symptoms or new abnormalities on general ophthalmoscopic exam will be denied as not medically necessary. Repeated extended ophthalmoscopy at each visit without change in signs, symptoms or condition may be denied as not medically necessary.

Source: NGS Medicare LCD L33567, Ophthalmology Posterior Segment Imaging (EO and FP), Effective 10/01/2016
NCCI Edits

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CCI Edits - Bundled With Column 1 (Code) Includes Codes Formerly “Mutually Exclusive” Check Code Pairs Both Directions</th>
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<tbody>
<tr>
<td>67028</td>
<td>92225 92226 99211 99212 99213 99214 99215</td>
</tr>
</tbody>
</table>

Source: National Correct Coding Initiative Provider PTP Edits v23.1 effective April 1, 2017.

Modifier 59

- The treatment of contiguous structures in the same organ or anatomic region does not constitute treatment of different anatomic sites. For example:

- Treatment of posterior segment structures in the eye constitutes treatment of a single anatomic site.


Level II (HCPCS / National) Modifiers

HCPCS modifiers for selective identification of subsets of Distinct Procedural Services (-59 modifier)

- **XE** Separate Encounter
- **XS** Separate Structure
- **XP** Separate Practitioner
- **XU** Unusual Non-Overlapping Service

Source: AMA CPT 2015

Summary

- Membrane peels – check for both what was done and why it was done (indications).
- Review complex RD criteria.
- Understand how lens fragments were removed.
- Watch the IOL details for removal, exchange, reposition
- Modifier 25 is used for some office visits with injections
- EO should not be coded at every visit

More help...

For additional assistance please contact us at:

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