**Deciphering Retinal Coding Controversies**

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**Agenda**

- Membrane Peel Confusion  
- Complex Retinal Detachments  
- IOLs and Lens Fragments  
- Injections and Office Visits  
- 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: 2015 CPT

**The Dilemma**

**67041 vs 67042**

- 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: Vitreous hemorrhage and PDR OD

Procedure:

...Dense vitreous hemorrhage was removed. After the core vitrectomy, the mechanical vitrector was used to peel the posterior hyaloid off the optic nerve head. There were two small tears superior and inferior nasally. The posterior hyaloid was peeled out to near the vitreous base 360 degrees. Endolaser was used to treat the tears and PRP. Endolaser was applied throughout to treat the PDR.
Retinal Surgery #1
What code(s) applies to this case?
A. 67036
B. 67039
B. 67040
C. 67041
D. 67042
Claim: 

Retinal Surgery #2
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.

Retinal Surgery #3
Diagnosis: Macular pucker with impending macular hole OD
Procedure:
…Vitreous was removed centrally. We had to use ICG to identify vitreous and strip from the retina posteriorly and extend the posterior vitreous separation anterior to the equator for 360 degrees. We peeled the epiretinal membrane and then densely adherent internal limiting membrane with ICG staining. We used needle and forceps for peeling….
Retinal Surgery #3

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

Claim: 67042

Retinal Surgery #4

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 #5

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 #5

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

Claim:

Retinal Surgery #5

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

Claim:  67042

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, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens

Source: 2015 CPT

Retinal Surgery #6

Diagnosis: Epiretinal membrane; PVR, subretinal fibrosis; S/P macula off RD repair w/ vit/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.

Retinal Surgery #6

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

Claim:
Retinal Surgery #6

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

Claim: 67113

Retinal Surgery #7

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 macular 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: 67108

Retinal Surgery #8

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 superotemporally. There were rhegmatogenous elements to the detachment at 6 o'clock. Traction was removed for 270 degrees as well as star folds temporally and inferonasally. A retinotomy was performed with diathermy, and an air/fluid exchange was carried out, eventually flattening the retina. Endophotocoagulation of 800 spots was applied in the periphery surrounding the giant tear. The vitreous cavity was filled with silicone oil.....

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

Claim:
Retinal Surgery #8

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

Claim: 67113

IOL Complications

Case #1

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

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 healon. 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

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

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)¹

Lens is removed through limbus²

1. 2015 CPT instruction
2. Ophthalmology Coding Companion

**Case #2**

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.

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

**Case #3**

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…….
Case #3
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 #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?

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

**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 wk3 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?

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

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?

Source: Medicare Claims Processing Manual, Chapter 12, §40.2A4
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 opthalmoscopic 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 L25466, Ophthalmology Posterior Segment Imaging (EO and FP), Rev 9/1/14

92225, 92226
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 L25466, Ophthalmology Posterior Segment Imaging (EO and FP), Rev 9/1/14

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
- Modifier 25 is used for some office visits with injections
- EO should not coded at every visit

Source: NGS Medicare LCD L25466, Ophthalmology Posterior Segment Imaging (EO and FP), Rev 9/1/14

More help...

For additional assistance please contact us at:

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