



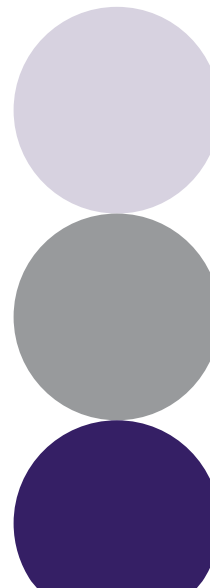
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Retina Coding Update

Presented by:
Joy Woodke, COE, OCS, OCSR

ASRS Business of Retina
Sunday, March 10, 2024



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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Course Agenda

What's New for 2024?

- CPT and Category III codes

Evolving World of Retina Drugs

Audit Update

Code This OP Report

- 10 Steps for Surgical Coding

E/M MDM: Decipher the Definitions

- Retina case studies



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CPT and Category III Codes

CPT Codes Implemented January 1 each year

Category III Codes Assigned July 1 and January 1

For a link to NCCI edits, visit aao.org/coding-topics
after January 1, 2024



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Deletion: Suprachoroidal Injection (0465T)

Category III Codes

0465T Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)

(To report intravitreal injection/implantation, see 67025, 67027, 67028)

▶(0465T has been deleted)◀

▶(For suprachoroidal injection of a pharmacologic agent, use 67516)◀



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New CPT: Suprachoroidal Injection (67516)

Surgery/Eye and Ocular Adnexa/Ocular Adnexa/Orbit/Other Procedures

- 67516 Suprachoroidal space injection of pharmacologic agent (separate procedure)

▶(Report medication separately)◀

67550 Orbital implant (implant outside muscle cone); insertion

67560 removal or revision

(For ocular implant (implant inside muscle cone), see 65093-65105, 65130-65175)

(For treatment of fractures of malar area, orbit, see 21355 et seq)

Valuation: 1.53 work RVUs, non-fac \$117.22, fac \$93.98



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New: Subretinal Drug Delivery Injection (0810T)

Category III Codes

- 0810T Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies

▶(Report medication separately)

▶(Do not report 0810T in conjunction with 67036, 67039, 67040, 67041, 67042, 67043)◀



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New HCPCS Code: G2211

- E/M office visit add-on code
- *Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)*



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January 3, 2024

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HCPCS Code: G2211 Billing and Payment

- CMS has so far produced insufficient billing/coding guidance in the rollout of G2211
 - CMS has confirmed do not report G2211 when modifier –25 is appended to an E/M
 - Do not report with Eye visit codes
- [Fact Sheet: Coding for G2211 – Visit Complexity Add on Code](#)

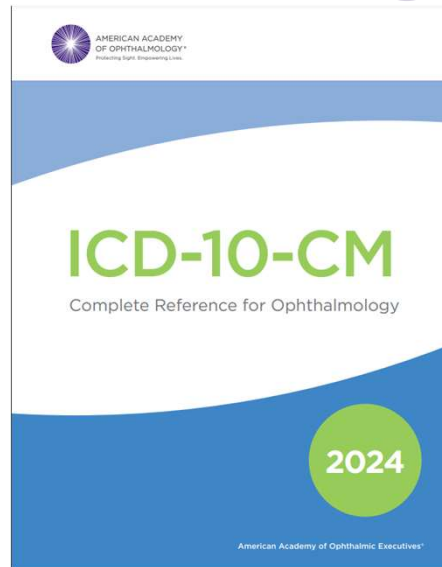
G2211 RVUs	2024 CF	G2211 Allowable Payment	Patient Copay (20% of Allowable)
0.49	\$32.74	\$16.04	\$3.21



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2024 ICD-10-CM

Effective October 1, 2023 housekeeping changes	Expanded codes that represent social determinants of health • Z62.23 Child in custody of non-parental relative
H36.8- nonproliferative and proliferative sickle-cell retinopathy	H50.6- Muscle entrapment
G43.E- Chronic migraine with aura, intractable w or w/out status migrainosus	H57.8A- Foreign body sensation eye (ocular)



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Evolving World of Retina Drugs



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Evolving World of Retina Drugs

Modifier -JZ

- Medicare required July 1, 2023

Geographic Atrophy Treatment

- Syfovre, permanent HCPCS code J2781 effective 10/1/23
- Izervay, FDA approved, office - report with NOC code, facility C9162, 20 units
- EyeNet Savvy Coder, Nov 2023

Eylea HD, 8 mg

- Office - report with NOC code until permanent code assigned
- Facility – C9161, 8 units effective 1/1/24

Download the current resources: Table of Common Retina Drugs, Fact Sheets, Checklists

- Bookmark: aao.org/retinapm



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New FDA-Approved Drugs and CPT codes

Drug	HCPCS	NDC 5-4-2 Format Report in item 24a	CPT code	Indication(s)
Eylea HD (afibercept) 8 mg/0.07 mL	C9161-JZ (facility), 8 units eff 1/1/24 J3490 or J3590- JZ, 1 unit	61755-0050-01 61755-0050-51(sample)	67028	Neovascular age-related macular degeneration, diabetic macular edema, diabetic retinopathy
Izervay (avacincaptad pegol) 2 mg/0.1 mL	C9162-JZ (facility), 20 units eff 1/1/24 J3490 or J3590- JZ, 1 unit	82829-0002-01	67028	Geographic atrophy (GA) secondary to age- related macular degeneration
SYFOVRE (pegcetacoplan) 15 mg/0.1 mL	J2781, 15 units eff 10/1/23 C9151 deleted 10/1/23	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	J3299, 4 units J3299-JW, 32 units	71565-0040-01	Eff 1/1/24 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/0.8 mL was wasted 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/retinapm for updates.



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New Drug Treatment Checklist

- Review**
 - Review FDA label for indications and frequency
- Identify**
 - Identify any published payer policies
- Report**
 - Report with NOC HCPCS code, (J3490 or J3590) until assigned a permanent code
- Include**
 - Include on CMS-1500:
 - Item 19: medication name, dosage in mg/mL
 - Item 24a: NDC in 5-4-2 format and unit of measurement (UOM) (e.g. ML0.05)
- Monitor**
 - Monitor remittance advices for appropriate payment



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[Appendix - Practice Perfect: How to Add a New Retina Drug to Your Practice](#)

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New Drug Considerations

Payer challenges

- Unique policies and/or PA, step policies
- Delayed implementation of permanent HCPCS codes

NOC HCPCS codes

- Clean claims, ready to appeal

New indications

- GA diagnosis, Eylea HD does not include ME following RVO or ROP

Variance to "28-day rule"

- Eylea HD initial every 28 days +/- 7 days
- Syfovre every 25-60 days
- Izervay every 28 days +/- 7 days



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Academy / ASRS

- On our radar:
 - Noridian Eylea TPE audits
 - Blue Cross step therapy policy effective 10/1/23
 - BCBS NC, GA step therapy
 - Aetna limiting covered diagnosis codes for OCT due to misinterpreting LCA
 - UHC reimbursement issues: GA, dual coverage
 - Check your contracts!



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Hot Topic: JW and JZ Modifiers

Mostly
impacts
retina
practices!



Avoid
audits:
Modifier JZ
required
July 1, 2023



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JW Modifier

Effective January 1, 2017

Single-dose containers

Report on all claims that bill for unused and discarded drugs

Documentation must include amount of drug injected and wasted

Units reported must match chart note



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JZ Modifier

Required July 1, 2023

Single-dose vials, containers and packages

Report when no discarded amount of drug or when less than 1 unit



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Pop Quiz #1

- Do not report JW or JZ modifier for:
 - A. Multi-dose vials or containers
 - B. Sample drugs
 - C. Specialty pharmacy drugs
 - D. All of the above



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JW Modifier

- Incorrect ❌

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTERS	F. \$ CHARGES
CPT/HCPCS	MODIFIER		
J3396			Charge \$\$
J3396	JW		Zero Charge

No charge second line

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTERS	F. \$ CHARGES	G. DAYS OR UNITS
CPT/HCPCS	MODIFIER			
J3396	JW		Charge \$\$	150

Total units billed one line

- Correct ✅

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTERS	F. \$ CHARGES	G. DAYS OR UNITS
CPT/HCPCS	MODIFIER			
J3396			Charge \$\$	130
J3396	JW		Charge \$\$	20



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JZ Modifier

- Incorrect ❌

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTERS	F. \$ CHARGES
CPT/HCPCS	MODIFIER		
J0178			Charge \$\$
J0178	JZ		Zero Charge

Billed on two lines

- Correct ✅

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTERS	F. \$ CHARGES	G. DAYS OR UNITS
CPT/HCPCS	MODIFIER			
J0178	JZ		Charge \$\$	2

Billed on one line with modifier JZ, 2 units



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JW or JZ?

Table of Common Retina Drugs

- JW and JZ Fact Sheet
- aao.org/retinapm



American Academy of Ophthalmic Executives*
Table of Common Retina Drugs

Revised January 2019. Revised January 9, 2024.

*Note: This table is subject to change. Visit aao.org/retinapm for updates.

DESCRIPTION	UNITS	INDICATION(S)	HCPCS	JW/JZ PREFIXES
Avastin® Tursi, office (Tursi, facility (C3925))		Off-label use for neovascularization. Covered diagnosis coded per payer policy. Report medication name and dosage in item 39 of the CMS 3020 form. None.	J022, J299A, J299B, J299C, J299D	JZ
Beovu®	8 units	Wet age-related macular degeneration. None.	J0279	JZ
Eylea® (bimatoprost)	8 units	Exudative macular edema (DME). None. FDA label frequency varies from 1000 units to 1200 units. None.	J0224	JZ
Chusimra	Tursi, 300 mg	Neovascular age-related macular degeneration, macular edema following PVD, myopic choroidal neovascularization. Endophthalmitis	J0270	JZ single dose only. No modifier if multiple.



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Audit Update



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Audit Realities

Yes, we failed

How?

What can we expect?

- Increased scrutiny

What should we do now?

SMRC Audits

INTRAVITREAL
INJECTIONS

•29% FAILURE



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Pop Quiz #2

- Which of the following statements are not included in Palmetto A53387 for Eylea:
 - It is not reasonable and necessary to injection more than one anti-VEGF in the same eye, same session.
 - If different medications are injected, the rationale must be documented, and RT/LT appended to the HCPCS code
 - Treatment for macular edema sooner than 28 days will not be covered
 - Alternating drugs every 2 weeks will be covered.



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Audit Lessons to Learn

Physician not aware of failure, until recoupments from MAC	Auditor finding coding mistakes	Documentation deficiencies limiting appeal options
Trusting EHR systems	Signature requirements	When did the policy change?



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Intravitreal Injection Documentation

Medical necessity	<ul style="list-style-type: none"> • Treatment plan, why the specific medication was chosen, changed or continued • Video: How to Document Why a Specific Drug is Chosen* • Diagnosis per FDA label and/or payer policy • Physician order
Procedure note	<ul style="list-style-type: none"> • Diagnosis • Site of injection, route of administration, eye(s) • Dosage in mg and mL, document wastage
Inventory log	<ul style="list-style-type: none"> • Medication used linked to patient, date of encounter • Available in the event of an audit



<https://www.aao.org/practice-management/multimedia-detail/how-to-document-specific-intravitreal-injection>

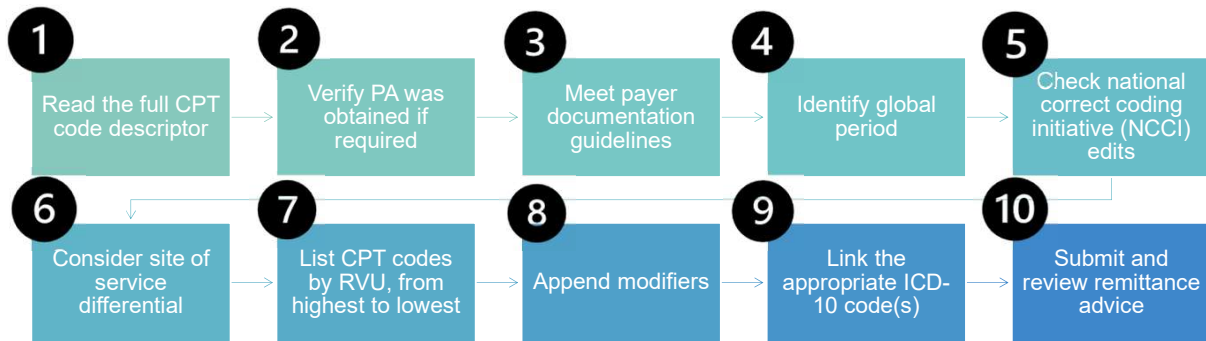
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10 Steps for Retinal Surgery Coding



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10 Steps to Surgical Coding



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Case Study #1

Pre-Operative Diagnosis:

- Macular hole, right eye

*Procedures on the right eye:

- PPV
- Macular hole repair
- Internal limiting membrane peel
- Endolaser
- C3F8
- *Always review the detailed description of the surgical procedure in the operative report



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Case #1 Op Report Description

DESCRIPTION OF PROCEDURE: After informed consent was signed and placed on the chart, the patient was brought back to the operating room and placed on the operating room table. Cardiopulmonary monitoring equipment was placed to the patient per Anesthesia. Please see Anesthesia notes for further details. After the operative eye was prepped and draped in the usual sterile fashion, the operating microscope was brought into position. A lid speculum was placed to the eye. Peribulbar block of lidocaine and Marcaine was given. Infusion cannula was placed and verified to be in appropriate position before being turned on. Two further trocar/cannula assemblies were placed superonasally and superotemporally. A core vitrectomy was undertaken at this time followed by peripheral vitrectomy. ICG was used to stain the ILM and the ILM was peeled. Air-fluid exchange was undertaken followed by prophylactic laser. C3F8 16% gas was placed. Cannulas were removed and pressure was held to the globe. There was no evidence of any leaks. Subconjunctival injection of antibiotic and dexamethasone were placed. One drop of Neo-Poly-Dex and atropine were placed to the eye.



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Description of Procedure: Courtesy of Austin Retina

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Step #1 Read the Full CPT Descriptor

CPT code	Description
67036	Vitrectomy, mechanical, pars plana approach
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation



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Step #1 Read the Full CPT Descriptor

CPT code	Description
67020	Injection, anterior chamber of eye (separate procedure); air or liquid
68200	Subconjunctival injection



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Case #1: Poll the Audience

Which vitrectomy CPT code(s) describe* the procedures?

- A. 67036
- B. 67039 and 67042
- C. 67040 and 67041
- D. 67039 and 67041
- E. 67043

*not necessarily the final codes to bill

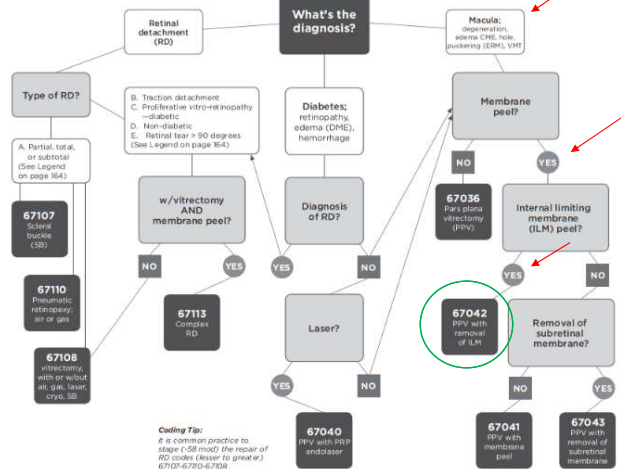


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Pre-Operative Diagnosis:
Macular hole, right eye

Procedures on the right eye:
PPV
Macular hole repair
Internal limiting membrane peel
Endolaser
C3F8

Diagnosis Flow Chart



Coding Tip:
It is common practice to stage C58 mod; the repair of RD codes (lower to greater) 6707-6730-6738

Source: Academy
2023 Retina Coding –
Complete Reference
Guide



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Step #1 Read the Full CPT Descriptor

CPT code	Description
67036	Vitrectomy, mechanical, pars plana approach
67039 ?	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
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Steps #2, #3, and #4

Step #2

- Verify Prior Authorization was obtained if required
 - Who is the payer?
 - Obtain PA for all possible codes?

Step #3

- Meet payer documentation guidelines

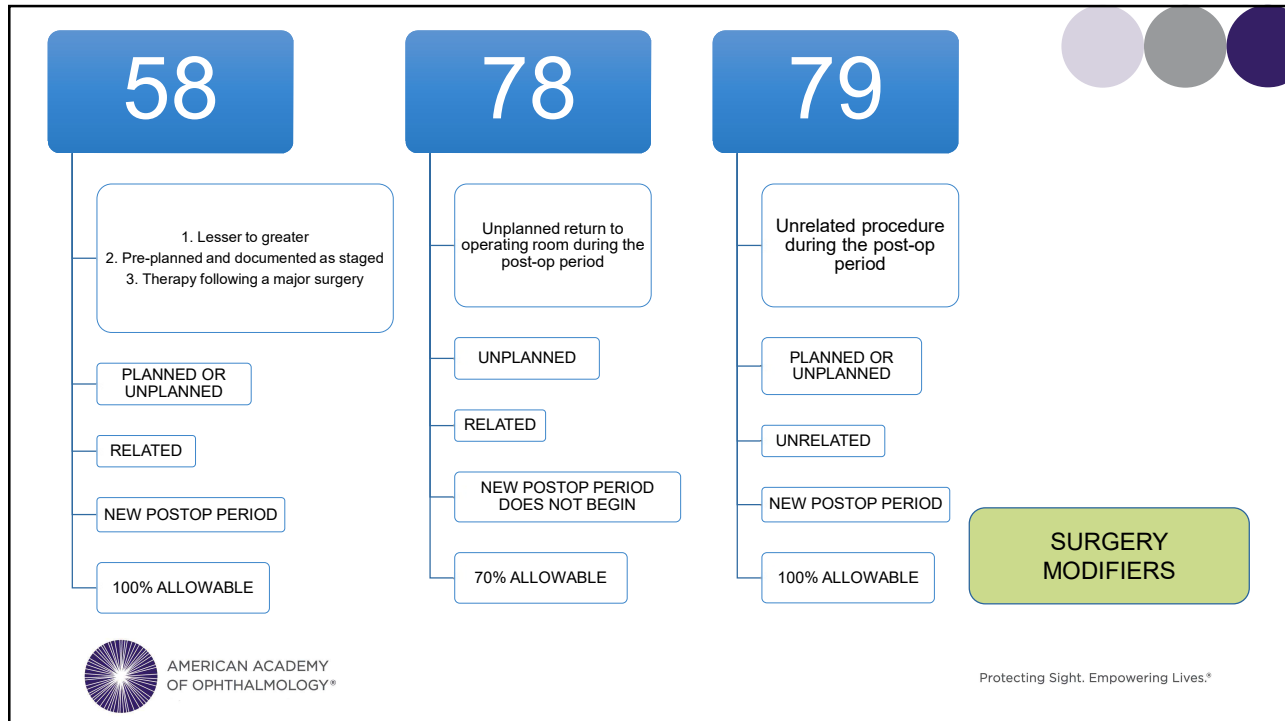
Step #4 – Identify global

- Modifier. . .



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Steps #5, #6, and #7

Step #5

- Order CPT codes highest to lowest, per RVU

Step #6

- Consider site of service differential
- N/A – RVU Facility only

Step #7

- Check national correct coding imitative (NCCI) edits
- 67042 is bundled with 67039
- Bill 67042 (higher RVU)

Ophthalmic Coding Coach™ 2.0
Complete Reference

CCI Edit Lookup

67042
67042 is Bundled with 67039

RVU Comparison

CHECK BUNDLES	CPT Code	RVU Office	RVU Facility
<input type="checkbox"/>	67039	N/A	28.16
<input checked="" type="checkbox"/>	67042	N/A	33.52

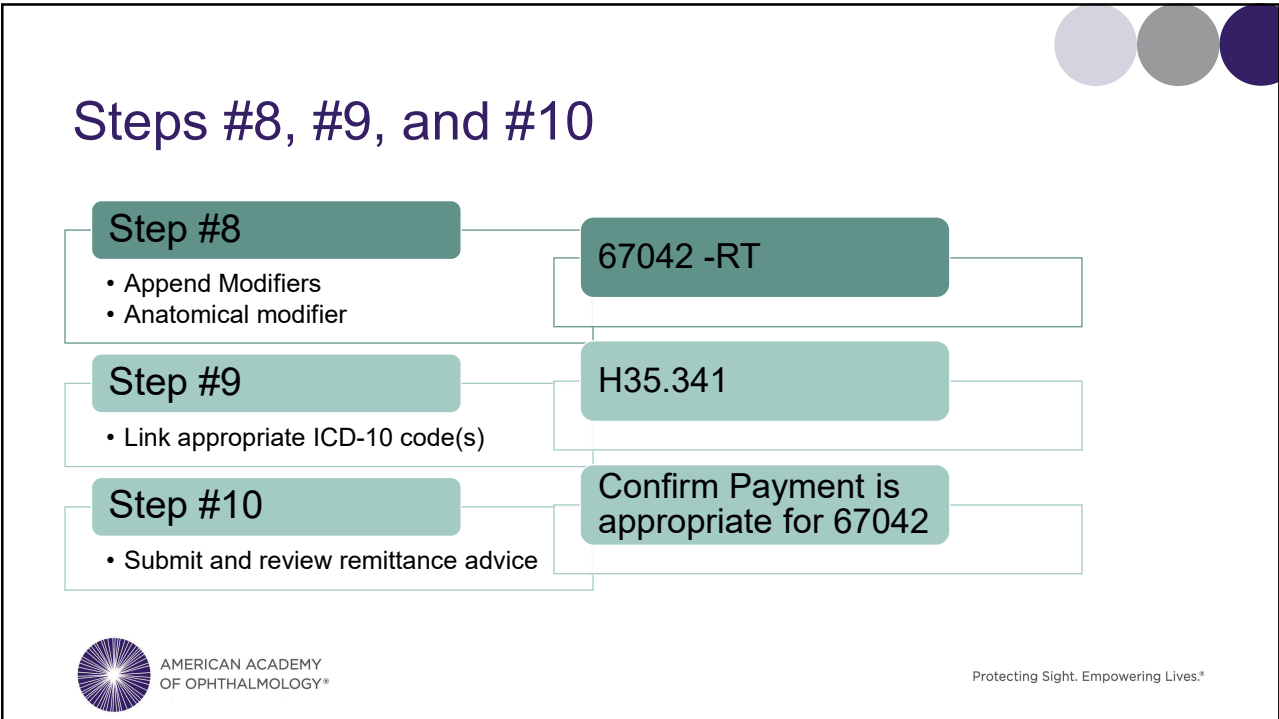
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E/M: Decipher the Definitions

Retina Case Studies



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E/M #1

- A new patient comprehensive exam is performed with a decision to perform laser to repair retinal tear (CPT code 67145), right eye. PVD, left eye.
- Code this office visit:
 - A. E/M level 2, 99202
 - B. E/M level 3, 99203
 - C. E/M level 4, 99204
 - D. Eye visit, comprehensive, 92004



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Decipher the Definitions

Decision regarding elective major surgery

- E/M definition - major vs minor surgery (not based on global period)
- Without identified patient or procedure risk factors

Pitfalls to avoid:

- “We always use Eye visit codes”



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MODERATE
<p>Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury</p>
<p>Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/GHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported).</p> <p>Moderate Moderate risk of morbidity from additional testing or treatment. Examples only: • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis of a chronic, significant illness related to social determinants of health</p>
<p>99204 99214</p>

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E/M #2

- Determine the level of complexity for an assessed **problem**; exudative age-related macular degeneration with active CNV and subretinal hemorrhage:
 - A. Low – 1 stable chronic illness
 - B. Moderate – 1 or more chronic illnesses with exacerbation, progression
 - C. Moderate – 1 acute illness with systemic symptoms
 - D. High – 1 or more chronic illnesses with severe exacerbation, progression



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Decipher the Definitions

1 or more chronic illnesses with exacerbation, progression

- Severe – high
- AMA: Significant risk of morbidity and may require hospital level of care

Pitfalls to avoid:

- Although the problem is "severe", must meet the E/M definition
- Not considering risk in final determination

LOW	MODERATE	HIGH
<p>Low 2 self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury; Or 1 stable, acute illness; Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care</p>	<p>Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury</p>	<p>High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function</p>
<p>Limited 1 of 2 Categories must be met Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s)</p>	<p>Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation with external physician/QHP (appropriate source)</p>	<p>Extensive 2 or 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation with external physician/QHP (appropriate source (not separately reported))</p>
<p>Low Low risk of morbidity from additional diagnostic testing or treatment</p>	<p>Moderate Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health</p>	<p>High High risk of morbidity from additional diagnostic testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances</p>
99203 99215	99204 99214	99205 99215



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E/M #3

- Determine the level of complexity in the **data** category when sending a letter to the referring physician, ordering and reviewing an OCT, FA and B-scan.
- Minimal or none
 - Limited – 2 review/order tests
 - Moderate – 3 review/order tests
 - High – 3 review/order tests, discussion of management with external provider



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Decipher the Definitions

Category 1: Tests, documents, or independent historian

- Does not include tests that are separately billable
- Does include - External tests (eg, lab, CT scan, MRI)

Category 3: Discussion of management

- Letter to referring physician does not count
- Two-way discussion for patient management

Pitfalls to avoid:

- Not documenting eligible MDM data components

Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited	Moderate	Extensive
		1 of 2 Categories must be met Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s).	At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/GHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported).	2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/GHP (not separately reported) Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported)



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E/M #4

- Determine the level of complexity for a new **problem**; acute posterior vitreous detachment:
 - A. Low – 1 acute, uncomplicated illness
 - B. Low – 1 acute, uncomplicated illness, requiring hospital inpatient or observation level of care
 - C. Moderate – 1 undiagnosed new problem with uncertain prognosis
 - D. Moderate – 1 acute illness with systemic symptoms



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Decipher the Definitions

1 acute uncomplicated illness (low) vs:

- Undiagnosed new problem with uncertain prognosis (moderate) is defined as a problem in the differential diagnosis that represents a condition likely with high risk of morbidity without treatment

Pitfalls to avoid:

- New problems are not all uncertain prognosis
- Even if PVD chronic and stable, low
- Systemic symptoms are not fever, fatigue from a minor illness
- Consider risk, meet or exceed 2/3
- Not considering an Eye visit code

LOW	MODERATE
<p>Low 2 self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury</p> <p>Limited 1 of 2 Categories must be met Category 1: Tests and documents any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s)</p> <p>Low Low risk of morbidity from additional diagnostic testing or treatment</p>	<p>Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury</p> <p>Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source</p> <p>Moderate Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health</p>
99203 99213	99204 99214



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E/M #5

- The chart documentation states the patient checked in at 9:05 am and checked out at 10:02 am. The physician had previously ordered OCT/FA/FP, exam of the fellow eye and scheduled injection.
- How would you code this case?
 - 99215, 40 minutes total time
 - 99215 + 99417, 40 minutes + prolonged services
 - Retina visits are always an E/M level 4
 - Additional documentation required to code



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Decipher the Definitions

Total physician time on the date of the encounter

- Includes – face-to-face encounter and non-face-to-activities; reviewing chart notes, ordering lab coordinating care, documenting in EHR
- Does not include - wait time, technician work-up, performing diagnostic tests, non-medical discussions with patient

Pitfalls to avoid:

- Missing documentation of physician activities on the date of encounter
- Prolonged services should only billed with level 5 with additional 15-minute intervals
- "Our physician spends more time with patients"
 - Excessive high levels linked to specific diagnosis codes may prompt payer scrutiny

CPT 2024	Meet or exceed
99202	15
99203	30
99204	45
99205	60
99212	10
99213	20
99214	30
99215	40



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E/M #6

- An established patient with a worsening chronic retinal detachment and surgery is discussed, patient consents and to be scheduled, next available.
- Determine the level of E/M:
 - A. 99212, E/M level 2
 - B. 99213, E/M level 3
 - C. 99214, E/M level 4
 - D. 99215, E/M level 5



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Decipher the Definitions

1 chronic illness with progression

- For, 1 chronic illness that pose a threat to body function, requires:
- Requiring treatment in the near term (eg 24 hrs.) or the patient will go blind or have significant visual loss

Decision for elective major surgery

- High risk would be emergency major surgery

Pitfalls to avoid:

- "An office visit to schedule RD surgery is always a level 5"
- Consider problem definition
- Urgent vs emergent

MODERATE	HIGH
Moderate 1 or more chronic illnesses with exacerbation. Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function
Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/GHP (not separately reported). Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported).	Extensive 2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/GHP (not separately reported) Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported)
Moderate Moderate risk of morbidity from additional testing or treatment. Examples only: • Prescription drug management • Decision regarding minor surgery with identified • Decision regarding elective major surgery without identified patient or procedure risk • Diagnosis or treatment significantly limited by social determinants of health	High High risk of morbidity from additional diagnostic testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances
99204 99214	99205 99215



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Questions?



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Academy Resources

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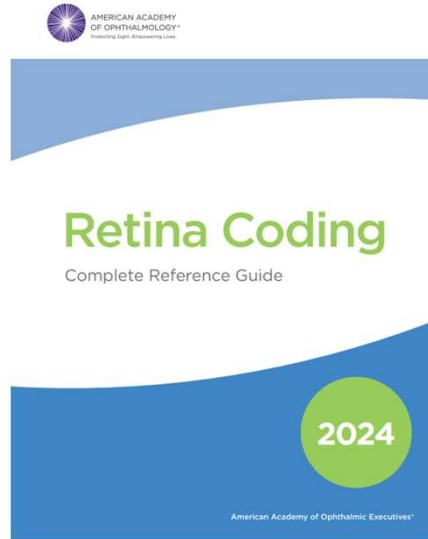
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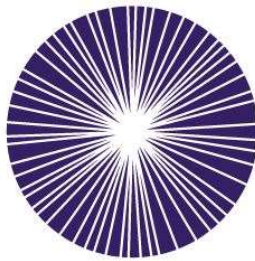
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