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WHAT'S NEW IN 2020 FOR RETINA CODING AND REIMBURSEMENT



Understanding the changes that occurred on January 1 can help prevent claim denials.

BY JOY WOODKE, COE, OCS, OCSR

Each new year sees changes in retina coding and reimbursement. In 2020, the most significant changes relate to extended ophthalmoscopy (EO) and modifications of Medicare reporting requirements. A comprehensive knowledge of these changes may help your practice prevent costly denials and receive appropriate reimbursement.

EXTENDED OPHTHALMOSCOPY

The biggest changes that will affect retina practices were the deletion of CPT codes 92225 (extended ophthalmoscopy with retinal drawing, initial) and 92226 (extended ophthalmoscopy with retinal drawing, subsequent) and the addition of two new codes on January 1. The codes 92225 and 92226 were eliminated because the Relative Value Scale Update Committee determined that initial and subsequent EOs involved similar physician work. The committee also decided that peripheral and posterior examinations had distinct differences.

The new EO codes are:

- **92201:** Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral; and
- **92202:** Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral and bilateral.

New Definitions

Along with these new codes come substantial modifications to the coding principles for EO.

The deleted EO codes were defined as initial (92225) or subsequent (92226). These definitions were eliminated in the new EO codes, which are instead distinguished by the area examined by the doctor during the EO. CPT code 92201 indicates in the descriptor that the EO and retinal drawing of the periphery must include scleral depression; this should be reflected in the documentation. EO for the posterior pole with drawing of optic nerve or macula is now reported with CPT code 92202.

As with the eliminated codes, these new EO codes require the documentation of an interpretation and report. All EO drawings should be legible and include clearly defined labels.

Reimbursement

The relative value unit and Medicare reimbursement for EO in 2020 are shown in Table 1. Reimbursement for CPT code 92201 reflects approximately a 9% decrease in value compared with CPT 92225, and CPT 92202 reflects a 32% decrease compared with the deleted initial EO. The total decrease in value may vary by geographic region.

TABLE 1. NEW CODES AND REIMBURSEMENT RATES FOR EXTENDED OPHTHALMOSCOPY IN 2020

New CPT Code	Relative Value Unit	Medicare Allowable*
92201	0.71 nonfacility	\$25.85
92202	0.45 nonfacility	\$16.42

*Based on the Medicare allowable in Dallas.

Unilateral Versus Bilateral: Avoid Claim Denials

The 2020 EO codes are defined as “unilateral or bilateral” and may be billed only once per examination regardless of whether bilateral EO was performed. This CPT code indicator change represents a 50% reduction

compared with the previous, deleted codes when billed bilaterally.

Due to these changes, the bilateral indicator 2, used to indicate a bilateral payment adjustment, no longer applies. Applying modifiers -RT (right eye), -LT (left eye) or -50 (bilateral procedure) may cause a claim denial.

National Correct Coding Initiative Bundles

According to the National Correct Coding Initiative (NCCI) Version 26.0, which became effective January 1, CPT codes 92201 and 92202 are bundled with all retinal laser procedures and surgeries when performed on the same day. The new EO codes and CPT

TABLE 2. CPT CODES 92201 AND 92202, NCCI BUNDLES, VERSION 26.0

Column 1	Column 2	Bundling Edit*
92201	92202	Indicator 0
	99211	Indicator 1
92202	99211	Indicator 1
92250	92201 92202	Indicator 0
0465T, 67005, 67010, 67015, 67025, 67027, 67028, 67030, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67115, 67120, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67225, 67227, 67228, 67229	92201 92202	Indicator 1

*For bundling edits:
Indicator 1 (Bundled): there are times when it is appropriate to unbundle the codes in Columns 1 and 2.
Indicator 0 (Mutually exclusive): the codes in Columns 1 and 2 can never be unbundled.

TABLE 3. RETINA DIAGNOSTIC TESTING SERVICES, NCCI BUNDLES, VERSION 26.0

	EO Peripheral Retinal Disease 92201	EO Posterior Pole 92202	FA 92235	ICG 92240	FA/ICG 92242	FP 92250	Posterior Segment OCT 92134	Optic Nerve OCT 92133
EO Peripheral Retinal Disease 92201		Mutually Exclusive	Billable Same Day	Billable Same Day	Billable Same Day	Mutually Exclusive	Billable Same Day	Billable Same Day
EO Posterior Pole 92202	Mutually Exclusive		Billable Same Day	Billable Same Day	Billable Same Day	Mutually Exclusive	Billable Same Day	Billable Same Day
FA 92235	Billable Same Day	Billable Same Day		Mutually Exclusive	Mutually Exclusive	Billable Same Day	Billable Same Day	Billable Same Day
ICG 92240	Billable Same Day	Billable Same Day	Mutually Exclusive		Mutually Exclusive	Bundled	Billable Same Day	Billable Same Day
FA/ICG 92242	Billable Same Day	Billable Same Day	Mutually Exclusive	Mutually Exclusive		Bundled	Billable Same Day	Billable Same Day
FP 92250	Mutually Exclusive	Mutually Exclusive	Billable Same Day	Bundled	Bundled		Bundled	Bundled
Posterior Segment OCT 92134	Billable Same Day	Billable Same Day	Billable Same Day	Billable Same Day	Billable Same Day	Bundled		Mutually Exclusive
Optic Nerve OCT 92133	Billable Same Day	Billable Same Day	Billable Same Day	Billable Same Day	Billable Same Day	Bundled	Mutually Exclusive	

Abbreviations: EO, extended ophthalmoscopy; FA, fluorescein angiography; FP, fundus photography; ICG, indocyanine green angiography; OCT, optical coherence tomography.

TABLE 4. COMPARISON OF NEW AND DELETED EXTENDED OPHTHALMOSCOPY CODES FOR 2020

	DELETED		NEW IN 2020	
	92225	92226	92201	92202
CPT Definition	Initial	Subsequent	Peripheral retina drawing with scleral depression	Optic nerve or macula drawing
Bilateral Rules	Bilateral <i>Could be billed as -RT and -LT with bilateral pathology</i>	Bilateral <i>Could be billed as -RT and -LT with bilateral pathology</i>	Unilateral or bilateral <i>Bill once with pathology in one or both eyes</i>	Unilateral or bilateral <i>Bill once with pathology in one or both eyes</i>
Medicare Allowable	\$28.39	\$26.20	\$25.85	\$16.42
Test Interpretation	Required	Required	Required	Required
Documentation	Initial diagnosis Method of extended examination (90 D lens, scleral depression) Drawing with labels	Progression of the initial diagnosis Method of extended examination (90 D lens, scleral depression) Drawing with labels	Retinal drawing with labels Scleral depression Method of extended examination Medical necessity	Posterior pole drawing with labels Method of extended examination Medical necessity

TABLE 5. SUMMARY OF CHANGES TO MIPS IN 2020

	2019	2020
Minimum Final MIPS Score to Avoid Penalty	30 points	45 points
Exceptional Performance Bonus Score	75 points	85 points
Penalty for Failing to Meet Minimum Final Score	7% in 2021	9% in 2022
Quality Data Completeness	60%	70%
Abbreviation: MIPS, Merit-Based Incentive Payment System.		

92250 (fundus photography) are mutually exclusive, meaning that the two codes may never be unbundled. See Table 2 for more examples of bundled and mutually exclusive coding sets.

There are no new bundles related to retina diagnostic testing services and EO in NCCI Version 26.0, with the exception of fundus photography. Table 3 provides a quick reference of the updated bundles for the first quarter of 2020.

Adjustments in definitions, elimination of unilateral-bilateral distinctions, and reimbursement reductions are significant changes to EO coding in 2020. Table 4 provides a summary of the changes.

MIPS IN 2020

Some changes to the Merit-Based Incentive Payment System (MIPS) will be implemented in 2020. Table 5 outlines these changes.

The minimum final 2020 MIPS score to avoid penalty in 2022 will be 45 points, up from 30 points in 2019. The exceptional performance bonus score rose 10 points this year to a total of 85. The stakes for achieving the minimum score are higher, too: The penalty for failing to achieve the minimum score is a 9% reduction in reimbursement.

In 2019, in reporting a quality measure, at least 60% of

TABLE 6. WEIGHT OF MIPS CATEGORIES IN 2020

Category	Weight	Performance Period
Quality	45%	Calendar Year
Promoting Interoperability	25%	90 days
Improvement Activities	15%	90 days
Cost	15%	Calendar Year
Abbreviation: MIPS, Merit-Based Incentive Payment System.		

denominator-eligible patients should have been included. In 2020, that requirement is increased to 70%.

There are considerable changes to quality measures in 2020, along with modifications to requirements promoting interoperability and improvement activity. These changes and other MIPS resources can be found online at aao.org/medicare.

Of note, the weight of each of the four MIPS categories is unchanged in 2020 (Table 6). The performance period for each category will not change.

MASTER CODING IN 2020

Throughout 2020, a commitment to mastering the new coding principles and MIPS changes will be key. The AAO will provide education at aao.org/coding and at Codequest coding courses around the country. The schedule for those courses may be found at aao.org/codequest. ■

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