RETINA CODING CRASH COURSE


This outline will help you begin to master this necessary skill.

BY JUSTIN C. MUSTE, MD, AND OMESH P. GUPTA, MD

Starting retina fellowship brings you a step closer to the complex world of coding. While attendings and billing teams often handle final claims, understanding the fundamentals early helps you document correctly, communicate clearly, and avoid costly errors later in practice. In addition, coding also plays a role in legal documentation by keeping care traceable.

The Current Procedural Terminology (CPT) is a standardized coding system created and maintained by the American Medical Association that describes medical, surgical, and diagnostic procedures and services performed by health care providers. Each CPT code is a five-digit number (plus modifiers, depending on the circumstances) that tells insurers exactly what service or procedure was done (Table 1).

This guide breaks down coding essentials from a retina fellow's perspective with common examples relevant to retina clinics and surgery.

THE BASICS

Coding is, essentially, a form of standard communication between a specialist and insurer. As specialists, we are required to meet certain criteria for the insurer to demonstrate what happened and why. Every claim links a CPT code and an International Classification of Diseases, 10th Revision (ICD-10) code. Essentially, CPT codes tell the insurer what you did, and ICD-10 codes tell them why you did it. However, each patient encounter is often complex, and it's not always as simple as that. For each patient seen, we think about their problem and typically apply an intervention to some part of the eye and/or prescribe a medication. Therefore, CPT codes use a range of "sub-codes" to encapsulate this string of events:

- **Evaluation and Management (E/M)** refers to cognitive work (not all encounters will need this).
- **Procedural code** communicates the actual service that was performed.
- **Modifiers** further explain how, where, or why a procedure was done.
- **J-codes** define the agents administered.

TABLE 1. COMMON CPT CODES FOR THE RETINA PRACTICE

Type	Range	Example	Meaning
Evaluation and Management	99202–99499	99213	Office or clinic visits
Surgery (eye and ocular adnexa)	65091–68899	67028	Retinal surgery, laser, injections
Medicine/diagnostics	90281–99607	92250	Fundus photography

DOCUMENTATION

First and foremost, all the notes we have for an encounter must support the coding. The notes for each patient encounter must have certain elements to be complete. If you are one for mnemonics, ChEAPO works here:

- **Ch**ief complaint
- **E**xamination findings
- **A**ssessment and plan
- **P**rocedural details, if performed (specific drug, dose, site, complications, etc.)
- **O**CT and imaging interpretation

Beware of electronic health record auto-population features. Take an extra minute to review all notes to ensure accuracy and avoid over- or under-documentation. In addition, make sure you update the chart for each encounter so that the visits are not identical for sequential visits.

GETTING INTO THE WEEDS

E/M

Aligning with the Centers for Medicare and Medicaid Services "Patients over Paperwork" initiative, E/M coding shifted to medical decision making (MDM) or time in 2021. Retina clinics rely primarily on MDM coding, as visits are typically brief and highly complex. However, if you spend extensive time counseling a patient or coordinating care, you may use time-based coding instead (eg, > 30 minutes

TABLE 2. EVALUATION AND MANAGEMENT DOCUMENTATION				
Clinical Scenario	**CPT Code**	**Number/Complexity**	**Data Reviewed**	**Risk Management**
Stable dry AMD on OCT	99213	Low	Low	Low
New patient with wet AMD starting anti-VEGF therapy	99214	Moderate	Moderate	Moderate
Postoperative retinal detachment repair with elevated IOP	99214	Moderate	Moderate/high	Moderate
Endophthalmitis or retinal detachment consultation	99215	High	High	High
Or				
> 30 minutes	99214			

TABLE 3. PROCEDURAL CODE EXAMPLES		
Procedure	**CPT Code**	**Notes**
Intravitreal injection	67028	Add drug J-code
Laser retinopexy (focal retinal detachments)	67145	Prophylactic barrier laser
Repair of retinal detachment with vitrectomy	67108	Includes endolaser and fluid-air exchange
Panretinal photocoagulation	67228	Usually staged; this is a code per session
Fluorescein angiography	92235	Often combined with 92134 (OCT)
OCT retina (unilateral or bilateral)	92134	Must document reason and interpretation

face-to-face = CPT 99214). Each visit level is determined by (1) the number and complexity of problems addressed, (2) data reviewed or analyzed, and (3) risk management. Each of these categories can be broken into low, moderate, and high levels (Table 2).

Procedural Codes

These are often referred to as "CPT codes," although these are only a key part of the full code, probably because they represent the first thing we think of after the evaluation, which is what we did. Table 3 shows a few common examples of procedural codes.

Modifiers

Modifiers are short, two-character codes added to an E/M code to give extra details about the service(s) performed. They help clarify how, where, or why a procedure was done. For example, if you inject both of a patient's eyes on the same day and there is a commercial payer, you add -RT and -LT to show which eye each injection was for. If you do both an examination and an injection on the same day, you add -25 to the examination code to show it was a separate, significant service. Think of modifiers as the "fine print" that helps explain special circumstances to the insurer, so your claim is accurate and paid correctly. Commonly used modifiers include:

- -25 = same day, separate examination
- -24 = service performed during postoperative global period for an unrelated issue
- -57 = decision for major surgery
- -RT/-LT = right/left eye, respectively
- -50 = both eyes together

TABLE 4. GLOBAL PERIODS OF COMMON PROCEDURES	
Procedure	**Global Period**
Intravitreal injection (67028)	0 days
Panretinal photocoagulation or laser (67228, 67145)	10 days
Anterior chamber tap (65800)	10 days
Vitreous tap (67015)	90 days
Vitrectomy (67108, 67036)	90 days

J-codes

J-codes are billing codes that represent drugs and biologic agents administered in a medical setting, such as intravitreal injections. Each J-code identifies a specific medication and dosage, so that the insurer can reimburse appropriately. Each dose billed must match the amount injected, and documentation must include drug name, strength, lot number, expiration date, and quantity used. Common J-codes include:

- J0178 = aflibercept 2 mg (Eylea, Regeneron)
- J2778 = ranibizumab 0.1 mg (Lucentis, Genentech/Roche)
- J9035 = bevacizumab 10 mg (Avastin, Genentech/Roche)
- J3398 = faricimab-svoa 6 mg (Vabysmo, Genentech/Roche)
- J0177 = aflibercept 8 mg (Eylea HD, Regeneron)
- J2781 = pegcetacoplan 1 mg (Syfovre, Apellis)
- J2782 = avacincaptad pegol 0.1 mg (Izervay, Astellas)

(Continued on page 19)

(Continued from page 15)

NEW PODCAST!
THE FELLOW EYE: EPISODE 2

— NEW RETINA RADIO —
THE FELLOW EYE

Podcast co-hosts David Fell, MD, and Justin Muste, MD, are joined by Joshua H. Uhr, MD, and Arnulfo Garza-Reyes, MD, to share their experiences with scleral buckling.

COMMON PITFALLS

The Direct to Inject

If a patient comes in for a planned intravitreal injection and there are no new problems, changes in management, or significant reevaluation, then bill only the injection procedure code plus the drug code. Here's an example:

- CPT code: 67028 (intravitreal injection)
- J-code: eg, J0178 (aflibercept 2 mg)
- Modifiers: -RT or -LT, as appropriate

The Postoperative Period

During global periods, a routine postoperative visit cannot be billed separately (Table 4).

IT'S PART OF BEING A DOCTOR

Your attending or billing staff can help you further understand codes, modifiers, and payer quirks. If you can, build out electronic health record templates that match current documentation requirements. Remember, learning how to code is part of your vitreoretinal training. Learning how to document and code properly will ensure you are equipped post-fellowship. ■

JUSTIN C. MUSTE, MD
■ Vitreoretinal Surgery Fellow, Wills Eye Hospital, Philadelphia
■ jmuste@midatlanticretina.com
■ Financial disclosure: None

OMESH P. GUPTA, MD
■ Associate Professor of Ophthalmology, Thomas Jefferson University Hospital, Philadelphia
■ Vitreoretinal Surgeon, Retina Service, Wills Eye Hospital, Philadelphia
■ ogupta1@gmail.com
■ Financial disclosure: Consultant (Alcon)